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A Guide to Youth Justice in Scotland: policy, practice and legislation

Section 5: Managing Risk of Serious Harm

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1. Introduction

There are a small but significant number of children and young people in Scotland who present a risk of serious harm to themselves and others as a result of their involvement in harmful sexual behaviour (HSB) and/or serious acts of violence.

This group is considered to present a risk of serious harm because their behaviour has already caused serious harm to someone, or has potential to do so. “Risk of serious harm is defined as the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible” (Risk Management Authority, 2011, p. 24).

Many of this group will have complex needs and may have experienced multiple traumas in their lives (Creeden, 2013). This presents many challenges for services in respect of the need to manage the risks young people present with in order to promote public safety, whilst also offering those young people opportunities to develop and to become positive contributors to society. A high level of expertise and training is therefore required. As some teams will only infrequently work with young people presenting a risk of serious harm, support from specialists with experience in this field may be beneficial. Appropriate and high quality support to staff is essential as offending of a serious nature can also attract considerable public attention and media coverage, generating high levels of anxiety for professionals.

This section provides a summary of the key messages from research relating to violence and HSB. It provides an overview of the current policy context relating to this area of practice and the principles and process governing effective risk assessment, management and reduction in practice.

2. Key Messages from Research: Violence and Harmful Sexual Behaviour

Violence

Violence is a broad term that has proven difficult to define precisely and distinctions are often made between various types of violence, for example: youth violence, gang violence, domestic violence, sexual violence, knife crime and stalking. The World Health Organization (WHO) defines violence as:

> The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (WHO, 1996).

There are four means by which violence may be inflicted: 'physical, sexual, psychological attack, and deprivation' (WHO, 1996). According to this definition, the key elements contributing to violence are: the level of intent, whether coercion or force is used, and the potential for harm to the person, whether this is realised or not (Risk Management Authority, 2011).

There is an overlap between violent behaviour and HSB, insofar as some abusive incidents may be acts of sexual aggression (e.g. rape). However, there are also clear differences in that not all violent behaviour has a sexual component and some sexually abusive acts do not use force or coercion (e.g. when a victim has been groomed).

Key Messages from Research: Violence

- **Physical aggression has been shown to increase from around age 11, peaking around age 13 to 15** (Kirsch & Becker, 2006). Gallarin and Alonso-Aribol (2012) highlighted within their paper on parental attachment that it is not just behavioural elements that must be considered, but also the cognitive and emotional aspects of aggression.

- **Adolescent violence is a complex phenomenon.** Most young people involved in violent offending are not a homogenous group, in that they commit a wide range of criminal acts which can include violent and non-violent offences. However, for some young people, violence is the exclusive form of behaviour.

- **Violence often co-occurs with other difficulties, notably substance abuse and mental disorder.** In a minority of cases, psychopathy can be a factor in violent offending, especially when aggression persists into and throughout adulthood. Although the early signs of psychopathy can be identified in adolescence, personality is still highly plastic in pre-adult years. Only a qualified practitioner with an understanding of child development using recognised and validated assessment tools (Risk Management Authority, 2008) should make a diagnosis in relation to personality disorder in adolescence.

- **Violence is a predominantly male activity.** In a Scottish context, the majority of female offending continues to be non-violent and over the past 10 years there is no evidence to suggest that female offending is increasing. However, the number of women convicted of a violent crime is on the increase (McIvor & Burman, 2011). The majority of young women who are involved in serious violent behaviour have often experienced multiple traumas in their lives. This may suggest that therapeutically orientated approaches are more effective, although this is an under-researched area of practice.

- **Persistent violent offending in adolescence is associated with victimisation and social adversity.** The Edinburgh Study of Youth Transitions and Crime found that key predictors of violent behaviour for boys at age 15 are:

    - Self-harm
    - Crime victimisation
    - Family crises
    - Adult harassment

- Bullying
- Alcohol and drug use
- Early initiation of violence by age 12
- Poor parental monitoring
- Weak school attachment
- Peer offending

Factors for girls were similar although under-age sexual activity and risk taking were also factors statistically present in the lives of girls involved with violent behaviour at age 15 (McAra & McVie, 2010).

- **Children at risk of serious or violent behaviour often display violent behaviours in early years.** There are a range of factors which may be predictive of future violence. These include: bullying or being bullied; sporadic displays of aggression and becoming withdrawn; truanting from school; early formal involvement with police; associating with delinquent peer groups; behaviours such as fire setting and abuse towards animals; substance misuse before age 11; and lack of positive peer influences in early adolescence (Loeber & Farrington, 2001).

- **Most perpetrators of racially motivated violence are young and male.** One study found most had no involvement with right wing parties, played down the racial motivation in relation to their offending and were open about violence. Most saw themselves as overlooked, devalued and the real 'victims'. Work around belief systems and cognitions has been shown to be effective with this group (Ray, Smith & Wastell, 2002).

- **Domestic violence should not be ignored as an issue with adolescents.** An NSPCC study of teenage partner violence found that one in four girls reported partner violence with one in nine girls reporting serious partner violence (Barter et al, 2009). Under reporting of this form of violence means that it rarely comes to the attention of professionals working with young people; however, the social prevalence of such behaviours may suggest that attitudes towards gender should be integrated into general intervention work around interpersonal violence.

  Within the context of domestic violence, child to parent violence should also be considered. As with behaviours and attitudes associated with gender related violence, interventions focussed on parenting and the child-parent relationship should include consideration of interpersonal violence.

Harmful Sexual Behaviour (HSB)

HSB is the preferred terminology applied by the National Organisation for the Treatment of Abusers (NOTA) for working with those involved in sexual behaviour.

HSB encompasses a range of offending behaviours and recognises that not all harmful sexual behaviours displayed by young people are coercive. However, the heterogeneity of different kinds of behaviours leads to a range of terms being used in the literature, which include 'sexually problematic behaviour' and 'sexual offending behaviour' (Hackett, 2004).

Considering the scope of HSB by young people within the UK, between one fifth and one quarter of all cases of this nature are perpetrated by young people, with the most common age of referral being 15 (Hackett et al., 2013). An NSPCC report highlighted that two thirds (65.9%) of contact sexual abuse experienced by children under 18 years was carried out by someone aged under 18. Four out of five children (82.7%) aged 11-17 who experienced contact sexual abuse from a peer did not tell anyone else about it. Adolescent white males continue to form the largest group of those who exhibit HSB. However, those from minority ethnic groups, younger children, females and those with a learning disability are to a lesser extent included in any statistical figures (Radford et al., 2012).

Child development and HSB

Sexual exploration and experimentation are normal parts of child and adolescent development and are important in shaping sexual identity and an understanding of relationships with others. As part of this process, young people may stretch the boundaries of developmentally expected behaviour in ways that are non-abusive. Distinguishing between experimental childhood behaviour and inappropriate or abusive behaviour can be a complex task and requires practitioners to have an understanding of healthy normative behaviour and issues of informed consent, power imbalance and exploitation (McCarlie, 2009). Further guidance on this subject can be found in the National Guidance on Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns.

We have used the term 'young people who display HSB' throughout this guidance for ease of reading and to limit possible confusion. For the purposes of this guidance we have defined this term as follows:

> "Young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation."
> (Calder, 1999)

The key elements highlighted by this definition are sexual exploitation and power imbalance.

The NSPCC Harmful Sexual Behaviour Framework has a slightly broader definition of HSB, which includes situations where someone has not actively been sexually exploited by the young person (e.g. a young person in a foster care placement setting stealing underwear or an adolescent viewing indecent images of children).

> "Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult."
> (Hackett et al., 2016)

Key Messages from Research: Harmful Sexual Behaviour

- **Work with young people who display HSB requires a child protection approach.** In all cases where a child or young person presents HSB, immediate consideration should be given to whether child protection measures are required, either to protect the individual harmed or because there is concern about what has

caused the child or young person to behave in this way. This is covered in Part 4 of the National Guidance for Child Protection of Scotland.

- **There are a range of different offending profiles.** Research has shown that there may be key differences between adolescents who abuse young children and those who abuse peers; contact and non-contact offenders; specialist offenders (those who only commit sexual crimes) and generalist offenders (those who commit not only sexual offences but also other offences); and solo and group offenders (Höing, 2010). Young people with learning disabilities who have engaged in HSB are a particularly vulnerable and neglected group and may need specific intervention responses (O'Callaghan, 1998).

- **The developmental pathways into HSB may vary between groups.** A Scottish study indicated that there may be different developmental pathways for boys and girls, and for those who develop these behaviours prior to adolescence and during adolescence (Hutton & Whyte, 2006). Girls in the study also had a much higher presentation of disclosed experiences of having been sexually abused, whilst children who started to display harmful sexual behaviours before the age of 12 seemed to have experienced more trauma and potentially negative environments than those over 12.

- **The majority of young people who display HSB will not reoffend.** Whilst there will be a small sub-group who are likely to continue such behaviours into adulthood, research shows that targeted interventions can be highly effective in reducing risk even for those children and young people who are at higher risk of continuing harmful behaviours (Worling & Langstrom, 2003). Comprehensive assessment applying the principles of Care and Risk Management (CARM), the appendix to the Framework for Assessment, Management and Evaluation for under 18s (FRAME, Scottish Government 2014), is necessary to identify individuals who are at higher risk of continuing these behaviours into adulthood.

- **Denial of involvement is not an indicator of increased risk** (Hanson & Bussiere, 1998). Many young people involved will display some form of denial, this can range from full denial of their behaviour to minimising or justifying their behaviour. This is unsurprising; behaviour of this nature is highly stigmatised in society and accepting responsibility is likely to have negative implications for the child. Considering justifying behaviour, many young people will display some form of distorted thinking to justify their actions. Overcoming denial should therefore not be considered as a key treatment goal (Marshall et al., 2001).

- **Sexual abuse often takes place in a secretive context and can involve targeting, coercion or bribery.** Young people who display HSB will often be known to the victim, and will sometimes be related. The victim is likely to be young and vulnerable and may be deemed not to be a 'credible witness'. When working with adolescents, HSB can often be difficult evidentially to prove and we will not always have a clear legal mandate for assessment and intervention work. Motivation and engagement skills are necessary along with careful consideration of ethical reasons for whether we should or should not intervene.

- **Young people displaying HSB should not be treated or responded to as mini-adults.** A holistic child-centred approach that considers the child across all of the systems within which they exist - family, education, peer, and community is crucial. Children and young people benefit from more individualised and child focussed interventions than the group work approaches designed for adult sex-offenders (Hackett, 2014).

HSB and Technology

Children access the internet via phones, tablets and computers for a range of diverse reasons and most offer them positive learning and development opportunities. Technology use is now thoroughly embedded in children's daily lives with 65% of 12-15 years olds in the UK having access to a smart phone and 20% of 8-11 years olds also reportedly having access to this technology (Palmer, 2015). Recent research indicates that around a fifth to a half of all children and young people have been exposed to pornography online by the age of 16 (Belton & Hollis, 2016).

There remains limited research regarding the link between inappropriate use of interactive technologies and HSB (Quayle, 2017). However, some broad areas of concern emerge from the literature in relation to internet use:

- There are some views that with the increased availability of high-speed internet access and ease of access to pornography, that pornography can become addictive in nature (Wilson, 2017). Others contest that young people viewing pornography (and specifically indecent images of children) require targeted interventions focussed on dysregulated internet use and deviant sexual arousal (Aebi, 2013).

- Vulnerable and isolated groups such as those with learning disabilities or lesbian, gay, bisexual, transgender and questioning (LGBTQ) people use the internet as a resource to explore their sexual identity and it can be one of the few sources of information available to them. It is thought that this may contribute to the risk of accessing inappropriate or illegal material, or being made vulnerable to grooming or exploitation (Palmer, 2015).

- Young people in conflict with the law through their use of technology, often have no history of offending behaviour, are of above average intellectual function and are from backgrounds which differ to those of the general offending population e.g. not from deprived backgrounds (Aebi, 2013; Palmer, 2015).

- Children and young people are estimated to be responsible for downloading between three and 15% of indecent images of children (IIOC) (Aebi, 2013; Belton & Hollis, 2016).

- Self-victimising behaviour: This involves activities that place the child in a vulnerable situation. This can involve posting sexually explicit pictures of friends or others online.

Working with young people who offend examines the literature regarding violence, substance misuse and HSB presenting an overview of effective practice with such young people (Moodie et al., 2015). It explores the literature in relation to a range of interventions

and risk assessment tools, highlighting that no one risk assessment instrument or intervention is advocated at the expense of others, and highlights the benefits that a combined structured professional judgement and actuarial approach provide.

3. The policy context

Whilst the principles and process of assessing and managing the risk of serious harm should be consistently applied in every case, the nature of risk management arrangements that will be put in place will depend on whether a child/young person is being managed under the child care or criminal justice legislation.

In both cases, practice should be governed and directed by a number of key practice frameworks, namely:

- Getting it Right for Every Child (GIRFEC)
- National Risk Framework (NRF) (Calder, 2012)
- Care and Risk Management (CARM) Appendix 1 to Framework for Assessment, Management and Evaluation (FRAME) (Scottish Government, 2014)
- When working with young people who pose a risk of serious harm, in accordance with GIRFEC, practitioners should:
    - Put the child or young person at the centre and develop a shared understanding within and across agencies
    - Use common tools, language and processes
    - Consider the child or young person as a whole
    - Promote closer working where necessary with other practitioners

In working with young people who display risk of serious harm, the NRF is designed to assess wider welfare and child protection concerns and may need to be applied in line with GIRFEC national practice guidance where such concerns are present.
Practice with young people is also governed by CARM, which was developed to promote child focussed multi-agency practice that values the diversity of the roles, skills and knowledge of the various agencies involved and is underpinned by GIRFEC and a shared understanding of the language, principles and processes of risk management practice.

Decision making processes

If a child or young person under the age of 16 has been charged with a serious offence, the offence will be jointly reported by the police to the Procurator Fiscal (PF) and the Children's Reporter in line with the Lord Advocate's Guidelines. A decision will be made by the PF where the case will be heard. For those young people aged 16 and 17, including those subject to a Compulsory Supervision Order (CSO), the current presumption is that these cases be dealt with by the PF irrespective of the gravity of the offence, although there are ongoing discussions around this presumption.

Where there is consideration that the risks posed by a child or young person's behaviour present significant harm to others and formal risk management processes are required, the CARM protocol supports the multi-agency management of risk and is applicable irrespective of whether the child is subject to the Children's Hearing System or the Criminal Justice system. CARM provides local authorities and practitioners with a template for child-centred practice in risk assessment, management and reduction with young people who present a risk of serious harm to others within the context of GIRFEC and the Whole System Approach. CARM recognises risk management as the means by which we each jointly and distinctively reduce and, where possible, prevent the physical and psychological harm to others that results because of offending.

In a small number of cases, young people convicted of a sexual offence in the adult courts and not remitted to the Children's Hearing System will be overseen by Multi-Agency Public Protection Arrangements (MAPPA) which are governed by Sections 10 and 11 of the *Management of Offenders (Scotland) Act 2005*. Any young person who is subject to notification requirements under the Sexual Offences Act 2003 will be managed via MAPPA.

Inclusion of a young person in MAPPA may also occur if they have been convicted of a crime which suggests that they may pose a risk of serious harm, are subject to statutory supervision in the community and where active multi-agency management is necessary to protect the public.

The processes relating to MAPPA are outlined in the MAPPA National Guidance (2016). The principles of evidence-based multi-agency risk assessment and planning are integral components of the MAPPA approach, though it is crucial this is underpinned by an understanding of children and young people, which is developmentally, systemically, vulnerability and trauma informed.

Under part 5 of the *Children and Young People (Scotland) Act 2014*, which is due to be enacted in August 2018, a Child's Plan is required when a child has been assessed as having a wellbeing need and one or more targeted interventions are required to meet this need. The Child's Plan is the basis of a single planning framework which incorporates elements of the plans that are required under other legislation. All young people under 18 that are subject to MAPPA and CARM are required to have a Child's Plan.

4. Applying Risk Practice

All risk assessments should follow a process through which the best available information is identified, analysed, evaluated and communicated in order to inform decision making and action about managing and reducing risk. Whilst the focus of these steps may vary depending on the age and stage of the individual involved, the broad process should always remain the same.

Where a young person poses a risk of serious harm, the risk assessment should be comprehensive enough to provide a scrutiny of the risk. This will involve developing an understanding of the young person in terms of their development, attitudes, beliefs, coping strategies, behavioural patterns, relationships, goals and environment. If an appropriate and effective risk management and risk reduction plan is to be developed collaboratively with the young person, it is essential to establish a good understanding of what needs to change in

the young person's life, what might motivate that change and how the change process can best be supported over time.

It is important to note that where there is a concern about risk of serious harm, guidance regarding risk management processes should be followed.

Identification

This step involves gathering and reviewing all relevant information across the wider systems within which the child or young person lives and identifying the:

- Historical and current factors about the young person: understanding his or her life circumstances and behaviour as to how this impacts and influences further offending (risk factors) or desistance (strengths); applying appropriate risk assessment tools to assist by grounding the assessment in an evidence base; and utilising a structured professional judgement approach
- Nature of previous and current offences
- Seriousness of previous and current offences

Following the GIRFEC National Practice Model and CARM for under 18's guidance this information should be gathered from a range of sources.

Risk Assessment Tools

The analysis of the information you have gathered, from a range of sources, and the identification of the type of harmful and concerning behaviour, should inform which risk tool is appropriate. It is the responsibility of the practitioner and the agency to be clear about which risk assessments they utilise within their Local Authority area, and this may be guided by criteria outlined by the Risk Management Authority in the Risk Assessment Tools Evaluation Directory (RATED).

An appropriate instrument is one that is suitable for the individual and in its application, practitioners should be aware of the impact of age, gender, race, mental health and cognitive ability. To ensure that decision-making is responsible, ethical and defensible, risk assessment tools must be applied in line with the guidance provided by the authors and should only be undertaken by practitioners who are qualified in the use of the instrument.

Direct Work with the Young Person

The young person will be a very important source of information and building a relationship with them will be critical. Direct work with them should seek to identify information about the following:

- An exploration of beliefs and attitudes that may underpin their offending behaviour
- A detailed exploration of the child's prior experiences of victimisation
- Analysis of the function of violence/HSB (Fraser et al, 2010)
- The young person's understanding of their own history
- Future plans and goals
- Exploration of learning style

Involving Families in the Assessment Process

In addition to gathering information from the young person, it is vital to recognise the important roles that parents and carers play in informing risk assessment.

Parents need to be involved with comprehensive assessments in meaningful ways, however many parents whose children have been involved with serious offending face social stigma, rejection and hostility in reaction to their child's behaviour and may need considerable support. They may also struggle with acknowledging personal trauma or the extent of their child's behaviours. Engaging parents using examples from Facing the Future (Hackett, 2001) can assist in addressing denial and other emotional experiences of parents.

Analysis

Having identified the relevant information from a broad range of sources, it will be necessary to analyse the relevance of this information in relation to the offending behaviour. The analysis should include:

- Detailed analysis of past and current offending in terms of the pattern, nature, seriousness and likelihood
- Application of a structured offence analysis in order to explore how, why and when offending occurs and begin to identify relevant risk and protective factors
- A formulation that offers an understanding of the interaction and respective role of risk and protective factors in an episode of offending, and helps to identify triggers and early warning signs which may assist in recognising and responding to imminence and inform meaningful risk reduction interventions
- Identification of likely future plausible risk scenarios based on the evidence you have regarding that child or young person to inform the risk management and risk reduction plan, to develop contingency measures to prevent or reduce the impact of further offending

Formulation

Used in the context of risk assessment, formulation is the process by which you generate a hypothesis about the factors, which have contributed to a person developing harmful behaviours, and the factors which maintain those behaviours. The purpose is to help identify individualised targets for intervention that will manage and importantly reduce the risk of the harmful behaviour occurring. Formulation is the step that bridges the gap between identification and evaluation by allowing us to analyse the risks as they apply to the individual:

- It helps us consider how general theoretical or empirical knowledge applies to the story of the individual or family that we are working with
- It helps us to understand why a difficulty exists rather than simply describing a set of symptoms, problems or risk factors
- It bridges the gap between describing risk and intervening to manage and reduce risk
- It guides intervention by showing us the pathway that led to the behaviour
- It is individually sensitive and specific

- It allows us to understand complex or co-morbid cases where numerous problems exist together and fuel each other

One of the most commonly used methods of case formulation is the 4 P's. For each P, you identify the factors, circumstances or behaviours, which contribute to the risky behaviour:

- **Predisposing** - factors in the individual's past that may increase their tendency or vulnerability towards violence. These might include impulsivity, substance misuse, disregard for others or early exposure to violence etc.
- **Precipitating** - events or circumstances that may trigger the behaviour or disinhibit usual behavioural controls. These can be motivators or disinhibitions and might include intoxication, emotional collapse, a perceived slight or rejection etc.
- **Perpetuating** - factors that cause the risk to remain. These might be impeders or unresolved vulnerabilities such as lack of parental management, a cognitive impairment, a learning disability, history of trauma etc.
- **Protective** - aspects of the individual that are functioning well or environmental circumstances that moderate the risk. These might include significant pro-social relationships, medication, motivation to engage in supervision etc.

Having identified the relevant factors for each P, the formulation combines the information and analysis into a narrative, which explains how the various factors contribute to and influence the problematic behaviour.

Scenario Planning

An important part of the assessment process involves identifying how risk factors may manifest in the future. This helps to identify what action needs to be built into the risk management plan in order to avert these situations from arising.

A scenario planning element exists in a number of structured professional judgement instruments and can prove useful when considering what actions are required to manage the risk. It involves a series of steps:

- Consideration should be given to identifying the nature, seriousness, victims, circumstances, context and time frame of offending behaviour in a number of different scenarios including:

    - **A similar scenario (repeat)**, e.g. a repeat of previous behaviours resulting in the same or similar offence
    - **A more serious scenario (escalation)**, e.g. an escalation in offending such as a shift from low level violence to the use of a weapon
    - **A more positive scenario (improvement)**, e.g. desistance from offending or a reduction in the frequency, seriousness or type of offending
    - **A somewhat different scenario (twist)**, e.g. evidence of a change in the pattern or circumstances of offending, such as variance in location or victim targeting.

- Each scenario should be fleshed out to identify and describe the most likely chain of events: If… when… then… The plausibility of the scenario should be evaluated, and if it remains a credible option, the likelihood of it occurring should be recorded.

- The scenario should be analysed in order to identify the potential early warning signs, protective factors and risk factors. Suitable preventive strategies and contingency measures should be developed to avoid the negative scenarios and promote scenarios that are more positive. These strategies should be incorporated into the risk management plan.

Evaluation

The third step in the risk assessment process is evaluation. The purpose is to evaluate the formulation against the relevant decision making criteria in order to determine the most appropriate course of action. The criteria may vary depending on the purpose of the risk assessment, the circumstances and context of the young person. In almost every case evaluation will aid the decision making process and whether the young person is able to remain in the community.

An assessment will guide a variety of decision-making processes including:

- MAPPA
- Children's Hearings
- CARM meetings
- Secure screening groups

Secure Care

As part of the assessment process consideration may need to be given as to whether the risks presented by aspects of the young person's behaviour can be managed within a community setting, or whether for their protection and the protection of others, they require more restrictive measures that necessitate their removal from their home environment.

Secure care should only be considered where a child or young person requires to be removed from the community because of risks to their own safety or because of the risk they present to others. Criteria under which secure accommodation might be used is laid out in s. 83 (6) of the *Children's Hearings (Scotland) Act 2011*. The conditions are:

- That the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk
- That the child is likely to engage in self-harming conduct
- That the child is likely to cause injury to another person

The wording of s. 83 (5) of the *Children's Hearings (Scotland) Act 2011* reinforces the gravity of removing a young person's liberty and that such a decision must be **necessary** and not merely an option: "having considered all other options including a movement and restriction condition, secure accommodation is considered necessary".

Whichever of these criteria is met, secure placements should only be for so long as it is in the best interests of the child as referred to in the *Children's Hearings (Scotland) Act 2011* s. 151 (4) and is reinforced by the UNCRC and Child Friendly Justice.

Where a Children's Hearing is satisfied a young person meets the criteria for secure accommodation, the Hearing **must** consider the use of a movement and restriction condition (MRC), as an alternative to a secure placement. This allows the young person to continue to reside in the community but be subject to close monitoring and support with movement restrictions placed on them as a condition of their CSO.

The need for secure care should be assessed as part of the risk assessment process and the risk level should indicate an imminent likelihood of harm, either to the child/young person or other. Where a decision may be made to place a young person in secure accommodation, the *Children and Young People (Scotland) Act 2014* highlights that the views of young people should be taken into account (Moodie, 2015).

When consideration is given to the need for secure care or custody, those working with young people will need to take a view on whether or not the risks posed by aspects of the young person's behaviour could be managed through the application of a Movement Restriction Condition (MRC) as part of a robust wraparound support and risk management plan. This may include an Intensive Support and Monitoring Service (ISMS) support package or a service such as intensive fostering. In considering a young person's suitability for these provisions, a clear assessment of how the harmful behaviours could be managed and reduced, building upon existing protective factors. This should include the availability and levels of support available from parents and carers.

Movement Restriction Condition (MRC) and Intensive Supports

Electronic Monitoring (EM) of which MRCs are one form, has evolved rapidly over the past 30 years, with varying drivers such as reducing prison and secure care populations, reducing recidivism, increasing individual accountability, and as a means of protecting the public (Nellis, 2014; Simpson & Dyer, 2016).

MRCs can be used in a variety of ways:

- Use of MRCs for young people at risk through absconding or self-harming behaviours (e.g. substance misuse)
- As a direct alternative to placement in secure care or custody
- As a 'step-down' mechanism for young people in secure care or custody (Orr, 2013)

For a Children's Hearing to make a young person subject to an MRC, the lead professional must undertake an assessment of suitability in accordance with the Scottish Government's guidance on MRCs (Scottish Government, 2014). The assessment should include evidence that all local community alternative provisions have been exhausted and this should be outlined in the assessment. The assessment must include the views of the young person and their parents or carers in relation to the impact that imposing an MRC may have. An important factor in this assessment must be whether those who look after the young person are willing to have the required equipment in their home, have an understanding of the impact an MRC can have on the family situation and dynamics, be willing to support the plan and assisted to do so.

Intensive Support and Monitoring Service (ISMS)

The Scottish Government guidance on alternatives to secure care and custody (Scottish Government, 2011) highlight that irrespective of system, young people should be supported to remain in the community where possible. To achieve this, a robust and defensible assessment of risk and need is required as highlighted above in relation to risk assessment process.

Good practice in the provision of alternatives to secure care and custody include:

- Holistic assessment: in line with GIRFEC practice and the use of appropriate risk assessment and management processes
- Partnership working: to ensure that supports are effective and consistent
- Corporate parenting: providing young people who are looked after with opportunities as highlighted within the alternatives to secure care and custody guidance (2011) and in line with the "staying put" and continuing care philosophies in parts 10 and 11 of the *Children and Young People (Scotland) Act (2014)*
- Family work: Should focus on factors relevant to the family dynamics considered within risk instruments and consideration given to specific interventions that address systemic family issues, such as Multi-Systemic Therapy (MST) or Function Family Therapy (FFT)
- Accommodation options/supports: There are many examples e.g. Significant Case Review, Kevin Rooney by Gachagan (2013) that cite unstable living arrangements as contributing factors to offending behaviour. Whilst the provision of stable accommodation is crucial for all young people there has been recognition of the particular impact for care leavers with Staying Put (2013) and Housing Options for Care Leavers (2013) highlighting the need for transitional support into adulthood and improving accommodation options for such vulnerable groups.
- Immediate provision of support: Speedy responses such as attending court with the young person help them to connect responses to their behaviour
- Intensive support/crisis support: Should be flexible and responsive to the needs of young people and those who care for them as well as their assessed risks. Consideration should be given to options such as, respite care, the provision and intensity of 24/7 support. Frequent reviews of the Child's Plan and services provided is crucial, with the need being to strike the right balance between supports that attend to the risks, yet do not overwhelm the young person or their carers, which could contribute to breakdown.
- Monitoring/surveillance: (see point 5 of this Section on risk management)
- Development of community opportunities: Should be made available to young people where required. This can be in the form of exploring personal interests and identifying pro-social activities for them to become involved in or addressing negative social learning through mentoring and role modelling approaches (Mulholland et al, 2016).
- Exit strategies/continued support: (see point 5 of this Section on risk management)

Communication

The final step in the assessment process involves communicating the risk. Risk is dynamic and influenced by context and time. As such, a risk assessment needs to capture the complex changeable nature of risk and communicate an understanding of that risk in a manner that is relevant to the current task and the context of the particular decision making process.

Terms such as ‘high risk’ have traditionally been used to attempt to highlight that young people present a risk of serious harm; yet such terms fail to capture strengths and positive attributes. The use of such terms also poses a challenge in a world of multi-agency working given they are subjective and open to interpretation, unless qualified in respect of what we are defining as of concern. Additionally, when communicating our assessment of risk, the use of structured professional judgement is helpful to individualise our assessments to young people. Caution should be applied however, to the use of professional override within tools. Vaswani (2013) in her review of the Youth Level of Service – Case Management Inventory (YLS-CMI) found that those workers who applied professional override in connection with this risk instrument reduce the accuracy of assessment to little more than “chance”.

A comprehensive assessment should end with not just recommendations but clear actions attributable to individuals and/or agencies with discernible timescales, which are drawn from a clear analysis of the behavioural concerns in a developmental context, a careful needs assessment and a detailed assessment of risk specific to that individual. The final report should include the following:

- A description of the problem (summarising the nature of the offending behaviour and the likely risk scenarios that need to be managed)
- The process of assessment that has been followed (i.e. details of the sources that have informed the report, any risk instruments that have been used, and any particular methodology that has been applied)
- A summary of the relevant background information. This should include, but is not limited to: details about family structure and function; education; social, relational and sexual development; physical and mental health issues; substance misuse and any history of trauma.
- Findings from any risk assessment tools
- An analysis of previous offending or problem behaviour and any attempts to modify it
- A risk formulation which explains how and why the behaviour developed and how it is maintained
- A summary of the likely and plausible risk scenarios which outlines who is at potential risk, the nature of the risk, the likelihood of the event occurring, and the possible triggers and outcomes
- A summary of risk recommendations and actions with who is responsible for carrying these out within what timescale and indicating how such measures will seek to manage the risks posed
- Gaps and limitations to the assessment and what has been attempted to bridge these

As noted, summarising risk in terms of high, medium or low, provides no explanation of the risks posed by a child or young person’s behaviour, thus it might be helpful to conclude a risk assessment by offering an opinion on the following factors:

- The likelihood of the behaviour continuing or re-occurring
- The imminence of the behaviour
- The nature of harm most likely to be posed
- Those likely to be harmed

- The impact of the behaviour if it was to happen

Additional consideration - frequency of review
Risk is dynamic, changing with time and context, so risk assessments must be reviewed, particularly if there is a significant change in circumstances (for example, a further offence or a move from institution to community). Also it should be noted that in line with child development, a risk assessment is likely only to be relevant for a fixed period of six months to a year. Reports should note when risk would need to be re-assessed.

Additional consideration - limits of professional competence
During the process of the assessment, if the worker identifies case specific issues that may extend beyond the boundaries of professional training, qualification and expertise (Risk Management Authority, 2011), this should be referred back to the worker's manager to allow a decision to be made on how to proceed. This may require a decision to be made on the allocation of resources to address the issues identified.

5. Risk Management planning and practice

Where aspects of a young person's behaviour poses a risk of serious harm, a plan should be developed which clearly outlines how those risks will be managed and reduced. This plan needs to specify the nature, frequency, severity and imminence of risk. In accordance with GIRFEC principles and the *Children and Young People (Scotland) Act 2014*, the key areas of this plan should be integrated with the Child's Plan and communicated to the Named Person.

For most young people, irrespective of whether they are within the Children's Hearing System or the criminal justice system, the risk management process that precedes the development of the plan is outlined in CARM.

The following steps should be taken in accordance with the CARM protocol:

Where a referrer believes that a young person meets the CARM threshold: A referral discussion should take place with the person responsible for co-ordinating CARM referrals within **24 hours,** and no later than **72 hours,** after they become aware of the incident or information. The referral co-ordinator should ask the referrer to complete a referral form which should include existing relevant information, such as, an existing Child's Plan held by the Named Person or any existing assessments or risk assessments.

The person with responsibility for receiving referrals should: Decide whether a CARM meeting is required and record any reasons if a meeting is deemed unnecessary. They should record what immediate tasks are required to keep the young person and others safe (e.g. whether living and care arrangements are suitable), tasks that should be undertaken prior to the meeting (completion of a risk assessment or the need for safety plans) and the date of the CARM meeting.

Arranging an initial CARM meeting: This is the responsibility of the referral co-ordinator and should be done within 21 calendar days from receipt of the referral. Typically, an initial meeting will involve the Named Person, social work, police, health and education. At this point the young person and their parents/carers should also be informed of the decision to

arrange the meeting and the referral co-ordinator should consider whether it is appropriate to include them in all or part of the meeting. The involvement and engagement of the young person and their family is critical to the implementation of any risk management and reduction plan. Where there is an ongoing police investigation, this should not prevent the meeting taking place and splitting the meeting would allow for sub-judice information to be shared between professionals, as well as, ensure the inclusion of the young person and family in the process.

Making and reviewing decisions: A CARM meeting should decide the tier of risk practice required to manage the identified risks and needs of that individual at the initial meeting, and review this at subsequent meetings. The terminology of the three tiers (aware, attentive, active and alert) aims to offer consistent language across practice and the guidance promotes the adoption of this nationally. The meaning of the categories is described below.

- **Aware**: A further CARM meeting is unlikely to be needed and further issues should be addressed by the named person and universal services and lead professional as appropriate.

- **Attentive:** In most cases a lead professional will likely already have been identified and will be responsible for arranging core group meetings as agreed by the CARM meeting. Consideration should be given to how these meetings may interface with existing processes, such as, looked after children reviews or meetings around the child, to ensure clear communication exists regarding tasks to be undertaken and to avoid duplication.

- **Active and Alert:** Only those individuals who pose the most serious and imminent risk of harm will be considered within this classification. Where risk management meetings consider young people meet the criteria, the main CARM group meetings should take place at least every three months and an agreement reached at the meeting regarding the frequency of core group meetings which should take place in between times.

Risk Management Plans

A risk management plan should contain a number of core elements:

- A risk assessment
- Identification of the risks to be managed
- The risk and protective factors to be addressed and strengths to be developed
- Identification of early warning signs or measures of positive change
- Actions and Strategies
- Contingency measures
- Limitations

An example of a reporting format for a risk management plan suitable for use with children and young people can be found within CARM.

Monitoring

Monitoring involves a number of observational activities intended to identify changes, which indicate progress or deterioration. These may be factors indicating imminence of offending, a change in the type of risk posed, or a decrease in current risk. Monitoring is an active component of risk management as it supports contingency planning and informs readiness to respond to change.

Examples of monitoring activities include:

- Contact with the individual (e.g. in person, by telephone and/or by text message)
- Contact with others (e.g. relatives, carers, potential victims, other staff and professionals)
- Seeing the person in their own environment (e.g. at home or at school)
- Electronic surveillance (this requires a formal decision to be made through the Children's Hearing or Court process and there are restrictions on how long a person can be subject to electronic surveillance or as a condition of statutory licence conditions on release from a custodial sentence)
- Monitoring of use of social networking sites
- Drug testing

Particular prominence should be given to key factors, which may indicate that risk is escalating or imminent.

Supervision

This is the activity of overseeing or administering an order or sentence in a manner consistent with legislation and procedures, ensuring that any requirements or conditions are applied and compliance with such requirements is monitored. It is also a means by which a relationship is established with the individual, to ensure that the individual is engaged through dialogue in a process of change and compliance (Risk Management Authority, 2011).

Examples include:

- Building a relationship with an individual
- Motivating an individual to complete an intervention programme
- Allowing activities on the condition the individual is supervised by a responsible adult
- Restricting association, preventing contact with specific peers or adults (including previous or potential victims)
- Restricting activity e.g. preventing a young person from attending swimming classes at present
- Restricting movement, curfews, travel bans and prevention from going to certain areas e.g. being required to stay away from children's play parks
- Restricting internet use and use of mobile technology
- Preventing telephone or postal contact with previous victims
- A secure placement or custody

A balance must be struck between the individual's rights and the safety of others, and this can only be done through a detailed individualised assessment of risk and need, leading to tailored and necessary supervision arrangements. Thought needs to be given to whether risk management becomes so restrictive that the young person loses out on significant life experiences. That is to say, that the young person misses out on 'positive' risk taking

experiences, similar to those that most children experience in an age and stage appropriate way.

Supervision needs to be linked with monitoring, as breaches in supervision requirements must be ascertained and acted on appropriately.

The more evidence there is that an individual is able to self-manage and that external circumstances are stable and supportive, then the less need there should be for supervision. This is obviously a dynamic balance that may change over time and there must be evidence across all the systems within which a child or young person exists to support assessment of risk reduction.

Victim Safety Planning

This is a risk management activity by which attention is drawn to the safety of specific individuals or groups who may potentially be victimised, with a view to devising preventative or contingency strategies. The focus in victim safety planning is working with victims and potential victims to improve their safety and maximise their resilience.

Situations where a young person has physically or sexually harmed another young person at the same school (or is alleged to have done so) can be particularly challenging and raise issues in relation to victim safety planning. These difficulties are similar to those found in other institutions (e.g. a young person in a residential setting who alleges that another individual has assaulted them). Specific arrangements will be necessary to promote safety and parents will need transparency about action taken. Robust safe plans should be produced to be cognisant of the risks posed in the community, at home, school or other environments as appropriate.

Where a decision is made to exclude a pupil on grounds of physical or sexual behaviour, this ultimately needs to be premised on level of risk (based on assessment).Those making such decisions should, however, be mindful that whilst this may reduce risk in a school context it may increase risk in the community due to the young person's lack of daily routine and structure.

Risk Management Protocols

Local Authorities should have in place a risk management protocol for young people who display violent or harmful sexual behaviours. Whilst CARM is proposed as the Scottish Government's best practice framework for assessing, managing and reducing risk not all Local Authorities have adopted it in its entirety. It may be adopted by 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).

Other Agency Measures

Whilst not a risk management protocol Police Scotland have the power to seek Court Orders in relation to HSB. However, should such measures be required best practice would advocate they do not exist in isolation and should dictate a multi-agency risk management response under CARM or relevant Local Authority risk management protocol.

Police Scotland are able, under the *Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005*, to apply for Risk of Sexual Harm Orders (RSHOs), which are civil preventative orders. An application for a RSHO can be made by the police in respect of any person of any age if it appears to the chief constable that that person has, on at least two occasions, engaged in certain inappropriate sexual conduct or communication with a child or children (under 16), and as a result there is reasonable cause to believe that it is necessary for the order to be made. To obtain a RSHO, it is not necessary for the individual to have a conviction for a sexual (or any) offence. Guidance on the 2005 Act has been published to assist practitioners.

Interventions

Interventions can be delivered through supervision and may involve referral to other services. In complex cases, a range of interventions may be required and these should be coordinated within the risk management plan.

Research demonstrates that interventions are most effective when tailored to an individual's learning ability and style, motivation to change, personality type and level of interpersonal and communication skills. Evidence also suggests that in working with individuals who have engaged in offending behaviour, interventions are most effective when they target the needs of the individual using cognitive behavioural, problem solving and skills learning approaches.

In working with young people who present a risk of serious harm there are a number of interventions, which may be useful, and for which there is a growing evidence base. Research indicates that interventions with this group of children and young people should be:

- **Holistic**: focusing on the children's needs across all dimensions of their lives and their development
- **Systemic**: involving families and parents in order to improve children's social environments and attachment relationships
- **Goal-specific**: designed to address specific issues relating to the child's harmful behaviours
- **Developmentally orientated**: being sensitive to the child's age and stage of development

Little has been written to date with respect to effective interventions with young people who display violent behaviour. However, what seems to work with general adolescent offending also works with young people involved in violent behaviour (Whyte, 2001; Moodie, 2015).

Dominant Theoretical Approaches

The current preference for the majority of services working with young people involved with serious offending behaviour in both North America and the UK is for intervention loosely based on a cognitive behavioural model. A survey of 164 UK services providing intervention to young people with harmful sexual behaviours found that **Cognitive Behavioural Therapy** (CBT) was the most frequently selected theoretical approach, and was identified by 56% of services involved in intervention work as the theoretical model most closely associated with their programme (Masson & Hackett, 2003). The majority of services noted that their work was based on CBT but integrated other theoretical approaches. Several studies have now found CBT to be effective with this client group (Guarino-Ghezzi & Kimball, 1998; Lab, Shields & Schondel, 1993; Worling & Curwin, 1998) although some authors have been critical of the quality of evidence provided to support claims of effectiveness (Letourneau & Miner, 2005).

There is a growing international evidence base for the effectiveness of **Multi-Systemic Therapy** (MST) with violent (Henggeler et al., 1997) and harmful sexual behaviour (Letourneau, et al. 2009). MST is an intensive home-based intervention for families of young people with social, emotional and behavioural problems. MST provides an alternative to out of home placements and is designed to address the comprehensive array of factors that contribute to the increased risk of offending, across multiple systems (i.e. individual, family, peer, school, community). MST is one of 11 'model' programmes that meet the high scientific standards effectiveness of Blueprints for Violence Prevention, a project of the Center for the Study and Prevention of Violence at the University of Colorado.

The **Good Lives Model** (GLM) (Ward, 2002), referred to in Scotland as the Safer Lives Model, is a strengths-based approach to offender rehabilitation, and is premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of reoffending. The authors of the GLM describe offending behaviour as a way of meeting everyday human needs by inappropriate means. By identifying the person's needs and offering appropriate activities that meet those needs, this might prevent a repeat of negative behaviours.

In terms of other approaches, increasingly **solution focused approaches** have been employed with young people with HSB. The signs of safety approach (Turnell & Edwards, 1997; Myers, 2005) is employed by some services in Scotland, and supporters of the solution focused approach stress the importance of collaborative, interactive and motivational methods for working with this client group (Jenkins, 2004). There is little research on the effectiveness of this method as yet.

Placements and Transitions

Consideration around placement choice and secure care are inevitable in discussing young people at high risk of harm especially given recent high profile cases in Scotland, such as that of Dawn McKenzie who was killed by a foster child.

Intervention with young people who have been involved with offending of a serious nature is most effective when the young person is in a stable environment and opportunities to re-offend are minimised. Some comments on the context of intervention work may therefore be necessary here.

Most young people who display harmful behaviour of a serious nature can be managed with appropriate supports in the community. This is, however, not always possible. Secure care (locked facilities within the child care system) provides a safe and secure environment for young people who require care for their own safety and for those who present a risk to others. Secure care currently forms part of a range of measures to bring stability into a young person's life and reduce re-offending.

Placement through Children's Hearings

When a Children's Hearing is satisfied that a young person meets the secure care criteria but they are unable to make a substantive decision, an interim Compulsory Supervision Order (CSO) can be made which authorises the young person to be placed in secure care for up to 22 days. Practice issues that may require an interim decision to be made can include:

- A hearing does not have enough information available
- The case is at Court
- Relevant persons or key agencies have not attended the hearing

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An interim CSO only authorises a secure placement. Unless the Chief Social Work Officer and Head of Secure Care agree that the young person can be secured, they may remain in the community. The Chief Social Worker however must communicate his/her decision regarding whether they intend on implementing the authorisation to the young person and their family and this decision can be appealed by the young person and any relevant person in the case. If the initial decision by the Chief Social Worker is not to implement the secure authorisation, they cannot reverse this decision within the 22 day period.

Where a Children's Hearing makes a decision to place a young person on a CSO, and names the secure establishment, due to the gravity of the decision a review must be held within three months. A legal representative for the child must be present at any hearing where secure authorisation is being considered. When a secure establishment is named as the young person's place of residence and there is a decision to move the young person's placement, an early review hearing must be requested by the Local Authority. If the placement breaks down and the young person has to be moved on an emergency basis then an emergency transfer hearing must be requested by the Local Authority. The Children's Reporters Administration will then arrange a Children's Hearing within 72 hours of the emergency move.

In emergency situations young people can be held in secure care if the Chief Social Work Officer of the Local Authority and the Head of a Secure Establishment agree that legal criteria are met. This type of admission is sometimes termed 'administrative transfer' or 'Social Work Director's transfer'. It is used in situations where there is serious and immediate risk to self or others. Placements through this route need to be considered by a Children's Hearing within 72 hours of being made and should only be used as a last resort.

Placement through the Courts

Many secure placements come via the *Criminal Procedure (Scotland) Act 1995* despite the current drive of the Whole System Approach to divert children (including 16 and 17 year olds) from the adult Criminal Justice System. Children awaiting trial can be held in secure accommodation on remand under s. 51 (1). This allows a court to remand children under 16 years to the care of the Local Authority and this may (although need not be) in secure accommodation. Remands are generally for an initial seven days and may extend to 140 days. Serious offences involving juveniles are dealt with under solemn procedure. Children convicted of murder may be sentenced under s. 205 of the 1995 Act, which carries a mandatory life sentence. Those convicted of other cases heard on indictment can receive a determinate length of sentence under s. 208. Children convicted of an offence under summary procedure may be sentenced to residential accommodation under s. 44 (1) of the Act for a period of up to a year, although they can only be kept in secure accommodation if the legal criteria above are met.

Again, this decision is taken by the Chief Social Work Officer and the Head of the secure establishment. Children serve a maximum of half sentence and may be released within that period on the decision of a review held by the Local Authority. After sentence has been passed, responsibility for such cases passes to the Local Authority and young people held under s. 44 are to be treated as though subject to supervision requirement. The welfare principle is paramount.

Transitions and Endings

As the child or young person comes to the end of a formal intervention, the planning and review process should work towards ensuring that the child, young person and their family have appropriate support mechanisms in place and know where to turn if stress increases or circumstances change (for looked after young people a pathways plan should address these issues). At this point of transition, the Child's Plan should still be in place and remain with the young person. If a lead professional is no longer involved, the young person and their family should be given clear guidance on how to access services or who to contact. This can be a practitioner who still has contact with them, for example a Housing Officer.

In effect some sort of relapse plan should be in place that includes:

- Ensuring the young person is in stable accommodation
- That there is positive involvement in terms of education or training, with appropriate contacts that can offer support to the child or young person
- That the child or young person is able to make positive use of their leisure time
- That the child, young person and/or family know who can offer advice or support if required
- That the young person can appropriately use skills and techniques to self-manage any risky thoughts, feelings or behaviours they may have
- Those key agencies who remain involved with the child, young person or family know how to seek advice if they have concerns in the future.

6. Additional considerations

Information sharing

The most recent consideration for practitioners in relation to information sharing lies within the *Children and Young People (Scotland) Act 2014*, which is scheduled to be enacted in August 2018. The Act sets out three tests with regards to information sharing:

1. It is likely to be relevant to the exercise of the named person functions in relation to the child or young person.

2. It ought to be provided for that purpose.

3. Its provision to the service provider in relation to the child or young person would not prejudice the conduct of any criminal investigation or the prosecution of any offence.

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The role of the Named Person is to provide a single point of contact with regards to a young person's wellbeing. This includes:

- Advising, informing or supporting
- Helping to access a service or support
- Discussing, or raising, a matter with a service provider or relevant authority

Considering what this means for those working with young people who offend (including those who display serious risk of harm), the Named Person will have information shared with them when a young person has offended, will initiate the Child's Plan and will agree the most appropriate Lead Professional and supports for the young person.

Staff supervision and support

Many professionals find working with individuals charged with serious offences highly rewarding (Kadambi & Truscott, 2006), but most require specific support in their work in this area. Work around HSB involves exposing staff to issues around sexual abuse, which may require them to address intimate issues around sexual behaviour and identity with children. Similarly, work around violent offending can often require self-reflection about power, gender relationships and values surrounding what is inherently considered to be right and wrong. The cost of not providing this support – in terms of the personal impact, as well as the worker's capacity to provide containment and boundaries – can be considerable (Hackett & Masson, 2006).

In particular, the influence of transference and counter-transference issues with this client group can compromise the ability of staff to balance risks and needs if practitioners are insufficiently reflective and do not have opportunities to explore the personal impact of the work upon them (Bankes, 2001). Impact on team dynamics can also be a factor if support is unsatisfactory (Morrison, 2004). The right level of experience and training is clearly necessary to undertake extensive work with this client group, alongside strong organisational frameworks.

Both front line practitioners and their line managers working with children and young people involved in serious violent or sexual offending should be:

- Appropriately qualified and experienced for the role they are required to undertake
- Have access to training to support their role and which enhances their skills
- Regular supervision (1:1 and group)
- Access to appropriate support mechanisms
- Access to counselling if required

7. Conclusion

Children and young people will present with behaviours that pose significant and serious risk of harm to others. It is our role to understand these behaviours through robust assessments that take account of all the systems within which the individual child exists and the relevance and impact of these systems and experiences upon that child. Risk practice must be undertaken through a child-centred lens informed by appropriate theories, knowledge and training. Additionally, appropriate risk assessment instruments should be utilised to ensure robust risk management plans that seek to reduce risks and promote and build the capacity of that individual child and their system of support. Risk practice is not a one size fits all and it must reflect the individuality of that child within meaningful interventions and treatments. It must be reflective and requires review and evaluation of outcomes to ensure adaptation in response to changes in risk, whether these be an increase or reduction in harmful and concerning behaviours. Risk practice must be a collaborative endeavour that necessitates multi-agency collaboration.

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