

Framework for Risk Assessment Management and Evaluation (FRAME) for Local Authorities and partners

For Children and Young People under 18

Young People Who Offend
(Managing High Risk and Transitions)

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1. Introduction

The [Framework for Risk Assessment, Management and Evaluation](#) (FRAME)¹ produced by the [Risk Management Authority](#) in conjunction with partners² sets out the standards of risk practice, these will apply to children and young people involved with offending behaviour as well as to adults who offend. There are key aspects of risk assessment and management practice with children and young people which vary from such practices with adults. This guidance outlines these fundamental differences in legislation, policy and practice as it relates to each of the 5 FRAME standards, taking into account a tiered and proportionate approach to the level of risk.

This guidance also forms part of the Scottish Government's [Whole System Approach](#) to addressing the offending behaviour of young people. This approach involves putting in place a streamlined and consistent planning, assessment and decision making process for young people involved in offending to ensure they receive the right help at the right time. This approach works across all systems and agencies. It brings together this government's key policy frameworks into one holistic approach to deal with young people who offend.

2. Definitions

For the purposes of this document, the term 'child' refers to individuals below the age of eighteen years. This definition is stated in article 1 of the 1989 [United Nations Convention on the Rights of the Child \(UNCRC\)](#), which was ratified by the UK government in 1991 and further endorsed through their agreement to the UNCRC rules. Accordingly any individual under the age of 18 who commits an offence should be considered a child who requires an age appropriate disposal adapted to and focused on their needs and rights. This view is echoed by the [Council of Europe's Guidelines on Child Friendly Justice](#) (2010).

As young people can be managed under both child and adult justice systems, for the purpose of this guidance, 'single plan' refers to the main plan (which will include a risk management plan). Lead Professional is equivalent to Case Manager.

3. Legislative Context

The age of criminal responsibility in Scotland is currently 8 years. Since April 2011 no child under 12 years will be subject to prosecution on offence grounds further to the introduction of the [Criminal Justice and Licensing \(Scotland\) Act 2010](#). Accordingly, the majority of children aged between 12 and 16 who commit offences will be dealt with by the Children's Hearing system although they may be subject to the Criminal Justice system in exceptional circumstances because of the seriousness of the offence. Children between 16 and 18 may be dealt with by either the Criminal Justice system or the Children's Hearing system, or both. Good practice involves diverting children and young people from the adult system whenever possible, even when cases are initially heard in the adult system. This principle is supported by [Criminal Justice Social Work Reports and Court Based Services Practice Guidance](#).

¹ Risk Management Authority (2011) *Framework for Risk Assessment, Management and Evaluation*. Paisley: RMA. Online: <http://www.rmascotland.gov.uk/frame/policy-paper/>

² The FRAME Working Group membership comprised the Scottish Government, Risk Management Authority, Social Work Inspection Agency, Association of Chief Police Officers, Association of Directors of Social Work, Scottish Prison Service, Chief Officer's Group, NHS Scotland, Skills for Justice Scotland and CJA Training and Development.

4. Policy Context

There are 3 fundamental perspectives that underpin the policy context of work with children and young people who offend in Scotland.

Firstly, there is early intervention and prevention as outlined in *Preventing Offending: A Framework for Action* (2008). The over-arching purpose of the Preventing Offending Framework is to deliver real improvements on the ground – to identify and develop good practice and embed this as standard practice; to support the development of effective interventions; and improve the range, quality and effectiveness of provision.

While concentrating effort primarily on prevention and early intervention for the 8 to 16 age group, the Framework for Action also has a particular focus on successful transitions into adulthood. Emphasis is placed on early intervention in the child's life before any concerns about behaviour or welfare begin to escalate and become more serious. Those young people that present a significant risk should be managed within a community based setting wherever possible. This work is underpinned in primary legislation within the [Social Work \(Scotland\) Act 1968](#), [Children \(Scotland\) Act 1995](#) and the [Children's Hearing \(Scotland\) Act 2011](#).

Secondly, work with children and young people who offend should also take place within a child protection context. Approaches with children and young people who offend will often go hand in hand with protective work: many children and young people who display offending behaviours are also highly vulnerable and may have experienced crime and trauma in their own lives. A small proportion of young people may become involved in serious offending with little or no indication in their early lives or environment as to why this occurred. However, for others, it is increasingly recognised that negative early life experiences can leave some children extremely vulnerable to environmental pressures and this can contribute to the emergence of violence and/or other forms of harmful or anti-social behaviours in childhood and later life. This is relevant to any consideration of risk assessment and management: an assessment of their vulnerability as well as the risk of harm they may present to others needs to be taken into account.

Work with children and young people who offend needs to consider and prioritise their protection as well as tackling behaviours that have an impact on others. Practice with these young people must be in line with the government's [National Guidance for Child Protection in Scotland](#) and local child and adult protection procedures.

Thirdly, work with children and young people who offend should embrace the principles of [Getting it right for every child](#) (GIRFEC). GIRFEC is based on research, evidence and learning from practice and is designed to ensure all parents, carers and professionals work effectively together to give children and young people the best start to improve their life opportunities. It provides a common assessment framework in order to achieve this.

The GIRFEC approach is value based and places children and young people's needs first. It ensures that they are listened to and understand the decisions which affect them and that they get more co-ordinated help where this is required for their well-being, health and development. It requires that all services for children, young people and their families - social work, health, education, police, housing and voluntary organisations - adapt and streamline their systems and practices to improve how they work together to support children and young people, including strengthening information sharing.

GIRFEC provides specific tools to help analyse the child's world alongside their environment; such as Well-being Indicators, My World Triangle and the Resilience Matrix. It also promotes a common assessment framework that should assist practitioners working with children. Further information about the use of the assessment framework can be found

in the GIRFEC [guidance](#). The GIRFEC values need to underpin all work in relation to risk assessment and management with children and young people who offend.

The GIRFEC approach to risk assessment and management builds on the other policy approaches and conceptualises risk in a particular way, seeing risk and need as interrelated, and linking risk taking behaviour to the expression of unmet need.

These three perspectives in social policy - Preventing Offending, the child/adult protection context and GIRFEC - prioritise the consideration of welfare when working with children and young people who offend. Ensuring effective practice in this area requires joined up planning at operational, tactical and strategic levels between criminal justice, adult protection³, child protection and childcare services.

5. Practice Context

When working with children and young people who offend, the approach taken should be informed by thinking of them as children first and foremost. Children and young people see and experience the world in different ways from the manner in which adults see and experience the world. Their view of themselves and the people around them is profoundly influenced by factors such as the way they have been parented and the modelling provided by adults in their lives. The socialisation provided by education and the influence of peers is also highly significant in the development of attitudes and behaviours. Their ways of conceptualising and making sense of experience is still evolving and children's thoughts, feelings and behaviours need to be considered by adults within a developmental context.

This extends to risk: the idea of what is considered a risk and what is not is conceptualised and experienced in very specific ways by children at different developmental stages and will be informed by a range of factors related to the family, environment and the individual.

In working directly with children and young people who offend, the challenge for professionals is in ensuring that communication and engagement are at the appropriate level to match the developmental stage of the child.

Less serious behaviour may be better dealt with by providing positive supports and diverting the child from formal proceedings which might label the child an offender⁴. More serious behaviours may involve degrees of risk management, but these processes will often rely heavily on the supervision and monitoring that is provided by parents and / or carers and be embedded in the practices of day to day family life⁵.

Children are not 'mini-adults' when it comes to crime. The reasons why children commit crimes are often different to the reasons why adults commit crimes. Due to the differences in the developmental needs of children and young people, assessments and interventions must differ from those used with adults. More detailed advice on good practice with young people who offend can be found in the [National Youth Justice Practice Guidance](#).⁶

³ <http://www.scotland.gov.uk/Publications/2009/01/06115617/0>

⁴ Lesley McAra, Susan McVie 'Youth Crime and Justice: Key Messages from the Edinburgh Study of Youth Transitions and Crime' (2010) *Criminology and Criminal Justice* 10: 211-230

⁵ McNeill, F (2009) 'Young people, serious offending and managing risk: a Scottish perspective' in Baker, K, Sutherland, A (2009) *Multi Agency Public Protection Arrangements and Youth Justice*, Policy Press

⁶ Centre for Youth and Criminal Justice (2014) *National Youth Justice Practice Guidance*. Online: <http://www.cycj.org.uk/resources/national-youth-justice-practice-guidance-2/>

6. FRAME

The Framework for Risk Assessment, Management and Evaluation (FRAME) aims to establish a consistent, shared framework that promotes defensible and ethical risk assessment and management practice that is proportionate to risk, legitimate to role, appropriate for the task in hand, and is communicated meaningfully. FRAME is led by the Risk Management Authority with the agreement and support of the key criminal justice agencies including Scottish Government, police, prison, criminal justice social work and forensic mental health services.

The purpose of FRAME is to bring consistency to the way in which agencies assess, manage and evaluate the risk presented by offending behaviour. It aims to achieve this by establishing agreed values, a structured approach, shared practice standards and a common language of risk. Acknowledging the uncertainty of risk and the challenges inherent in managing it, FRAME proposes a rights-based and evidence-informed approach to risk practice which will facilitate purposeful, appropriate and meaningful risk assessment and management across a range of agencies and offender groups.

The Practice Standards identify the core elements that should be common to risk practice. These standards build on the foundations, principles and language to set a bench-mark for effective practice. They provide a means to direct decision-making, evaluate and reflect on work within individual cases, and design and review organisational structures and policies regarding the assessment and management of risk.

The standards have been developed in recognition of the fact that risk is dynamic and changes over time. To that end, the first four of the five standards have been developed as a tiered or triage approach. This demands that the degree of assessment, planning or intervention offered in a particular case is proportionate to the level of risk. This individualised approach also allows for a responsive and person-centred consideration of needs.

The guidance that follows outlines the five FRAME standards and highlights some factors that should be considered when applying the FRAME standards to work with children and young people who offend.

STANDARD 1 - RISK ASSESSMENT

Standard Statement

Risk assessment will involve identification of key pieces of information, analysis of their meaning in the time and context of the assessment, and evaluation against the appropriate criteria. Risk assessment will be based on a wide range of available information, gathered from a variety of sources. Risk assessment will be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision making, acknowledging any limitations of the assessment. Risk assessment will be communicated responsibly to ensure that the findings of the assessment can be meaningfully understood and inform decision-making. Risk will be communicated in terms of the pattern, nature, seriousness and likelihood of offending.

Guidelines for applying the Standard

Risk assessment is a crucial step in identifying which young people require services, the type and intensity of service provision required and in guiding appropriate action planning. An integrated assessment framework aims to facilitate the development of a holistic understanding of the events, environment and situations surrounding individual children and young people. It is important that information to inform the single plan is drawn from a wide range of source including the agencies who are involved with the child or young person. Providing this information in a shared language by following agreed standards of practice can assist the risk and need assessment processes and help ensure that the plan is appropriate.

Undertaking different depths of assessment in response to different levels of risk presented by individuals is vitally important. Children and young people can respond to change or challenges in their lives through their behaviour. In many cases, it will be more appropriate to undertake a thorough and individualised assessment of need than to apply an actuarial tool which can yield useful but limited information. Ascertaining when to re-assess a child or young person can also be challenging. For example, many young people will often not have lengthy criminal histories that help identify behaviours within the context of a long-standing pattern of offending.

Some children and young people who have not offended but display sexual behavioural problems may also require assessment and may need to be managed under child/adult protection or risk management procedures. Again, an assessment of need, involving families, carers and education professionals will be required in these situations, taking account of diversity and age and stage of development.

All risk assessments in relation to young people who have been involved with moderate to serious offending behaviour should be informed by a structured risk assessment tool. The selection of appropriate risk instruments is the responsibility of the practitioner and the agency, and may be guided by criteria outlined by the RMA in the [Risk Assessment Tools Evaluation Directory](#)⁷. The assessment tool should be appropriate for the age and developmental level of the child or young person. Assessments need to be grounded in research and evidence in relation to children rather than a knowledge base exclusively relating to adult offending.

Assessments in relation to the risk of further offending behaviour are best undertaken within the context of structured professional judgement. This should be underpinned by holistic formulation of the relevant developmental, dispositional and environmental factors. Risk

⁷ <http://rated.rmascotland.gov.uk>

assessment tools are useful in informing this process but do not make up the entirety of the risk assessment. The purpose of assessment goes beyond the goal of classification and by virtue of its theoretical underpinning, offers a means to understand and respond to the behaviour.

Assessment is a process that involves three key steps. There are some considerations to be made when applying these steps with young people who offend.

- **Identification:** The purpose of this step is to identify the key risk and protective factors that are present in the case. This will involve gathering detailed information from the young person, the agencies involved and, where appropriate, the young person's parents/carers. A range of child-centred methods, strategies and skills may be required to interview and engage the young person in order to collate this information and different means of communicating may be required if the young person has communication difficulties. Facts and feelings will need to be explored at this stage. Having an account of the offence or risk taking behaviour other than that provided by the young person is extremely important. Information from a wide range of other sources will also be required. Previous reports from relevant agencies such as health or education are essential, as will be the views of the professionals in the child's life. In comprehensive assessments this should involve developing a detailed chronology of key life events drawn from background reports and information from the parents/carers⁸. The identification step may also involve the application of specific risk instruments which might point towards the presence of particular risk or protective factors.
- **Analysis:** Assessment must go beyond merely describing facts in order to move towards an understanding of a young person's situation and the reasons for his/her offending behaviour. The assessment should be grounded in an understanding of the child's developmental history and experience of being parented. With respect to the behaviour itself, questions such as '*is this a problem*', '*how serious is it for whom*' '*is it likely to require external assistance*' and '*on what basis do we need to intervene – voluntary or compulsory*' may be useful. In developing your analysis, it may be helpful to consider the pattern, nature, seriousness and likelihood of the behaviours. The behaviour needs to be understood within the context of the young person's environment, taking into account economic, cultural and religious positions which shape attitudes and opportunities⁹. An assessment of psychological wellbeing may also be required. Assessments should involve an estimate in relation to risk of future similar behaviour and the nature of possible future behaviour.
- **Evaluation:** The purpose of assessment is to inform decision making therefore the conclusions of any assessment should lead to some consideration of what needs to be done and who needs to be involved. To assist in formulating a view on the best way forward the results of assessment need to be formally presented in reports to courts, the children's hearing or other forums including risk management meetings. Conclusions should contain an opinion of the level of risk and need and the rationale for the conclusions should be clearly outlined. Limitations relating to methodologies used or information available should also be clearly communicated. Assessments should not be open-ended and there should be a reference to when, or in what circumstances, re-assessment is necessary. The report should be linked to a clear plan of action and included within the young person's 'single plan'.

Assessments of children and young people need to recognise that offending behaviour is often a response to unmet need and should take place within the context

⁸ SWIA (2010) *Social Work Inspection Agency: Practice Guide – Chronologies*. Online: <http://www.scotland.gov.uk/Publications/2010/01/22134612/0>

⁹ Muncie, J. (2004) *Youth and Crime* (2nd edn), London: Sage

of a detailed assessment of social, developmental and psychological needs as set out in the GIRFEC approach and Child and Adult Protection contexts.

Assessments of children and young people should involve their parents and / or carers whenever possible and appropriate. An understanding of family functioning and family strengths and challenges will be necessary in helping to understand the background to the child's behaviour as well as formulating a plan to support the child or young person move to an offence free life. When this is not possible or appropriate, the reasons for not involving parents or carers should to be clearly communicated in the assessment.

Children and their parents should be promptly and adequately informed of all decisions in relation to risk assessment and management unless there are justifiable reasons for withholding that information. This information should be presented to children in a manner adapted to their age, maturity and disability where relevant and in a language which they can understand. Provision of the information to the parents should not be an alternative to communicating the information to a child or young person. Normally, both the child or young person and parents/legal representatives should directly receive the information, preferably on a face to face basis. Decisions in relation to risk assessment and management should clearly outline the child's rights and the likely duration of processes and mechanisms for reviewing decisions affecting the child.

Further guidance in relation to general assessments of young people involved with offending behaviour can be found in the [National Youth Justice Practice Guidance](#).

Serious Sexual or Violent Offending Behaviour

In assessments relating to serious behaviours such as sexually harmful or violent offending, an understanding of the behaviour within its development and situational context is essential. If the behaviour took place in a consensual context it may be better responded to in the context of harm reduction by being sensitive to any child or adult protection issues that may arise rather than charging either participant with a sexual offence¹⁰.

There are a small but significant number of children and young people who present a serious risk to themselves and others. Some young people charged with serious sexual and violent offences are dealt with by the children's hearing system. In these situations the risk posed by these young people will be assessed, identified and managed through local multi-agency arrangements. The development of a multi-agency assessment and plan will be especially important when the risks identified cannot be managed by a single agency and where the needs and risks are sufficiently complex or significant to require a coordination of effort. Each Local Authority should have in place clear protocols in assisting with the early identification, assessment and management of children who display harmful behaviours¹¹.

In a small number of cases young people will be considered under [Multi Agency Public Protection Arrangements \(MAPPA\)](#) and the sex offender notification requirements. These will be young people who are dealt with in the adult criminal justice system. As above, the risk and needs of these young people will also be taken into account when devising plans and managing risk. The adults involved in the lives of these children and young people should also be included, where appropriate, to support the young person's understanding and ability to manage their own risk.

Children and young people who present a serious risk will be managed in a multi-agency way regardless of the system they are in. The needs of the young people will be addressed

¹⁰ For a fuller discussion of this kind of issue see the Scottish Government's [Draft National Guidance on Under-age Sexual Activity - Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#)

¹¹ See pp 37 -41 of [Getting it Right For Children and Young People who Present a Risk of Serious Harm: Meeting Need, Managing Risk and Achieving Outcomes](#)

and the risk they present managed, involving all relevant adults and professionals as appropriate for each young person.

A template of a risk management plan suitable for use with children and young people can be found in the [National Youth Justice Practice Guidance](#).

STANDARD 2 - PLANNING AND RESPONDING TO CHANGE

Standard Statement

All risk management plans and decisions will be based on a risk assessment which is of the appropriate level to support such a decision or plan. The actions to be taken will be clearly documented and their rationale will link explicitly to risk assessment. The risk assessment and management processes will be dynamic, with the capacity to respond to changes in risk. The dynamic link between risk assessment and planning will be maintained through ongoing assessment and review. The level and immediacy of any response to change will be proportionate to the significance of the change and risk. Reductions and increases in restrictions or interventions will be justified and supported by a suitable reassessment of risk.

Guidelines for applying the standard

One of the principles of GIRFEC is to avoid children and young people being dealt with in a variety of different systems. It is expected the management of risks, will take place within the context of the single plan regardless of which system they are in (youth or adult services) 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, be integrated as part of the single plan, and case managed by the lead professional.

Risk management plans should outline clearly how risk is to be reduced as well as managed, and the plan for risk reduction should link to the assessment of how the child or young person's social, developmental and psychological needs can most appropriately be met at the present time to allow the individual to grow and mature. Risk management plans should identify early warning signs that might indicate that risk is increasing and should outline clear contingency plans, outlining courses of action that would need to be taken in such circumstances.

Risk is dynamic, changing with time and circumstances, so risk assessments must be regularly reviewed, particularly if there is a significant change in circumstances. Given the significant developmental changes that occur for children and young people, it is important to rely on the most recent information when making judgments about future risk. Indeed, assessments of risk that are more than 12 months old are probably of limited value. The frequency of review should be proportionate to level of concern about the risks, needs and vulnerabilities of the child or young person.

As children and young people continue to grow and change, new information about their level of functioning will become available. Although there is currently no evidence to support the idea that adult criminal behaviour can reliably be predicted from youth behaviours, there is evidence suggesting that the behaviour of children and young people can be used to predict future behaviour while they are still in their adolescence, and this possibility should be considered within any assessment undertaken¹².

Families should be involved with reviews and re-assessments as far as is possible or appropriate. Multiple reviews and meetings should be avoided by combining these where appropriate. GIRFEC encourages the development of review structures to assess and

¹² Worling, J. and Curwen, T. (2001) ERASOR version 2.0, Safe-T Program

evaluate the child or young person's progress through meetings with everyone involved with the child or young person.

STANDARD 3 - RISK MANAGEMENT MEASURES

Standard Statement

Risk management measures will be based upon and updated in response to current research evidence. Risk strategies of monitoring, supervision, intervention and victim-safety planning, and the associated activities which are used to manage the risk posed by offending behaviour will be tailored to the needs of the individual. Measures should be proportionate to the level of risk, defensible, and consistent with the remit of the responsible agencies.

Guidelines for applying the standard

When working with children and young people, this standards needs to be understood and applied in light of the following principles:

- Measures and sanctions should always be constructive and individualised. Responses should be made with the least possible emphasis on punitive sanctions, bearing in mind the principle of proportionality, the best interests of the individual as well as his/her age, their physical and mental well-being and development, and the circumstances of the case. Wherever possible, links with education, vocational training, work, rehabilitation and reintegration should be promoted and maintained.
- The young person's social, developmental and psychological needs should be addressed within the plan. A developmental perspective recognises that children and young people's personality and behavioural patterns are not fixed and that stabilizing and supporting the normal maturation process can support them to move away from engagement in harmful, victimising behaviour. Risk management measures should reflect a holistic approach which considers the young person's overall situation, including their personal and social relationships.
- Connected to this, risk management plans need to be proportionate so they manage risk robustly, but do not limit developmental opportunities for the child or young person to such an extent that normal maturation is impaired. To allow for this, it is important to balance the protection of the public and the management of risk with thinking about how particular activities could be undertaken in a safe, pro-social manner. To facilitate this,, where appropriate, the adults in a child or young person's life – parents, carers, teachers etc – should be the main source of monitoring and supervision and need to be actively engaged with the risk management process.
- The overall aim of intervention for children and young people who present a risk of harm is for them to be able to take responsibility for managing their own risk. Many children and young people who present higher levels of risk have experienced multiple trauma in their lives. In the early stages of interventions, and based on what is known about the impact of trauma on children / young people's development¹³ it will often not be possible for the child or young person to take responsibility for managing risk themselves. For children and young people who have experienced considerable abuse and deprivation in their lives, it is highly unlikely that they will have the capacity or internal resources to be able to take full responsibility for their own behaviour at the beginning of an assessment or period of intervention. Children and young people in this situation will often have to learn skills relating to self-management through a process of work that will involve gaining insights and learning new social skills, all of which would have to be evidenced in

¹³ Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology*, **64**, 32-40.

a range of settings. It may also include working with them on issues relating to their own victimisation. The main responsibility for managing risk during the early stages of involvement with services therefore has to lie with adults. Nevertheless, wherever possible, a partnership approach where the child or young person, slowly takes more responsibility for their own management as more effective coping skills and social competences are developed is to be endorsed¹⁴.

Those children and young people who present a level of risk that needs to be responded to in an intensive way may fall under the remit of a specialist or intensive support services.

¹⁴ McCarlie, C and Brady, A (2005) The Extra Dimension: Developing a Risk Management Framework. in Calder, M (2005) *Children and Young People who Sexually Abuse: New Theory, Research and Practice Developments*. Russell House Publishing

STANDARD 4 - PARTNERSHIP WORKING

Standard Statement

The appropriate agencies will work together in the assessment and management of risk. The degree of communication, co-ordination and collaboration will be proportionate to the risk and complexities of the case. Information will be shared responsibly, in a timely manner, using shared language which supports the understanding of those involved. Information sharing will be at a level which is mindful of each individual's rights to privacy and confidentiality.

Guidelines for applying the standard

Effective inter-agency collaboration between different professionals should be encouraged to ensure a comprehensive understanding of the child or young person as well as an assessment of his/her legal, psychological, social, emotional and cognitive indicators. Such collaboration should always consider the child or young person's right to privacy.

GIRFEC provides the context for collaborative work with children and young people in Scotland. The GIRFEC approach aims to have in place a network of support to promote well-being so that children and young people who are involved with offending get the right help at the right time. This network will include family and/or carers where appropriate and the universal health and education services if required.

Effective inter-agency collaboration requires:

- a shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for protecting children and meeting their needs;
- improved communication between practitioners, including a common understanding of key terms, definitions and thresholds for action;
- effective working relationships, including an ability to work in multi-disciplinary groups or teams; and
- sound decision-making, based on information-sharing, thorough assessment, critical analysis and professional judgement

The level of co-ordination or collaboration may relate to level of risk presented by the child or young person as noted above. It may however be put in place by the response necessary to safeguard the child or young person if there are child protection concerns.

Young people's social networks are often very complex and fluid. For most young people day to day life involves spending time with family, attending school, mixing with peers and being involved with activities and pastimes which may involve attending clubs or groups. Adult based approaches to intervention and risk management tend not to take account of the needs that underpin healthy psychological development in childhood and adolescence and which are met by these complex social arrangements. Managing risk in this environment involves finding ways of collaborating with different services so that children can be provided with essential and necessary developmental opportunities in safe and protected ways.

There is considerable evidence that children and young people who are not supported to stay in school, who run away from home, or are known to the police are likely to fare worse in the long run than those for whom this is not the case¹⁵. Most of the child or young person's

¹⁵ Jamieson, J., Mclvor, G. and Murray, C. (1999) *Understanding Offending Among Young People*, Edinburgh: The Stationery Office.

needs will be met from within this network. Only when support from the family and community and the support services can no longer meet their needs will targeted and specialist help be required. Additionally only when voluntary measures no longer effectively address the needs or risks should statutory measures be invoked to support the child or young person

Communication between professionals when sharing information about risk needs to be done with reference to relevant guidance and with a recognition of the rights of the child. Privacy and confidentiality are governed by legal provisions that aim to safeguard personal information including:

- the UN Convention on the Rights of the Child (1989);
- Article 8 of the European Convention on Human Rights;
- the Data Protection Act 1998;
- professional codes of conduct; and
- information sharing protocols

The same legal provisions also provide for sharing of information for purposes such as public protection, crime prevention and crime detection. The Management of Offenders etc. (Scotland) Act 2005 specifically instructs that the responsible authorities will share information in relation to the management of risk for those subject to sex offender notification requirements.

In general, information will normally only be shared with the consent of the child (and / or parents /carers depending on age and maturity and where appropriate). However, where the child is at risk of harm, or where there are wider crime prevention or public protection /child protection implications or such action would prejudice any subsequent investigation, information may need to be shared without consent – although the intention to share information and the reasons for this will normally be notified to the child and be recorded.

Local Authorities should follow the principles below when sharing information:

- all local authorities should have information sharing protocols in place to manage the risk presented by some (link to definition of serious harm in FRAME) young people age 12-18. These protocols should include clear direction in relation to information sharing, including why information is shared, with whom and in what manner. Risk cannot be managed effectively unless information is shared to all relevant parties;
- protocols should contain detailed guidance around communicating with agencies and the community in relation to risks a child or young person may present. Such protocols should be compatible with [National Concordat on the Sharing of Information on Sex Offenders](#) in line with the 2006 recommendation of the Expert Group on serious and high risk offenders which concluded that the principles of the Concordat should apply equally to children's services thus ensuring a consistent approach across children and adult services;¹⁶
- for young people who present a risk under age 12, information sharing guidance within Child Protection Procedures should be followed;¹⁷
- for young people age 16-18 who present a risk, information sharing guidance within Adult Protection or Child Protection procedures may be appropriate;¹⁸

¹⁶ <http://www.scotland.gov.uk/Publications/2006/10/09094901>

¹⁷ <http://www.scotland.gov.uk/Publications/2010/05/27095252/0>

¹⁸ <http://www.scotland.gov.uk/Publications/2009/01/06115617/0>

- information in relation to risk, assessment and management should be shared with decision makers to ensure that;
 - any young person presenting a significant risk (of harm or of entering the criminal justice system) should not have their supervision requirements through the Children's Hearing system terminated due to this fact. Good practice would dictate that young people who present this level of risk evidence the need for compulsory measures of supervision by virtue of the fact that they find themselves in such circumstances;¹⁹
 - Sheriff's have confidence that risk can be managed within a community based setting, either through the Children's Hearing system/Child Protection or under Multi Agency Public Protection Arrangements (MAPPA);
- for young people nearing their 18th birthday appropriate plans should be in place to manage risks, ensuring that these are shared with all relevant professionals and agencies who will have risk management responsibility;²⁰
- Criminal Justice Social Work report authors should request all previous information, and ensure that relevant information is included in their assessment of young people under age 18;
- the concordat in relation to information sharing protocols for young people should still be followed. This includes young people who are not subject to any statutory measures;²¹
- local authorities have a responsibility to advise and share information with hosting authorities of any risks a young person presents if they have been placed in an out of region placement;²²
- a detailed plan(s) (appendix 1) to manage risk should be included in all reports to inform decision makers, especially if risk can be managed within the community;
- reintegration plans (included within the 'single plan') for young people up to 18 returning to their local communities should detail how risk will be managed and shared with all appropriate agencies;
- disclosing of information to protect the public should be undertaken through self-disclosure by the young person where appropriate or within the parameters of child protection, or through formal disclosure by the relevant chief constable; and
- a local authority is a responsible authority under the terms of Section 10 of the Management of Offenders etc. (Scotland) Act 2005 and has a statutory duty to jointly establish arrangements for the assessment and management of risks posed in their area by any person who is subject to the notification requirements of Part 2 of the Sexual Offences Act 2003.

¹⁹ <http://www.scotland.gov.uk/Publications/2006/10/09094901/0>

²⁰ <http://www.scotland.gov.uk/Publications/2004/10/20069/44789>

²¹ [National Concordat on the Sharing of Information on Sex Offenders](#)

²² Report to: National CPC Chairs and Lead Officers Group

STANDARD 5 – QUALITY ASSURANCE

Standard Statement

Individuals responsible for assessing risk, making decisions or designing plans on the basis of risk assessments, and implementing those plans will be appropriately qualified, skilled, knowledgeable and competent to carry out this work. Agencies will support quality assurance by establishing policies and structures, and by providing supervision and continuous professional development opportunities to staff. Routine mechanisms will be employed to assure the quality of assessment and management practice. Self-evaluation will occur at practitioner, agency and multi-agency levels to inform improvement and contribute to the evidence base.

Guidelines for applying the standard

Quality assurance is defined as: “a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met”.²³ Professionals need to know what is meant by the term quality assurance and have a written set of objectives to measure and evaluate their interventions.

All professionals working with children and young people to address their risk taking behaviour should receive ongoing and in-depth multidisciplinary training on the specific rights and needs of children and young people of different age groups. To work effectively with young people on an on-going basis, practitioners need to have the following minimum core skills:

- an understanding of the legislative and policy context of working with children;
- training in communicating with children at all ages and stages of development, including children with special needs and/or disabilities.
- skills in engaging creatively with children to motivate and facilitate constructive change in their lives;
- skills in engaging with families and helping facilitate positive change;
- an understanding of child development;
- an understanding of child protection;
- an understanding of ‘what works’ with children and young people, both in relation to offending behaviour but also in relation to related childhood issues and difficulties e.g. low self-esteem, impulsivity, poor problem solving skills etc.;
- an understanding of desistance and its application to young people’s pathways out of offending behaviour;
- a knowledge of particular factors relating to reintegration of young people into the community;
- an ability to self-evaluate;
- an understanding of good practice in working with children who have special needs, learning disabilities and difficulties and mental health issues, including the experience of trauma;
- skills in working with service users who do not comply with services; and
- knowledge of, and facility with, relevant tools for assessing children.

The training, experience and knowledge of the worker should link to the complexity of cases they are involved with in this field.

Those involved with assessment of violent or sexual offending should have a relevant professional qualification, training and competence in therapeutic approaches with children

²³ Oxford English Medical Dictionary

and specialised training and / or specialist supervision in assessment and intervention with this client group. Local Authorities risk management protocols should assist in making risk more understandable to enable professionals to employ strategies for effective risk management.

It is expected that those who work with children and young people will endorse values of working with them as children within the context of their particular family whenever possible and support the principles of minimal intervention and avoiding the criminalisation of children wherever possible.

Work with the critical few who present the highest risks to the community can involve considerable challenges to professionals. Clinical supervision, external consultation and co-working arrangements should be considered in working with these young people, which should be overseen and managed through local risk management protocols.

7. Conclusion

Children and young people differ from adults in marked ways. Although the FRAME standards are applicable to children and young people who present risks within the community, they need to be applied in a ways that recognise the developmental needs of this client group and which foreground their right to care and protection. Accordingly risk assessment has to be undertaken with competence in the specific skills and knowledge required in engaging children and understanding their thoughts, feelings and behaviours. Intervention and risk management meanwhile needs to be undertaken in a way that understands how children's experiences of the world are embedded within the family, environment and educational systems around them if they are to be effective. All of these tasks need to occur within the unique policy and legal contexts that relate to work with children and young people in Scotland.

Appendix 1

CARE AND RISK MANAGEMENT PLANNING FOR CHILDREN AND YOUNG PEOPLE WHO PRESENT A RISK OF SERIOUS HARM

The document is an appendix to the Framework for Risk Assessment, Management and Evaluation (FRAME) Planning for Local Authorities and partners: For Children and young people under 18 (Scottish Government, 2011).

1.0 INTRODUCTION

1.1 The National Guidance for Child Protection in Scotland (Scottish Government, 2010) and the Getting it Right For Every Child (GIRFEC) approach provide a national framework for agencies and practitioners at local level to draw up and agree on ways of working to promote the welfare and safety of children and young people. However there are specific circumstances in which children and young people may present a risk of serious harm to others because of their own behaviours. These can include situations where children and young people are involved in sexually harmful behaviour and/or the commission of sexual offences and/or violence. Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives. This group presents many challenges for services which 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. This document provides a template for child centred practice in the risk assessment and risk management of the critical few young people who present a risk of serious harm to others within the context of GIRFEC and the Whole System Approach.

1.2 This document applies to children and young people who display sexually harmful behaviour and/or behaviour involving violence. The former group has been defined in the Youth Justice National Guidance (NDT, 2013) following Calder (1999) as:

“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”.

According to this definition, the key elements of sexually harmful behaviour are sexual exploitation and power imbalance.

Violence has been defined in the Youth Justice National Guidance following the World Health Organisation (WHO) (1996) as:

“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.

According to this definition, the key elements contributing to violence are: level of intent; use of coercion or force; and, potential for harm to the person (whether this is realised or not).

1.3 This document may also be applied in exceptional circumstances when young people present significant risk to others as a result of behaviours that are extremely troubling but which may not be captured entirely under the definitions of sexually harmful behaviour and/or violence. Such behaviours might include, but are not restricted to, fire-raising and stalking. As above, assessment of intent and the potential for harm should be the key measures which influence recourse to formal risk management processes. This document may also be applied when a young person has been involved in an incident of a serious

nature (irrespective of the legal status of the incident) or where a pattern of significant escalation of lesser behaviours suggests that an incident of a serious nature may be imminent.

1.4 This document has not been written with reference to children and young people who present a significant risk of harm to themselves because of their own behaviour (e.g. self-harm, substance misuse, child exploitation etc.). However practitioners ought to be familiar with their responsibilities as outlined in the National Guidance for Child Protection in Scotland (Scottish Government, 2010) and Responding to Self-Harm in Scotland Final Report: Mapping Out The Next Stage Of Activity In Developing Services and Health Improvement Approaches (Scottish Government, 2011).

1.5 For the purpose of this document children and young people are defined as individuals up to 18 years of age. Cognisant of the age of the criminal prosecution, no young person under the age of twelve should be subject to the processes described in this document. Where significant concerns exist in relation to the behaviour of a young person under the age of twelve (which may include offending of a serious nature) risk management processes should be facilitated by the child protection system informed by the approach outlined in this document.

1.6 Where physical or sexual abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the perpetrator. In all cases where a child or young person acts in a physically or sexually abusive fashion, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child or young person to behave in such a way. It may be appropriate for the risks presented by the perpetrator to be managed within the child protection process exclusively if the individual is also at risk of significant harm themselves.

1.7 The following documents provide further information in relation to work with children and young people with complex needs who present a risk of serious harm to others:

- National Guidance on Under-age Sexual Activity: Meeting the Needs of Children and young people and Identifying Child Protection Concerns (Scottish Government, 2010)
- Responding to Self-Harm in Scotland Final Report: Mapping Out The Next Stage Of Activity In Developing Services and Health Improvement Approaches (Scottish Government, 2011)
- National Guidance for Child Protection in Scotland (Scottish Government, 2010)
- Getting it Right for Children and Young People who Present a Risk of Serious Harm (Scottish Government, 2008)
- Framework for Risk Assessment, Management and Evaluation (FRAME) (RMA, 2011)
- Standards and Guidelines for Risk Management (RMA 2013)
- National Accommodation Strategy for Young People Who Display Sexually Harmful Behaviour
- Youth Justice National Guidance (NDT, 2013)

Chapter 7 of the Youth Justice National Guidance provides specific advice for practitioners on best practice in working with children and young people who display sexually harmful and/or violent behaviour.

1.8 A local care and risk management process should be in place to assist with the early identification, assessment and management of children and young people who display harmful behaviours. This process should ensure a transparent, proportionate and rights-based approach which places the child or young person at the centre of decision-making

and considers risks and needs holistically. The process does not stand alone from GIRFEC and the child's Single Plan: rather the care and risk management process ensures that decisions about risk inform the Single Plan in a meaningful way.

1.9 The status of this care and risk management document is advisory though it may be adopted by particular local authorities as a protocol with adequate alterations to represent local needs. Local protocols should be signed off by Child Protection Committees (CPCs) and grounded within broader public protection structures and processes (e.g. Community Planning partnerships). Additionally local authorities should be cognisant of areas of overlap and the need for care and risk management processes to complement rather than conflict with existing arrangements (e.g. secure screening panels).

2.0 AIMS AND OBJECTIVES OF CARE AND RISK MANAGEMENT WITH CHILDREN AND YOUNG PEOPLE WHO PRESENT A RISK OF SERIOUS HARM

2.1 To promote consistency across Scotland's local authorities, this document encourages collective adoption of the term Care and Risk Management (CARM) Meetings. The risk management structure should involve professionals meeting on a regular case-by-case basis to manage, evaluate and monitor risk assessments and interventions. It is recognised that this desire for consistency in terminology may be impractical particularly in local authorities with well-established processes already in operation. As such, it will be at the discretion of individual local authorities to decide whether re-naming might add value.

2.2 It is imperative that children and young people who pose a risk of serious harm have the support and opportunities to grow, develop and reach their full potential. This must be aided by proportionate and effective risk management strategies which include interventions that minimise the risk presented by the child or young person and reduce the likelihood of further harm.

2.3 The key objectives of the risk management process are:

- To highlight to appropriate agencies individual children or young person who present a risk of serious harm to others;
- To ensure that a relevant risk assessment is undertaken in relation to a child or young person considered to present a serious risk of harm to others;
- To share information in a multi-agency forum about the level of risk of harm presented by a child or young person;
- To clarify the nature of the harm and the individuals who may be at risk from a child or young person's behaviour;
- To undertake scenario planning which considers the nature of risk in particular settings;
- To identify safety factors which can reduce risk;
- To implement risk management measures that are constructive and individualised, bearing in mind the principle of proportionality, the best interests of the individual as well as his/her age, physical and mental well-being and development and circumstances of the case;
- To ensure that the young person's social, developmental and psychological needs should be addressed within the context of decisions about risk management strategies; and,
- To ensure that, through the completion of risk assessment(s) and the linked development of risk management strategies, there is an appropriate multi-agency response to the child or young person's behaviour.

2.4 A process to co-ordinate referrals to the care and risk management process needs to be established. Individuals with responsibility for co-ordinating referrals may also be responsible for chairing care and risk management meetings, or the tasks may be allocated

to different individuals. Individuals with responsibility for this co-ordination of referrals and/or chairing care and risk management meetings should be suitably qualified and experienced. They are likely to be professionals who have a knowledge and understanding of:

- the legislative and policy context of working with children and young people;
- child development and family functioning;
- child protection procedures and processes;
- “what works” and “who works” with children and young people both in relation to offending behaviour and related childhood issues and difficulties;
- desistance theory and its application to children and young people’s pathways out of offending behaviour;
- appropriate risk assessment tools for use with children and young people who display harmful behaviour; and,
- risk formulation and risk management planning.

2.5 Care and risk management processes ought to be supplemented and strengthened by local and/or inter-authority training for practitioners that addresses:

- awareness of local care and risk management processes and how universal services can work with children and young people in a risk management context;
- assessment of young people who present a risk of serious harm; and,
- intervention work with young people who present a risk of serious harm.

3.0 INFORMATION SHARING

3.1 Sharing information between professionals is a core component of effective risk assessment and risk management. All agencies should be guided by the imperatives of community safety and the welfare of the child in deciding what information is relevant and appropriate to share. As outlined in ss. 16 and 17 of the Children (Scotland) Act 1995 public protection imperatives supersede the principle of the welfare of the child when the two conflict. It should be borne in mind that a fairly minor concern raised by one agency may, when combined with information from other agencies, point to much more serious concerns.

3.2 Community disclosure of information about a child or young person as a risk management strategy is covered in section 5.10 of this document.

3.3 Scottish Executive Justice Department Circular 15/2005 usefully outlines justifications for sharing information which include:

- protection of children;
- preventing, detecting and reporting crime; and,
- assessing and managing the risks posed by offenders.

3.4 In general, information will not be shared without the consent of the child or young person (and/or his parent(s)/carer(s) depending on the child or young person’s age and maturity). However information may need to be shared without consent where:

- the child is at risk of harm;
- where there are wider crime prevention and/or crime reporting implications;
- where there are wider public protection implications;
- where there are wider child protection implications; and/or,
- where a failure to share information would impair any subsequent investigation.

3.5 Recent advisory guidance from the Office of the Information Commissioner notes that if there is any doubt about the wellbeing of the child and young person the decision of professionals is to share information, the Data Protection Act 1998 should not be viewed as

a barrier to proportionate sharing. The process around care and risk management decision making should be incorporated into any existing local information-sharing guidance.

4.0 REFERRAL

4.1 Referrals to the care and risk management process may come via a number of channels:

- From the Police on receipt of information about the alleged involvement of a child or young person under the age of 18 in the perpetration of an offence of a serious nature;
- From the lead professional who holds case management responsibilities for a child or young person where there are significant concerns about the escalation in the frequency and/or seriousness of a child or young person's offending behaviour which is likely to include violence and/or SHB;
- From the nominated professional co-ordinating a child protection investigation into the victimisation of a child or young person where harmful behaviour of a serious nature by another child or young person under the age of 18 is identified;
- From the nominated professional co-ordinating an adult protection investigation into the victimisation of a vulnerable individual over the age of 16 where harmful behaviour of a serious nature by a child or young person under the age of 18 is identified;
- From the Early and Effective Intervention (EEI) Co-ordinator, multi-agency screening groups or equivalent who have significant concerns about the escalation in the frequency and/or seriousness of a child or young person's offending behaviour which is likely to include violence and/or sexually harmful behaviour.

4.2 When a prospective referrer comes to the view that the behaviour of a child or young person meets the necessary threshold for care and risk management consideration, a referral discussion should take place between the professional and the individual with responsibility for reviewing referrals to the care and risk management process. Ideally this will take place within 24 hours of the behaviour coming to light and after no more than 72 hours.

4.3 The purpose of the referral discussion is to clarify the nature of the prospective referrer's concerns. Ultimately the individual with responsibility for reviewing referrals to the care and risk management process will decide whether a CARM meeting is necessary. A record of the outcome of this referral discussion should be made on any relevant case management system noting:

- Brief summary of identified risk and protective factors;
- Date of agreed care and risk management meeting (where relevant);
- Allocation of immediate tasks; and,
- Allocation of interim tasks pre-meeting.

Immediate tasks may include:

- Review of living arrangements and education, employment or training placement (where necessary);
- Measures in place to mediate community response;
- Agreement of communications strategy to manage any media attention; and,
- Agreement of strategies to manage a child or young person's increased risk to self

Interim tasks may include:

- Development of safety plans in relation to particular settings (e.g. home, school, residential unit) outlining interim risk management measures to be put in place;
- The need for a case to be referred to the Children's Reporter;
- The need for a case to be referred to specialist services (e.g. for completion of relevant offence-related risk assessments); and,
- The allocation of the case to a lead professional (if this has not already occurred).

4.4 The outcome of a referral discussion may be that the individual with responsibility for reviewing referrals is of the opinion that no further action is required or that current service provision is sufficient to manage risk without recourse to a care and risk management meeting. Reasons for this decision should be recorded.

4.5 The initial care and risk management meeting should take place within 21 calendar days of the referral discussion, unless a decision is made to hold the meeting at a later date. A clear rationale for this should be provided in the note of the referral discussion.

4.6 If a care and risk management meeting is necessary the referrer should be required to complete a brief referral form including relevant supplementary information pertinent to the referral where available. While recognising timescales may preclude comprehensive information gathering, if available, the referral should encompass:

- A copy of a full Integrated Assessment Framework (IAF) report or equivalent and Single Plan for the relevant child or young person;
- Copies of any completed risk assessments; and,
- Copies of any specialist assessments or assessments from other practitioners/agencies e.g. Child and Adolescent Mental Health Service (CAMHS) or Education.

4.7 The child or young person and his parent(s)/carer(s) need to be informed that a care and risk management meeting is to be held. The individual with responsibility for reviewing referrals to the care and risk management process will need to decide whether it is appropriate to include them at this stage. Although participation of the child or young person and/or his parent(s)/carer(s) can assist with information sharing, as well as sharing of specific tasks in relation to risk management, this needs to be weighed against the stress and impact the meeting can have on participants.

4.8 In some situations restricted access information will need to be shared at a care and risk management meeting. This includes information that by its nature cannot be shared freely with the child or young person and/or his parent(s)/carer(s). Such information may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

- Sub-judice information that forms part of legal proceedings and which could compromise those proceedings;
- Information from a third party that could identify them if shared;
- Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and,
- Information that, if shared, could place an individual(s) at risk.

4.9 If a child or young person is subject to Police investigation this should not delay the convening of a care and risk management meeting. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child or young person's rights against identified issues in relation to public safety.

5.0 CARE AND RISK MANAGEMENT MEETING (INITIAL)

5.1 While the standing membership of a care and risk management meeting will vary according to local circumstances it is anticipated that the following agencies (in addition to the referrer, care and risk management chair and minute-taker) will be represented:

- Social Work;
- Police;
- Health (e.g. CAMHS); and,
- Education.

Consideration may also be given to the inclusion of:

- The child or young person who is the subject of the referral;
- The parent(s)/carer(s) of the referred child or young person;
- Children's Rights Officer/Advocacy Service;
- Housing;
- Psychological Services;
- Skills Development Scotland (SDS);
- Throughcare and Aftercare Services;
- Intensive Supervision and Monitoring Services (ISMS);
- Multi-Agency Public Protection Arrangements (MAPPA) representative; and,
- Voluntary Sector Representatives.

5.2 As regards membership, a balance is needed between individuals who have direct knowledge of the child and family and individuals who have sufficient seniority within their respective agencies to commission relevant resources.

5.3 At the outset, the care and risk management meeting must consider whether or not a child or young person is subject to any form of statutory order(s) (e.g. Compulsory or Interim Supervision Requirements and any related conditions, Community Payback Order (CPO) and any related conditions, bail conditions etc.) and the implications of related legal obligations.

5.4 In making decisions about the appropriateness of a child or young person's current living arrangements, the care and risk management meeting must take into account:

- The nature and level of risk to others (particularly other children and young people) in the home environment ;
- The impact of family dynamics in either sustaining or preventing further behaviour of a harmful nature;
- The nature and level of risk to others in the community;
- The relationship between the referred child or young person and the victim(s);
- The views of the referred child or young person; and,
- The potential negative impact of a sudden change to a child or young person's living arrangements.

5.5 Care and risk management meeting attendees will need to consider the home circumstances, educational arrangements and community integration of the referred child or young person in order to identify any on-going and potential protection issues. Specifically the care and risk management meeting should consider:

- What further action (if any) needs to be taken to keep the referred child or young person safe?
- What further action (if any) needs to be taken to keep the referred child or young person's family member(s)/carer(s) safe?

- What further action (if any) needs to be taken to keep other members of the community safe (e.g. peers, teaching staff, victim(s), residential care staff etc.)?

5.6 In making decisions about the appropriateness of a child or young person's education, employment or training environment the care and risk management meeting must take into account:

- The safety of the child or young person's victim(s) if attending the same institution or in the same work environment;
- The safety of other students/colleagues both in the referred child or young person's classes/workplace and in the wider educational, training or employment setting;
- The safety of staff members at the institution/workplace;
- The potential risk to the referred child or young person of retribution in relation to the harmful behaviour;
- The safety of the referred child or young person when travelling to and from the institution/workplace;
- The nature of supervision and monitoring required to manage safely any identified risks; and,
- The internal disciplinary response of the institution/workplace to the harmful behaviour (e.g. exclusion).

5.7 If a full and detailed risk assessment has not been completed in advance of a care and risk management meeting, the chair must identify an appropriate individual to complete the necessary risk assessments. It is the responsibility of the care and risk management chair to ensure that any individual charged with completion of risk assessments is appropriately trained to do so.

5.8 In the event that a risk assessment has been completed in advance of the care and risk management meeting, the content of the assessment should be scrutinised by attendees to identify whether it is sufficient and whether any further information is required. As a minimum, risk assessments must address the likelihood, pattern, nature and seriousness of any previous offending behaviour and implications for future risk. Ideally a risk assessment will provide a formulation of risk that offers an understanding of the interaction and respective role of risk and protective factors, and will help to identify triggers and early warning signs which may assist in recognising and responding to imminence of future harmful behaviour. The risk assessment informed by appropriate risk assessment tools should assist robust scenario planning based on knowledge of how, why and when offending behaviour has occurred in the past and the manner in which it may present in the future.

5.9 In recommending the completion of risk assessments, the care and risk management chair ought to stipulate those which are required which are appropriate with respect to the child or young person's age, behaviour, circumstances and capacity. In the Scottish youth justice context those most likely to be appropriate and requested are outlined in the Risk Assessment Tools Evaluation Directory (Risk Management Authority, 2013).

5.10 The care and risk management chair must ensure that consideration is then given to the following risk management strategies:

- 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 it will be monitored; who will monitor it; when it will be monitored; where it will be monitored as well as how and when changes will be communicated with the lead professional who has responsibilities for the Single 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.
- Intervention covers all aspects of the Single 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.
- Community disclosure involves sharing information with individuals, agencies or organisations to help them manage risk more effectively. This could involve sharing information with a college or employment provider, or adults that are in the child or young person's life. Information sharing of this nature needs to be proportionate and justified in terms of safeguarding the protection of children and vulnerable individuals. In all situations where this is deemed necessary, the justification for disclosure needs to be recorded in care and risk management meeting minutes and a relevant professional designated to share the information. The child or young person and his parent(s)/carer(s) should be informed of this outcome where appropriate and thought should be given to whether self-disclosure may be a more effective strategy.
- 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 parent(s)/carer(s) and potential victim(s), 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 on their identification. Emergency contacts should be identified both within and out with office hours.

Risk management strategies should build on the strengths of the child and/or young person and pro-actively promote developmental opportunities that can be realised safely.

5.11 Where a referred child or young person already has a Single Plan in place, it will be the responsibility of the lead professional to amend and to update the Single Plan to reflect the risk management strategies agreed at the care and risk management meeting. When a Single Plan has not yet been drafted or is in the process of being drafted, it will be the responsibility of the lead professional to incorporate and implement the risk management strategies agreed at the care and risk management meeting

5.12 In drawing the care and risk management meeting to a conclusion, the chair should seek to establish attendees' views as to the tier of risk practice into which the referred child or young person's behaviour fits. Specifically with respect to on-going risk management arrangements the meeting ought to agree on one of three risk management classifications:

- Aware;
- Attentive; or,
- Active and Alert.

5.13 If the view of the care and risk management meeting is that awareness of the referred child or young person's behaviour is a defensible position to take in relation to on-going risk management, a further scheduled care and risk management meeting will not be required. In such cases, universal services will be required to address any further issues in relation to the referred child or young person's behaviour

5.14 If the view of the care and risk management meeting is that attentiveness to the referred child or young person's behaviour is a defensible position to take in relation to on-going risk management, the chair will recommend the establishment of a risk management core group (see 7.0 below). It is assumed for cases which reach the attentiveness level that a lead professional will already be in place or will have been identified. It will be the responsibility of the lead professional and the other members of the care and risk management meeting to identify the members of the risk management core group and to stipulate how frequently meetings should take place. The participation of the relevant child or young person and his parent(s)/carer(s) is strongly encouraged at the risk management core group. A date for the first risk management core group should be agreed at the initial care and risk management meeting and a review care and risk management meeting should be arranged to take place within six months.

5.15 If the view of the care and risk management meeting is that being active and alert to the referred child or young person's behaviour is the only defensible position to take in relation to on-going risk management, the chair will make arrangements for further care and risk management meetings to review the referred child or young person's case at least three monthly. In tandem with this arrangement, a risk management core group should also be established to meet as regularly as appropriate in the intervening period between care and risk management meetings. Classification as active and alert is likely to occur in only the "critical few" cases.

5.16 It is intended that decision-making at a care and risk management meeting will be consensual and following thorough scrutiny of the available information practitioners will reach a mutual agreement about risk classification and risk management arrangements. However provision should be made for any dissenting views to be recorded when agreement cannot be reached. In such cases it will be the responsibility of the chair to take a final decision about the most appropriate risk classification and risk management arrangements.

5.17 A minute of every care and risk management meeting should be taken which captures discussion as well as key decisions and actions. If the child or young person and his parent(s)/carer(s) are not present at the meeting, reasons for this should be recorded. A full minute should be verified and signed by the chair and circulated to all attendees. In exceptional circumstances a note of action points may need to be circulated after a meeting if immediate risk management decisions need implemented. Care and risk management meeting minutes should be filed safely and securely in "Restricted Access" or each agency's equivalent.

5.18 While provision of a full care and risk management meeting minute to the child or young person referred for discussion may not be appropriate, it is imperative that the key decisions are communicated to the child or young person and his parent(s)/carer(s) by the lead professional as soon as possible. While verbal feedback is a necessary minimum, it may be beneficial for local authorities to give some consideration to creating child-friendly paper-based resources that can distil the content of complex discussions held at care and risk management meetings into a more accessible format.

6.0 CARE AND RISK MANAGEMENT (REVIEW)

6.1 The role of the chair at any care and risk management review meeting will be to direct attendees:

- To consider any further offences or incidents of concern involving the referred child or young person in the intervening period since the previous care and risk management meeting;
- To consider whether any form of further assessment is required to inform risk management strategies;
- To review the risk management elements of the Single Plan and to identify what progress has been made, if any, as regards the implementation of agreed risk management strategies particularly with respect to interventions with the referred child or young person;
- To consider whether modifications or additions to the existing risk management strategies as encompassed in the Single Plan are necessary and to ensure that the lead professional records any such changes;
- To evaluate progress in relation to risk reduction; and,
- To consider the views of the child or young person and his/her parent(s)/carer(s) and to assess their level of co-operation with risk management strategies.

6.2 The final task of the chair at any care and risk management review meeting will be to re-assess the risk classification under which the child or young person's behaviour is being managed and to continue to implement risk management strategies in accordance with this decision.

7.0 THE RISK MANAGEMENT CORE GROUP

7.1 The functions of a risk management core group include:

- To ensure that the child or young person and his parent(s)/carer(s) are active participants in the process of risk management and risk reduction;
- To ensure ongoing assessment of the needs of, and risks to, a child or young person subject to the care and risk management process;
- Implementing, monitoring and reviewing risk management strategies so that the focus remains on improving outcomes of the child or young person. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- Activating contingency plans promptly when progress is not made or circumstances deteriorate;
- Reporting to care and risk management review meetings on progress; and,
- Referring any significant changes to risk management strategies, including non-engagement of the family, to the chair of the care and risk management meetings.

7.2 It may be the case that the child or young person whose behaviour is giving cause for concern is already involved in other review processes (e.g. Child Protection Case Conferences, Looked After and Accommodated Child (LAAC) Reviews etc.). In order to minimise the reporting burden and to avoid unnecessary duplication, the lead professional may wish to give consideration to scheduling risk management core group meetings to coincide with other relevant reviews.

8.0 CARE AND RISK MANAGEMENT LINKS TO MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

8.1 When risk management strategies are in place for a child or young person charged but not yet convicted of an offence of a serious nature, it is possible that during the course of the care and risk management process his legal status will change. As a result of conviction in the Criminal Justice System, a child or young person under the age of 18 may become subject to multi-agency public protection arrangements (MAPPA). Due consideration should

be given to local processes for management of individuals who present a risk to the community but fall outwith the terms of the MAPPA.

8.2 It will be the responsibility of the care and risk management chair to liaise with the local MAPPA Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risks presented by the child or young person involved in offending of a serious nature. In particular agreement should be sought in relation to:

- The process for managing a child or young person's transition from the care and risk management process to MAPPA; and,
- The arrangements for risk management when a child or young person attains the age of 18 and continues to present significant concerns although not subject to MAPPA.

8.3 In preparation for a planned transition of a child or young person from the care and risk management process to MAPPA, it may be useful for the incoming MAPPA Chair to attend the last care and risk management meeting prior to the change. Alternatively, there may be value in a care and risk management chair attending the first MAPPA meeting for the child or young person following transition.

8.4 Given the similarities in many of the tasks undertaken by care and risk management chairs MAPPA Chairs and Child Protection Case Conference (CPCC) Chairs, it may be valuable to explore opportunities for shadowing, peer mentoring and joint training.

9.0 EXIT PLANNING

9.1 In accordance with the principle of minimum intervention, every effort should be made to ensure that a child or young person is retained within the care and risk management process for no longer than is absolutely necessary. Furthermore preparation for a child or young person's exit from the care and risk management process, as with any transition, should be calibrated and paced to meet needs.

9.2 Measuring progress as regards a child or young person's compliance with risk management strategies can be challenging. However, assessing progress with reference to the four phases outlined below may prove instructive (Brady and McCarlie, 2011: 134 – 151):

- Phase One – Risk reduction is largely via the systems and responsibility is owned by the systems around the child not the child or young person themselves. 'Systems' here are defined as the significant people in the individual's life who can have an impact on risk e.g. parents, carers, teachers, peers etc.;
- Phase Two – The child or young person is engaging in specific work on their harmful offending behaviour in order to allow a more meaningful discussion to take place about risk. In this phase individual risk management strategies are introduced and rehearsed by the child or young person and the systems. The systems move from a learning stage to proactively working with the child or young person to meet their needs and assist them in skills development;
- Phase Three – Risk is now being reduced by the on-going work with the child or young person and the systems' engagement in risk management. Responsibility for managing the risk is now a shared ownership between the child or young person and the systems; and,
- Phase Four – In this phase it is important to use the identified individual goals to determine whether or not a child or young person can take responsibility for managing their risk. It would be expected that the achievement of these goals (skills and insights) would be evidenced in different settings. Where this is the case, risk is now reduced and the young person has the ability and increased awareness to manage their own risk where developmentally appropriate.

9.3 The wellbeing indicators which underpin the GIRFEC model may also provide a useful means by which to monitor a child or young person's progress. The indicators ought to be at the core of any Single Plan and related risk management strategies. A further consideration will be the extent to which dynamic risk factors have reduced over time with a concomitant increase in protective factors and attainment of any other desired outcomes.

9.4 The overriding objective in managing a child or young person's transition out of the care and risk management process to an environment with reduced supervision and monitoring must be to ensure that there is continuity in the provision of support, advice and guidance to the child or young person.

9.5 It is recognised that in some instances a child or young person's exit from the care and risk management process will not be triggered by progress made but simply as a result of the passage of time, often the culmination of an extended period of non-engagement. In such instances appropriate arrangements and continuity of service provision will be necessary owing to the ongoing unacceptable level of assessed risk.

10.0 CASE TRANSFERS AND OUT OF AUTHORITY PLACEMENTS

10.1 It is not uncommon for children or young people who present a risk of serious harm to lead relatively transient lives. This may involve frequent changes of address within one local authority area, movement across different local authority boundaries or movement out of Scotland to other jurisdictions.

10.2 When a child or young person who is being actively managed through care and risk management processes moves from one local authority to another local authority within Scotland, it will be incumbent upon the care and risk management chair in the originating local authority to make contact with his counterpart in the receiving local authority to inform him of this development.

10.3 If it appears to be the case that the child or young person in question intends to reside in the receiving local authority on a permanent basis and this is a viable move, arrangements will be made for an official case "handover". This will be best managed through direct liaison between both care and risk management chairs and the exchange of relevant information (including risk assessments, IAF reports and the Single Plan). Furthermore, if deemed appropriate the care and risk management chair from the originating local authority (or his nominee) may attend the first care and risk management meeting to be held in the receiving local authority.

10.4 Care and risk management chairs should enter into case transfer negotiations in good faith and aim to agree upon mutually satisfactory arrangements for seamless transitions, respecting both the needs of the child or young person and the need to protect the public.

10.5 When a care and risk management chair becomes aware of the planned or actual move of a child or young person involved in care and risk management processes to a location outwith Scotland, he will make all reasonable efforts to alert the appropriate authorities in the relevant geographical area. If the location is in the United Kingdom (U.K.) this will in all likelihood involve the care and risk management chair liaising with Emergency Social Work Services and/or the Police.

10.6 When during the course of involvement in the care and risk management process a child or young person's living arrangements change owing to the decision of a Children's Hearing (e.g. imposition of an out of authority secure or residential placement) or the Court (e.g. remand or custodial sentence), this change will not automatically trigger the cessation

of the care and risk management process. The implications of any change in living arrangements should be taken into account at a care and risk management meeting with the expectation that the care and risk management process remains active for as long as it is deemed necessary to manage the risk presented by the child or young person. The originating local authority will retain responsibility for risk management while the child or young person is in an out of authority placement but certain functions may through negotiation be devolved to the host local authority. Care and risk management processes are likely to have particular value at the point of a child or young person's reintegration to his local community following an extended period accommodated outwith the area.

11.0 ACCOUNTABILITY, PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE

11.1 Local authorities need to know that care and risk management processes in their area are working effectively. An appropriate multi-agency group needs to be tasked with oversight of care and risk management processes. This group should review quantitative and qualitative data on at least an annual basis to allow it to assess how effectively care and risk management processes are operating and to gather data for benchmarking purposes.

11.2 It may be useful for the group:

- To undertake intermittent audits of the case files and agency information held in relation to children or young people subject to care and risk management processes;
- To observe care and risk management chairs in their role in order to ensure that they are discharging their responsibilities appropriately;
- To analyse the decision-making of the care and risk management chair(s) in response to initial referrals and on-going decisions; and,
- To interview key stakeholders (child or young person and their parent(s)/carer(s)) to evaluate their understanding and experience of the care and risk management process.

11.3 In relation to quantitative data it should be possible at any point to identify the:

- Total number of children and young people subject to care and risk management proceedings;
- Total number referral discussions held;
- Total number of referral discussions that lead to do not lead to a care and risk management meeting;
- Number of care and risk management meetings held;
- Number of risk management core group meetings held;
- Attendance at meetings and (under)representation of specific agencies;
- Origin of referrals;
- Re-offending by the child or young person in the care and risk management process;
- Prevalence of particular forms of concerning behaviour;
- Number of active and alert cases;
- Number of attentive cases;
- Number of awareness cases; and,
- Number of children or young people exiting the care and risk management process and the reasons for exit.

11.4 The Care Inspectorate may take the view that it would be useful to incorporate some of these qualitative and quantitative measures into their own scrutiny of local authority practices.

11.5 On occasion, despite the best efforts of professionals, child or young people will commit acts of a serious nature. When such acts are committed by a child or young person

already involved in the care and risk management process the care and risk management chair ought to submit a Significant Incident Report (or equivalent) to the multi-agency oversight group for its consideration. It will also be valid for the care and risk management chair to submit such reports in connection with “near misses” when, although no-one may have been harmed, there was real potential for such harm to occur.

11.6 Opportunities for organisational learning and reflection in relation to the care and risk management process once established should be encouraged. Furthermore, the multi-agency oversight group should support and encourage care and risk management chairs to take advantage of any training opportunities delivered at local, regional or national level to develop their skills and to engage in purposeful knowledge exchange with their counterparts.

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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's or Young Person's Plan. The Child's 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.
- **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: *For example general violence / sexual violence etc*

Relevant Risk Factors *List each factor highlighted in your formulation of risk*

Level of Risk *State level based on the likelihood of the behaviour occurring; the imminence of the behaviour; and potential impact of the behaviour, potential victims, risk situations/scenarios*

Goal of Risk Management Activity	Priority	Preventive Strategies	Outcome	Time-scale	Responsible agency	Un-met need
Monitoring						
Supervision:						
Intervention:						
Victim Safety Planning:						

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', 'why' and 'how':			
Immediacy / Degree of Alert	Behaviours/ Events to Monitor; Early Warning Signs	Agreed Actions	Responsible Person
Be Aware:	•	•	•
Be Prepared:	•	•	•
Take Immediate Action:	•	•	•
Key Contacts:			
Name:	Role :	Organisation:	Telephone Number (inc out of hours):

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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