

**Getting it right for children
and young people who
present a risk of serious harm**

**Meeting Need, Managing Risk
and Achieving Outcomes**

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Getting it right for children and young people who present a risk of serious harm is being published as a working document with the expectation that it will grow and develop: as new research is published; as agencies use the self assessment tool and provide feedback on its effectiveness in guiding continuous development; as SWIA introduce their self assessment toolkit; and as *Getting it right for every child* drives change in children's services.

Introduction

There is a small but significant number of children and young people who present a risk of serious harm to themselves and others, and who have complex needs. This includes children and young people involved in sexually harmful behaviour, sexual offences and violence. We have to reduce the risk to the community and give these children and young people the opportunity to change their behaviour and become positive contributors to society. Meeting the needs of these young people, in addition to any essential controls necessary to protect individuals and manage the risks they pose, is necessary to safeguard them and their communities. Care for this group should be high quality, and approaches and programmes should be effective. Those who work with them need to have a high level of expertise.

Young people who present a serious risk of harm also present a serious challenge to society. Not only may they threaten and damage communities and properties, their actions may have a devastating impact on their lives and those of others. At the extreme, people may die, be sexually abused or assaulted. It is the responsibility of us all to take steps to ensure that risks are managed effectively and that communities and people are protected. Some young people may have to be protected against themselves.

Following a series of reports and investigations into high profile cases the Government has committed to promote good practice on what action and procedures should be put in place both to provide that protection and where it fails to ensure that subsequent risks are properly managed. Practitioners have sought this information and the measures set out in this document are designed to support self assessment and help those agencies and professionals working with young people who present a serious risk to strengthen their procedures and strive for excellence.

Across the world, there is a dearth of advice and guidance in this area. The work undertaken collectively by agencies, practitioners and the Scottish Government to develop this document is establishing a standard of action in this area. This document represents the start of a process of improvement and the advice and guidance will be refined in the light of practitioner experience and a developing knowledge base.

Setting the context

The information within this document must also be seen in the context of the Government's aim, as set out in the National Performance Framework, of giving young people the best start in life and improving the life chances of all children, young people and families, especially those at risk. Improvement in this area will make a major contribution to delivering the solidarity and social cohesion that must underpin economic growth. This approach is supported through the Early Years and Early Intervention Statement¹ developed jointly by the Scottish Government and COSLA.

As agreed in the Concordat between central and local Government, all young people should be successful learners, responsible citizens, effective contributors and confident individuals. This is the foundation of both Curriculum for Excellence and *Getting it right for every child*. In order to achieve these 4 capacities, action should be directed at ensuring that children and young people are healthy, achieving, nurtured, active, safe, included, respected and responsible. This approach applies to all children and young people across the spectrum of need, including those who are most at risk either to themselves or others. While it is right and proper that this guidance focuses on the group of children and young people who present the greatest risks, the measures and actions sit within the wider context of work to support children and young people as a whole. Many of the proposed actions for professionals in this document are equally applicable in the broader approach being promoted to support children with a wide range of less acute needs and risks. Over time, the aim will be to embed this approach in all activity with young people through culture change, systems change and practice change. For the moment, it is critically important that it is adopted for working with children and young people who present a risk of serious harm.

Reducing offending

The Scottish Government is developing a joint framework for reducing offending and reoffending by children and young people with those agencies and organisations who work with this group. The intention is that this framework will set out a joint vision of what national and local agencies who work with children and young people who offend, or who are at risk of offending, should do to prevent, divert, manage and support behaviour change. It will encourage new ways of working that aim to ensure agencies can provide children and young people who offend or behave badly with the help they need to turn their lives around and ensure long term benefits for these children and young people and the communities in which they live.

This document forms part of the work being taken forward to support the management of risk of serious harm. This and other actions under this heading are the result of recommendations made in various reports and reviews on youth justice or the care and treatment of children and young people who pose a risk of serious harm to others.

¹ <http://www.scotland.gov.uk/Resource/Doc/215889/0057733.pdf>

When decisions are made in the Children's Hearing System about children and young people who offend, their welfare is the paramount consideration for any children's hearing or court. Similarly, where a child or young person is 'looked after' (in terms of the Children's (Scotland) Act 1995), their welfare is the paramount consideration for the local authority. However sections 16 and 17 of the Children's (Scotland) Act 1995 provide that a children's hearing, court or local authority may take a decision that does not have welfare as the paramount consideration where this is necessary to protect members of the public from serious harm (whether or not physical harm).

Agencies should focus on the **identification, assessment, planning and management** of this group of children and young people. Those working with this group of children and young people must take into account both the *needs* and *risks* of a child or young person who presents a risk of serious harm. Identification, assessment, planning and management should be tailored to the needs, age and stage of development of the individual child or young person. This approach is fully compatible with that being promoted under *Getting it right for every child* where risk and need are seen as two sides of the same coin and planning is based on both the analysis of the risk and needs, and the resilience factors present in the young person's circumstances. This guidance concentrates on what needs to be done, within that approach, where the risks are high.

How the document has been developed

This document has been developed in collaboration with the High Risk Offenders Expert Group of the Youth Justice Improvement Programme² and in consultation with managers and practitioners. It has been designed to enable all agencies to demonstrate as a first step that they have in place the processes and staff competence to meet the child or young person's needs and to reduce risks for the community, staff and the child or young person and their family. The process takes account of the current stage of development of services for children and young people who present a risk of serious harm and allows for and encourages innovation.

Some of the activities described will already be in place and are relevant for any child with needs and risks. Agencies will be building on already sound foundations of child care services in order to meet the specific needs and manage the risks presented by these children and young people.

This document also sets out how agencies involved with children and young people who present a risk of serious harm should be working together, sharing information and assessing and reviewing circumstances. The guidance is in line with the planning approach being promoted under *Getting it right for every child*³ in order to improve outcomes for children and young

² <http://www.scotland.gov.uk/Publications/2006/10/09094901/0>

³ <http://www.scottishexecutive.gov.uk/Publications/2007/01/22142141>

people, including managing the risks young people present to communities or individuals and/or to themselves.

Who is the document for?

The information in this document will be of use to statutory and non statutory agencies charged with providing a service to children and young people who present a risk of serious harm. It will be a benefit to managers and practitioners working in this field. The evidence collected through the self assessment as set out in this document can also be used to demonstrate to inspection agencies what work is being undertaken and to what standard, and support community accountability and reassurance.

In cases where Local Authorities commission other agencies to provide a service for young people who present a risk of serious harm it would be expected that the commissioned service would follow the good practice described in this document and that service level agreements are drawn up to reflect the outcomes agreed upon.

Although statutory and non statutory partners have a collective responsibility to meet needs and manage risks when working with a child or young person, it is anticipated that **only the agencies who provide direct support will complete the self assessment**. However no single agency will be effective in this field without collaborating with others. All agencies who have a role to play should be aware of their responsibilities and the importance of their contribution to the required outcomes within the Child's Plan. Further information on statutory responsibilities can be found in Section 8 under the heading 'Agency Accountability'.

Each local authority will have its own multi agency planning structures for children's services involving Child Protection and Youth Justice. These structures will need to adapt to support all children under the *Getting it right for every child* approach. In the meantime, in advance of any wider structural change, the information and practice changes contained within this self assessment should be incorporated into any current or developing planning structures in order to manage the harm caused by children and young people who present a serious risk. This will enable agencies to demonstrate that they are following current good practice however there is no formal requirement for agencies to use it. It has been designed to encourage agencies to develop innovative practice and acknowledges that this area of work does not have many well researched approaches from which to select interventions.

Definitions

This document centres on the small number of children and young people involved in sexually harmful behaviour, sexual offences and serious violent behaviour who present a risk of serious harm. In defining these children and young people it is important not to focus solely on a specific type of offence or behaviour but on the level of risk posed and the needs of the young person.

The level of risk⁴ should be identified through appropriate assessment (i.e. as detailed/ comprehensive as necessary to address the risks/ needs), taking account of all relevant information. The main factors to consider when deciding on level of risk and developing risk management strategies are:

- the likelihood of the behaviour occurring;
- the nature of the behaviour;
- the imminence of the behaviour; and
- the impact of the behaviour (on the young person, victim and/or community).

An **approach** or method of working may be single or multi-agency and involve more than one method of work. It may be undertaken on an individual or group basis or a combination of both. Depending on the age and developmental stage of the child or young person it may include structured programmes of work. Approaches will allow for an individual response for each child or young person that is clearly based on evidence of what is known to work with children and young people presenting a risk of serious harm matched against their specific needs and risks. The self assessment will focus on an agency's ability to deliver work in this way.

A **programme** or intervention is a discrete piece of work delivered in a repeatable way. Programmes usually address a particular need or behaviour such as problematic substance use or sexually inappropriate behaviour. An intervention, such as a restorative justice conference, the provision of accommodation or an employment placement may also be methods of addressing needs of a child or young person.

For the purposes of this document a "child" is as defined in section 307 of the Criminal Procedure (Scotland) Act 1995 and section 93 of the Children (Scotland) Act 1995, namely:

- a) a child who has not attained the age of sixteen years;
- b) a child over the age of sixteen years who has not attained the age of eighteen years and in respect of whom a supervision requirement is in force; or
- c) a child whose case has been referred to a children's hearing by virtue of section 33 of the Children (Scotland) Act 1995 (this makes provision for the transfer of prescribed orders from England and Wales, and Northern Ireland).

⁴ See Additional Information (page 58) - ASSET Risk of Serious Harm, Risk Ratings

Background

The Scottish Government is championing a programme of change for those working with children and those adults associated with them. *Getting it right for every child*⁵ supports and facilitates agencies and professionals to work with children, families, local communities and each other in a way that brings practicality and reality to the aspirations for Scotland's children.

In line with these reforms the Scottish Government is developing a model for assessment, planning and recording. This is currently being tested in pathfinder activity within redesigned business processes which streamline the number of meetings for decision-making, reviews and planning, with meetings being convened only where necessary. These arrangements will incorporate the current arrangements for child protection, looked after children, joint assessment, community care and social work, youth offending and any other multi-agency arrangements. Planning should identify who needs to do what to bring about the best possible outcomes for all children, including those most at risk, and set out the anticipated milestones in making progress towards the agreed outcomes. The approach should make sure that:

- children get the help they need when they need it;
- help is appropriate, proportionate and timely;
- agencies work together to ensure a coordinated and unified response to meeting the child's needs;
- the plan is used to put in place arrangements to manage risk and to co-ordinate help for the child or young person;
- the plan is based on assessment and analysis of the child's world, including the risks, needs and resilience factors.

Research with young people in conflict with the law⁶ consistently shows that they experience multiple problems and high levels of need across a wide range of areas. Building on the strengths of these young people as well as managing the risks they pose will provide the best opportunity to have a positive influence on future behaviour. The same is true for young people displaying sexually harmful behaviour who, having been involved in an appropriate 'programme' or 'approach' as a result of their involvement in such behaviour, generally do not go on to commit a sexual offence⁷.

In order to manage the harmful behaviour of some young people, robust risk management approaches are required. Following the killing of Karen Dewar by Colyn Evans (17 years) and the subsequent SWIA/HMIC report⁸ on the circumstances, the then Scottish Ministers committed to improving the response to and supervision of young people who offend sexually. This included improving identification, assessment, planning and management of this group of children and young people.

⁵ <http://www.scotland.gov.uk/Topics/People/Young-People/childrensservices>

⁶ Ward and Brown (2004)

⁷ Worling and Curwen (2000)

⁸ <http://www.swia.gov.uk/swia/files/j6874.pdf>

The effective management of offenders who pose a serious risk of harm to the community requires a response to be put in place by a number of agencies to address individual needs, circumstances and most of all to ensure public protection is maintained. Investigations into high profile cases have previously identified poor communication and lack of continuity of support as major factors in contributing to the failure to properly assess risk and develop management plans at an early stage and to monitor and address changes in risk and adjust management of the offender, as required.

In 2001, an Expert Panel, chaired by Lady Cosgrove, published a report entitled “Reducing the Risk: Improving the Response to Sex Offending”⁹. The Panel recognised that a large number of agencies, including the police, prosecutors, courts, prison service, criminal justice social work, as well as housing, health and education authorities play a role in managing the risk posed by sex offenders. The Panel concluded that these agencies (working with voluntary sector partners) have a responsibility to deliver the safer environment which communities expect and deserve but that there is a tendency for individual agencies to focus their attention on improving their internal procedures. This results in gaps in the system which sex offenders can exploit.

The Panel therefore called for a programme of action where:

- Each organisation has a clear understanding of its own role and responsibilities in relation to sex offenders;
- Agencies and organisations who work with sex offenders work together to overcome the risks which sex offenders present;
- Institutional barriers which prevent a more effective co-ordination of practices and integration of services are tackled;
- The practical and operational difficulties which exist are addressed.

In response to these requirements, the then Scottish Executive introduced an extensive package of reforms to the criminal justice system, which strengthened the provisions for the management of sex and violent offenders in Scotland. **For convicted offenders**, including young people (who have been prosecuted in court and been found guilty of, or pled guilty to, an offence), sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005 provides the following statutory functions and duties for agencies to establish joint arrangements for the assessment and management of risk and to co-operate in the implementation of these arrangements. The statutory duty to co-operate, the development of the memorandum of understanding, the concordat on the sharing of information and the development of protocols provide the framework within which the Multi Agency Public Protection Arrangements (MAPPA)¹⁰ operate. MAPPA assists in making defensible

⁹ <http://www.scotland.gov.uk/library3/justice/ros0-00.asp>

¹⁰ <http://www.scottishexecutive.gov.uk/Topics/Justice/criminal/16910/mappa>

decisions¹¹ about risk management and public protection and is linked to rigorous risk assessment and the delivery of public protection plans.

This legislation does not however extend to children and young people who are dealt with through the Children's Hearing System and as a result are not 'convicted' under criminal law but may pose similar risks to public safety. The principles of assessment and a shared responsibility for management in this document can however be considered good practice and should be adopted when managing the risks posed by children and young people. Using the *Getting it right* approach of shared assessment and planning to address all of a child's needs and risks will support this process for all young people.

The self assessment set out in this document will allow agencies to demonstrate that their inputs, processes and practice are of a sufficient standard for them to meet the needs and address the risks of young people deemed to present a risk of serious harm.

The information collected in the self assessment will enable agencies to demonstrate that they are following current good practice however there is no formal requirement for agencies to use it. It has been designed to encourage agencies to develop innovative practice and acknowledges that this area of work does not have many well researched approaches from which to select interventions

All statutory and non statutory agencies providing support (through the provision of programmes or approaches) should seek as a minimum requirement to operate at the 'effective' level and aspire through continual improvement over time to attain the 'excellent' level.

Agencies will be expected to self assess in order to determine their own progress and ability to provide a service. Agencies are responsible for providing evaluation evidence to demonstrate that their work is effective. In order to ensure continuous development and improvement throughout Scotland agencies will be encouraged to share good practice with others and work collaboratively to achieve excellence.

In relation to services regulated by the Care Commission the Care Commission Quality Assessment Framework (QAF) system of self assessment and grading is also used to inform the public and commissioning bodies of the quality of services they are using or purchasing. The Care

¹¹ (Kemshall 2002) An action or decision is deemed defensible if an objective group of professionals would consider that:

- All reasonable steps have been taken;
- reliable assessment methods have been used;
- information has been collected and thoroughly evaluated;
- decisions are recorded, communicated and followed through;
- policies and procedures have been followed; and
- practitioners and their managers adopt an investigative approach and are proactive.

Commission will judge performance against Quality Themes, and the Quality Statements within them and these link to the National Care Standards¹².

A regional network for practitioners and managers has been developed through the Criminal Justice Social Work Development Centre Champions Groups¹³ for Problematic and Harmful Sexual Behaviour and Serious Violent Behaviour. This network has been established to facilitate the sharing of good practice and the support and training of practitioners and managers working in this field. The Network will meet four times a year in four areas, Inverness, Glasgow, Edinburgh and Ayr, to encourage local ownership and continuing sustainable relationships. Those attending the networks are expected to cascade information or training within their own organisation or authority.

¹² <http://www.CareCommission.com/>

¹³ www.cjsw.ac.uk

Self Assessment

Achieving Excellence: Self assessment for agencies working with the high risk group

Achieving Excellence is a step by step process of continuous development for agencies working with the high risk group of children and young people.

The information contained in this document draws from good practice (see bibliography) and is designed to support a process of self assessment.

It is not intended that this self assessment is a bureaucratic or mechanistic process. It provides information that will help agencies to develop quality indicators. These will inform a reflective professional process designed to identify the best way forward to develop a service providing support to young people who have caused serious harm. The self assessment is not designed as a checklist or recipe, it is designed to be used alongside good practice, professional expertise, research and studies of leadership and management.

Self assessment is forward looking. It is about change and improvement and is based on professional reflection, challenge and support. It involves taking considered decisions about actions which result in meeting the needs and managing the risks presented by the high risk group of young people.

This process requires agencies to consider and answer some key questions:

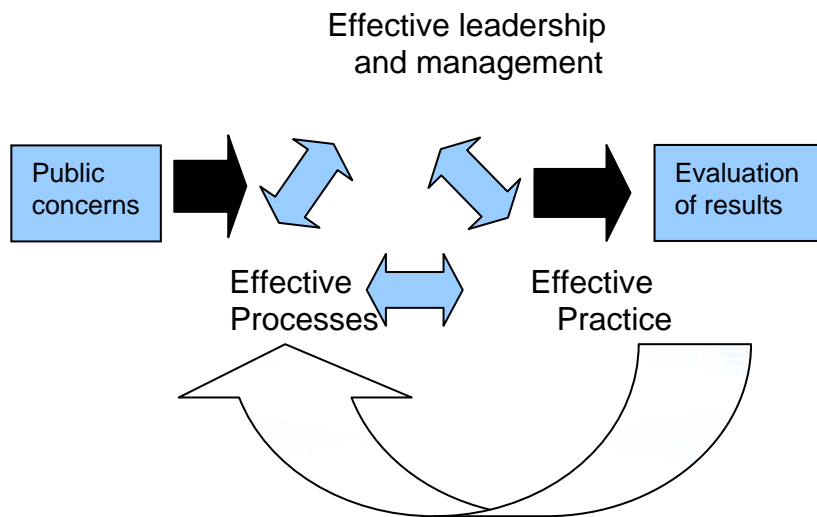
- What outcomes are we achieving?
- How well do we meet the needs of the young people, families, victims and the community?
- How well do we manage risks?
- Do we have appropriate programmes, services and processes in place and how well do we deliver them?
- How well do we manage staff, information and resources?
- How well do we provide leadership, strategic direction and management?
- What is our capacity for improvement and innovation?

HMIE have developed a quality framework containing 9 key areas in order to meet the demands of the questions above. These have been used to organise the guidance for the high risk group to ensure alignment with existing approaches to self-evaluation. SWIA, HMIE and the Care Commission in the course of their work will inspect services for this group. In addition reference has been given to how the framework links to the Care Commission's Quality Assessment Framework in order to assist registered services.

The process is designed to encourage and enable agencies to apply research based knowledge to practice, to develop a learning culture that results in continuous improvement of practice and to promote and achieve public

recognition for practices which demonstrate effectiveness in meeting their priorities.

The achievement of these objectives requires the integration of management, effective processes and competent practice into a coherent delivery of service, the results of which can be measured. This requires a professional and organisational culture based upon a common purpose, shared values and a commitment to achieve excellence.



Effective Leadership & management – directs resources and attention to processes designed to achieve desired results.

Effective processes – align and schedule tasks to achieve desired outcomes.

Effective practice – focuses practitioners' attention and competence on practices most likely to achieve desired results.

Evaluation of results - assess the quality of management, process and practice, measures actual results against stated outcomes and provides information to improve results.

The development of excellent delivery of effective practice should be built upon sound foundations. The following progression is suggested :

Consistent Practice: policies, systems and processes are in place to manage the serious risk of harm and meet young people's needs.

Competent practice: evidence that activities being carried out to high levels of quality by competent staff and partnership organisations

Effective Practice: processes are evaluated against stated and intended outcomes and information gained is used to develop the service.

This process will resemble a series of loops as evaluation at each stage informs the next step. It may best be described as a move back and forth from evidence based practice to practice based evidence.

Getting started

First step

Complete a thorough and honest self assessment against the criteria. The self assessment format below can also be used to review progress. Although one agency will be assessing its own performance it is good practice and important to involve all the stakeholders in this process. Effective practice with young people who present a risk of serious harm requires a multi-agency response.

This will enable you to identify:

- aspects of your practice which meet the criteria;
- gaps between what the criteria at different levels require and your current practices.

Second step

If you have identified gaps, identify priority areas for improvement. This will enable you to develop an action plan to meet the criteria.

Third step

Implement the action plan and record evidence of achievement.

This will enable you to gather the evidence required for inspection by SWIA, HMIE and where relevant help agencies to demonstrate that they meet National Care Standards and associated Regulations SSI 2002/114..

Self Assessment

The self assessment process offers an opportunity:

- To engage staff in evaluating their performance and setting priorities for improvement;
- Seek the views of young people, their carers, and other stakeholders
- To encourage creativity and innovation;
- To measure and recognise effective practice.

The process should be reflective rather than bureaucratic and geared towards generating solutions rather than attributing blame. It should be a participative process aimed at gaining the ownership of staff and other stakeholders/partners to learning and continuous improvement. The process

should reinforce common values and a collective responsibility for quality and outcomes.

Overall framework

Level 1	Level 2 Consistent Practice	Level 3 Competent Practice	Level 4 Effective Practice	Level 5 Innovative Practice	Level 6 Achieving Excellence
You have no evidence available that any of the work is being undertaken	Do you have evidence of a consistent, evidence based approach to meeting the needs of children and young people and managing the risks they may present to themselves and the community?	Can you demonstrate that this approach is being delivered to a consistently high standard?	Can you demonstrate that your approach is achieving the desired results?	Can you demonstrate that your evaluations are resulting in innovations and improvements which will increase the effectiveness of your approach?	Can you demonstrate that your approach achieves results exceeding international benchmarks

Action plan

It is unrealistic to expect to assess and improve all aspects of practice at once. You may find that much of your practice is already consistent and competent. Self assessment enables you to identify those areas which require priority attention. You will need to develop an action plan to keep you on track. When considering the priorities for improvement it is important to ensure that children and young people presenting a risk of serious harm have a direct competent service.

Developing your action plan

The action plan format in this guide is suggested. You may have a form that you already use and suits you better. Whatever system or terminology you employ:

- It should clearly identify the areas that need improvement;
- It should be specific about the tasks or action steps required to achieve the improvement;
- It should delegate responsibility to a named person;
- It should ensure that sufficient resources* are allocated to each task;
- If you not have access to sufficient resources within your organisation, you should indicate what external resources are required;
- Each task should have a specific completion date.

If your plan follows these guidelines, it should be SMART:

- Specific
- Measurable
- Achievable
- Resourced
- Time-bound.

*Resources include time, administrative support, expertise, knowledge, as well as finance. Access to expertise may be gained through partnerships with other agencies and independent consultants and trainers.

The plan should also state clearly when progress reviews should take place.

Priority areas	Specific tasks	Responsibility	Internal resources	External resources	Date to complete

Implementing your action plan

The success of Achieving Excellence depends upon the ownership and commitment of every member of staff - managers, practitioners and administrators. It is important to involve a range of staff with different roles in the organisation in implementing your plan.

You should include partnership organisations, critical stakeholders (police, Children's Reporters, Children's Panel members, victims' organisations etc.) and involve people who use your service such as young people and their families.

You may also involve external mentors from other agencies which have already completed the process or external consultants.

One person should be responsible for co-ordinating the whole plan. This person's responsibilities should include:

- Keeping the plan on track;
- Organising meetings and reviews;
- Encouraging and motivating each person;
- Holding each person accountable for what they committed to do;
- Facilitating problem solving and managing unanticipated events which threaten the implementation of the plan;
- Resolving any conflicts;
- Ensuring that the process is recorded and that evidence is collected;
- Ensuring that the whole of the organisation or team is kept informed and is consulted throughout the process.

Leadership

Strong leadership is critical to the success of this process. The leader should have deep commitment to the vision and values underpinning improving practice. The leader should be able to communicate this commitment effectively so that a team is formed to complete the task. Leadership will need to be at strategic senior management level. First Line Managers or middle managers will then be supported in the task of information gathering and service improvement.

It is useful to plan for short term achievements to create a momentum for change. The aim is to consolidate improvements and ensure that they become routine working practices.

Self Assessment Tool

The following self assessment tool is arranged under the 9 areas used in the quality framework produced by HMIE and with regard to regulated care services it should take account of National Care Standards and the Care Commissions Quality Assessment Framework.

The self assessment tool is a suggested format and can be adapted to align itself with local quality assessment procedures.

Most of the points under **What you need to have in place** also apply to any support that is provided for young people and children. Children and young people who present a risk of serious harm are still children and young people who require support designed to meet identified need as well as manage possible risks.

This self assessment tool covers partnership working. In order to meet the needs and manage the risks of the young people many agencies will need to work together. Leaders, managers and practitioners within one organisation will also need to work together in order to complete the self assessment. Therefore the self assessment tool will need to be completed in full as each part is important and contributes to the overall ability to meet the needs, manage the risks and achieve positive outcomes for children and young people who present a risk of serious harm.

Key Area 1 focuses on key performance outcomes. This area identifies the components that the overall service provision will need to meet outcomes for this group of young people. This area is for strategic planning.

Key Area 2 focuses on the experience of the children and young people and their families.

Key Area 3 focuses on the support staff require to work in this field.

Key Area 4 focuses on working with the community and the impact on victims.

Key Area 5 identifies the process and practice components required to meet the outcomes for each individual young person.

Key Areas 6,7 and 8 focus on management of the direct service to the individual.

Key Area 9 focuses on the role of the leader in meeting the outcomes identified in Key Area 1, ensuring that the service is managed effectively (Key Areas 6,7 and 8), that practice is competent (Key Area 5) and that the needs of communities, victims and staff are met (Key Areas 2, 3 and 4).

Getting it right for children
and young people who
present a risk of serious harm

Key Area 1

Key performance outcomes

Key Area 1

Key performance outcomes

- 1.1 Improvements in performance
- 1.2 Fulfilment of statutory duties

Evaluation - Why it's important

Being clear about the outcomes you are seeking to achieve, and how you will know if you are successful is the basis for developing effective practice. Evaluating practice not only measures results but maintains focus on improvements to practices. This means that indicators of quality of delivery, immediate outputs and longer term outcomes should be recorded, reviewed and evaluated. The conclusions of such reviews and evaluations should generate areas for improvement as well as identify strengths and achievements. Such evaluations may be conducted internally or by external, independent evaluators. It is important that young people, families, victims and the general public are regularly consulted on the quality of service. Outcome evaluations (focusing on re-offending and long term improvements on well being) should ideally be undertaken independently and over a period of at least two years post intervention.

Additional Information

From 1 April 2008 the majority of funding for youth justice activity, along with most other children's services, will no longer be ring-fenced. It will be included within the overall local government finance settlement. Local authorities, through community planning processes, have autonomy for how they choose to deliver local services.

Of the 15 national outcomes included in the Concordat, a number have direct relevance to managing children and young people who present a risk of serious harm and the youth offending agenda. For example:

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- We have strong resilient supportive communities where people take responsibility for their own actions and how they affect others.
- We live our lives safe from crime, disorder and danger.
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

The Scottish Government is working with local government on a new performance reporting system which over time will replace the myriad of existing systems and will provide regular, timely and transparent reporting to the Scottish Government on progress against national outcomes, and to local communities on progress against related local outcomes (and indicators) Further information about the terms of the Concordat can be found at:

<http://www.scotland.gov.uk/Publications/2007/11/13092240/concordat>

Care services regulated by the Care Commission should give regard to The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114). These, for example, require the service to provide a written statement of aims and objectives (regulation 3), prepare a written personal plan for each person using the service setting out what their health and welfare needs are to be met (regulation 5), and ensure sufficient staff to meet the objectives of the service and the personal plans for each person using the service, ensuring staff have training and qualifications appropriate for this work (regulation 13).

Key area 1 What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
Intended outcomes are in place for each young person appropriate to their risks/ needs.				
Objectives and targets are reviewed annually. Responsibility for meeting these targets are clear.				
Information is gathered to evidence the performance indicators selected to show that outcomes are achieved.				
Local needs are known and understood and inform action plan for service development.				
This action plan outlines clear action steps to achieve the implementation of the policy.				
Measurement systems are in place to know how well the agency is doing.				
The quality of services is evaluated.				
Delivery of risk management plans assessed at a high quality.				
There is evidence that plans are being implemented according to design.				
Risk management processes are evaluated annually to identify areas for improvement and to ensure that they take into account the latest research.				
Management has commissioned an independent evaluation of the immediate effects of the risk management plans (public protection, learning) and their effectiveness in reducing re-offending.				
The independent evaluation report confirms that the practices designed for these young people are achieving their objectives.				
Evaluation findings inform future practice.				
There have been no mistakes or shortcomings in management and practice that have contributed to a serious threat to public safety.				

Getting it right for children
and young people who
present a risk of serious harm

Key Area 2

*Impact on children and young people
who present a risk of serious harm
and their parents/carers and families.*

Key Area 2

Impact on children and young people who present a serious risk of serious harm, their parents/carers and families.

2.1 Young peoples experiences

2.2 Success in involving families/carers¹⁴

Why it's important

Parents should normally be responsible for the upbringing of their children and may share that responsibility. Therefore it is vital that a partnership can be developed between the professional and the parent (and/or carer/s), as well as with the child or young person. Achieving partnerships with parents/carers and children in the planning and delivery of services to children requires that sufficient, appropriate, information is available to make informed choices.

Parents/carers and children should have sufficient information, both orally and in writing, to make informed choices and be aware of the consequences of the decisions they may take. They should also be actively involved, where appropriate, in assessments and decision making meetings. They should be given help to express their views and wishes and to prepare written reports and statements for meetings where necessary.

Professionals and other workers should listen to and take account of parents and carers' views and ensure families have access to a complaints procedure and independent advocacy when appropriate.

Additional Information

As set out through the *Getting it right for every child* programme, parents and carers are constantly making judgements about how to help their children along their childhood journeys and to ensure every child is safe, healthy, achieving, nurtured, active, respected & responsible and included so they can fulfil their potential. When practitioners are assisting families to access help, they need to have full information to make choices with children and families about the best service available. Practitioners must gather information purposefully, and involve children and families right from the start. This is why assessment is so important. Guidance on the Integrated Assessment, Planning and Recording Framework identifies how children, young people and their families (and significant others) will be fully involved in the process of assessment and their views and wishes and priorities evidenced and recorded.

¹⁴ <http://www.scotland.gov.uk/Resource/Doc/205513/0054689.pdf>

Further, comprehensive information can be found at www.scotland.gov.uk/Resource/Doc/55971/0015992.pdf .

For regulated services, this links with National Care Standards: care homes for children and young people standard 7.9, school care accommodation services standard 10 and foster care and family placement services standard 2. Quality Assessment Framework themes on Care and Support and Management and Staffing are relevant.

Key area 2 What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
A mechanism is in place to consult with and obtain the young person's views about the support they receive.				
Young people, families and carers are involved in the evaluation of the support you provide.				
Your service works with families/carers of young person.				
A mechanism is in place to consult with and obtain the views of families/carers about the support they receive.				
Young people and their families/carers are clear about the purpose of any support they receive and the timescale expected to achieve it.				
Young people and their families/carers contribute to the assessment process and the Child's and Young Person's Plan to address need and manage risk which has clear intended outcomes.				
This plan is reviewed with input from young person and their family/carer.				
A clear record of progress towards the intended outcomes is maintained.				
Families/carers are regularly consulted about how effective/helpful they feel the support they receive is.				

Getting it right for children
and young people who
present a risk of serious harm

Key Area 3

Impact on staff

Key Area 3

Impact on staff

3.1 The engagement of staff in the design and delivery of the work with children and young people who present a risk of serious harm.

Why it's important

In order to deliver services effectively staff must be competent, confident, valued, supported and involved in the process of design and implementation of services.

Managers and practitioners should be connected to and attend multi agency regional and national networks and contribute to innovation and development of practice models.

Additional Information

For services regulated by the Care Commission this area links with the QAF themes on staffing, management and leadership and associated national care standards. For example Foster care and family placement standard 13.2 *'You can be confident that all staff use methods that reflect up to date knowledge and best practice guidance, and that the management are continuously striving to improve practice'*

Key area 3				
What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
There is a mechanism for obtaining staff views.				
All staff receive supervision and their views are listened to and fed into the planning mechanism for the service.				
All staff take part in the evaluation process.				
The area has consulted staff and has evidence of high levels of satisfaction with and commitment to effective practice.				
Managers and practitioners are given time to attend regional and national networks and attend relevant training.				
Staff who have attended above events are expected to cascade knowledge gained to colleagues and are given time to do this.				

Getting it right for children
and young people who
present a risk of serious harm

Key Area 4

Impact on the community

Key Area 4

Impact on the community

4.1 The success of engaging with the local community, keeping individuals and property safe from harm.

4.2 The success of the agency in working with the wider community, using international research and contributing to it.

Why it's important

Communities should be providing a supportive environment for children and young people to grow and develop in order for them to reach their full potential. Communities also need to have confidence, both in the young people growing up in the local area and in the agencies and services who address the behaviour of the small number who are assessed as presenting a risk of serious harm. They must have confidence that effective action is being taken to address their concerns and that steps are being taken to reduce offending. By providing specific information to victims and engaging with the wider community, the positive action being taken by agencies to deal with specific problems will have a greater impact on the overall fear of crime. Restoring confidence in communities leads to greater involvement with all young people and supports their participation in community life.

Additional Information

The Scottish Government is committed to people in Scotland having a greater say in how local services are planned and delivered. Only by genuinely engaging with local people can services be developed which meet local needs and aspirations. In particular the effective engagement of local people is critical to the regeneration of our most disadvantaged communities by local partnerships. It is only by listening to the experiences and ideas of the people who live in these communities that collective solutions will be found which make a lasting difference. National Standards for Community Engagement have been developed with the involvement of over 500 people from communities and agencies throughout Scotland. They are a practical tool to help improve the experience of all participants involved in community engagement to achieve the highest quality of process and results. www.communitiesscotland.gov.uk/stellant/groups/documents/webpages/otcs_008411.pdf

ACPO(S) has also developed a Public Reassurance Policing strategy which is based on the need to establish community concerns, resolve the issues raised through multi agency problem solving partnerships and report back to communities on the action taken to establish whether the response has been effective. This approach ties in Community Safety Partnerships, Youth Justice Strategy Groups and the full breadth of agencies who have a part to play in making communities safer.

For services regulated by the Care Commission this area links with the QAF theme on environment and associated national care standards. See QAF document for Care Homes, Quality Statement 2 and sources of evidence about for example security and relationships with the community (in which the service is located) and the police.

Key area 4				
What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
Established links with community safety partnerships to work together to meet outcomes for improving community safety.				
Active contribution to the public reassurance agenda.				
Ensure that risks are managed.				
<p>Key stakeholders with an interest in public safety are consulted to estimate how many individuals are likely to be subject to the policy.</p> <p>On the basis of this assessment, adequate resources are allocated and structures set in place to deliver the appropriate assessment and risk management processes.</p>				
Organisations meeting the needs of victims are consulted and their views contribute to the development of restorative and reparative practices.				
Demonstrate that the requirements to inform victims are met .				
When appropriate involve victims in evaluation of service.				

Getting it right for children
and young people who
present a risk of serious harm

Key Area 5

How good is the support we provide?

Processes - Why they are important

Processes are simply a series of activities or tasks designed to achieve specified objectives. Research into effective practice has identified clear principles which enhance the likelihood of achieving planned results. These include assessing risk and need to determine level of supervision and nature of support. Approaches to reduce risk and meet needs associated with offending should be planned and delivered as planned. Consequently there should be processes designed to monitor and review the implementation of the young person's plan and arrangements to act pro-actively when either the young person's actions or other circumstances become obstacles to the successful completion of the plan.

Working with young people who present a risk of serious harm has three main purposes:

1. to meet the identified needs of the young person
2. to manage the identified risks
3. and to improve outcomes

Processes required to meet these criteria include:

- appropriate assessment of risk and need;
- the engagement of the young person in taking responsibility for the harm caused and on working on a plan to reduce risk and meet need;
- the resourcing and organisation of the plan;
- the supervision, monitoring and review of the plan;
- the maintenance of change through reintegration within the community;
- the management of non-compliance and crises threatening the plan

These processes should be designed on the basis of current research into young people who seriously harm others. The research used should address risk factors and criminogenic needs, patterns of offending, protective factors and desistance, effective interventions, motivation and engagement, learning styles, and methods of assuring consistency of delivery.

Following directly from the conclusions of the risk assessment, risk management plans should specify arrangements:

- to address the underlying risk factors and criminogenic needs as well as the young person's needs as a whole;
- to reintegrate the young person with resources which are likely to protect the individual from risk
- where appropriate to restrict the movements and activities of the young person;
- where appropriate to enable the young person to repair the harm caused.

Local multi agency planning groups should be developed in line with *Getting it right for every child* and should include the coordination of the management of identified individuals who pose a serious risk of harm to others. The group should adopt a system to monitor the young person's progress, to hold members accountable for their contribution to the plan and to review the original assessment and plan.

Additional Information

Planning around the child or young person

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. In practice this means that a plan should be in place for every child, and in particular when more than one agency is involved in meeting the child's needs or managing the risk they pose to themselves or the community.

The introduction of the Child's or Young Person's Plan means that children or young people who require a plan will only be involved in one planning process. A child or young person who poses a risk to others is likely to have complex needs therefore agencies will need to work together to ensure that all relevant information is considered and a coordinated approach to meeting the needs and managing risk is implemented.

Arrangements should be in place to ensure that an overview of the risks posed is maintained. Where the risks to a young person are assessed as high this overview should be at a senior level. This will ensure that where resources are required to implement the plan they can be agreed and allocated as necessary.

As with all planning activity, arrangements should be in place to monitor and review progress against the plan. Action should be taken if delivery is not effective in reducing the risks, or services are not being delivered as intended, for whatever reason. Wherever appropriate such action should be taken involving the young person and the family

Contingency planning is vital to ensure that, whatever the situation or changing circumstances, the overall objective of the plan can still be achieved. This may include early discussion with partners and/or service providers to secure agreement of service provision or emergency measures if required.

The Child's or Young Person's Plan should be the primary resource for inter-agency risk management planning. The plan does not substitute for action or thinking but is a helpful vehicle for recording these and for sharing information. The plan should be informed by specialist risk assessment tools where necessary.

Multi Agency Public Protection Arrangements (MAPPA)

Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005 require the Scottish Prison Service, local authorities, Health Boards (for restricted patients) and the police as responsible authorities in the area of a local authority to jointly establish arrangements for the assessment and management of risks posed by sex offenders subject to the notification requirements of the Sexual Offences Act 2003, violent offenders convicted on indictment and subject to a probation order or supervision

following release from prison and offenders whose conviction leads the responsible authorities to believe they may cause serious harm to the public.

Young people who have committed serious offences may be prosecuted through the criminal justice system¹⁵ and therefore may be subject to the notification requirements and orders under the Sexual Offences Act 2003¹⁶, and may well be included in the MAPPA¹⁷ arrangements developed under the Management of Offenders (Scotland) Act 2005. However, depending on the circumstances some will be dealt with through the Children's Hearing. This is a civil process where grounds of referral are accepted or established. This system is not about establishing the guilt or innocence of the child or young person and conviction is not a product of the process. The statutory duties in relation to MAPPA in the Management of Offenders (Scotland) Act 2005 do not apply to children and young people who have been dealt with only by the Hearing System. **That does not mean that the risks posed by these young people should not be identified and managed.** The principles of MAPPA can still apply and should be adopted as a robust risk management process.

MAPPA coordinators have been employed by each local authority criminal justice social work department on behalf of the responsible authorities. The role has been designed to facilitate the arrangements allowing the agencies involved to focus on the right people in a timely and efficient manner with the aim of delivering robust and defensible management plans that address known indicators of serious harm.

A multi agency assessment and plan will be required 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.

The key components to positive multi agency working are set out in the RMA Standards and Guidelines¹⁸ but can be briefly summarised as:

Shared vision and clear definition of roles and boundaries

In order to ensure clarity of purpose agencies should be fully aware of the overarching objectives, the reason for their involvement in the matter and have an understanding of the functions of the partner agencies. Having a clear understanding from the outset will prevent unnecessary confusion at a later stage.

Communication and cooperation based on mutual respect

Effective communication across and between agencies is crucial for working in a multi agency partnership. A clear understanding of the roles and responsibilities of other agencies will enable decision making about when to communicate and share information.

¹⁵ <http://www.copfs.gov.uk/Publications/2004/10/LdAdvGuidOffChild>

¹⁶ <http://www.opsi.gov.uk/acts/acts2003/20030042.htm>

¹⁷ www.scotland.gov.uk/topics/justice/criminal/16910/mappa

¹⁸ <http://www.scotland.gov.uk/Topics/Justice/criminal/17309/14128>

Effective information sharing

Communication and information sharing go hand in hand. The development of protocols which support the sharing of information will provide agencies and staff with the confidence to lawfully exchanging data.

Full participation and accountability by all parties involved in the process

Agencies must maintain full involvement in the multi agency partnership and be accountable for any decisions made or actions agreed. Only through this level of involvement can trust be built and sustained which will enable further positive exchanges.

Defined decision making and coordination

Agencies must be able to come to decisions about the management of offenders and agree the action to be taken. Each partner agency must be clear about their own actions and that of the other agencies in order to deliver a coordinated risk management plan.

Principles of risk management

Extensive standards and guidelines are set by the Risk Management Authority (RMA)¹⁹ in Scotland who exist to enable and promote best practice in the effective assessment and management of risk posed by offenders.

The RMA identifies that, “violent and sexual offending are complex phenomena and so require individualised responses that are dynamic and derived from multi-faceted risk assessment. In turn this requires multi-layered and multi-modal risk management plans delivered through multi-agency and multi-disciplinary collaboration.”

The need for information and any assessment, whilst crucial to the risk management process, does not negate the need for action. Where risks are identified, initial action should be taken to reduce the immediate risks until joint planning, where necessary, can be instigated.

Individualised assessments however are required which look at the behaviour in context, are updated in light of new and changing circumstances and regularly reviewed. Assessments lead to individual management plans which inform and guide skilled practitioners to intervene to meet the identified needs and manage risks.

Risks cannot necessarily be eliminated, but they can be reduced. Risk management should therefore be understood as risk reduction, with no situation considered as entirely risk free. Collectively, professionals should have confidence that, through defensible decision making, the measures implemented will reduce the risk sufficiently to protect the public and will help improve outcomes for children and young people.

¹⁹ <http://www.rmascotland.gov.uk/home.aspx>

Information Sharing

Information sharing is a critical component of ensuring public safety. In order that this is managed effectively, it is important that clear agreements are in place covering each aspect of the information sharing process. Information sharing protocols are, in their simplest form, agreements to enable the flow of information in an efficient and legal manner. The Information Sharing Steering Group set an objective that, by April 2006, all data sharing relating to sex offenders will be managed using protocols. The Guidance, alongside the National Concordat, provides a framework within which protocols can be consistently implemented among agencies in Scotland.

Much of the law relating to data sharing exists to protect the rights of individual data subjects, but it is also clear that, where circumstances warrant, these rights can be superseded by wider concerns, primarily, public safety concerns. Sharing information is central to protecting the public and agencies have, therefore, a duty to ensure that this is carried out. The National Concordat is based on an explicit presumption that relevant data will be shared where it is appropriate and legal to do so.

The main legislation to be considered in the development of information sharing protocols includes:

- Broadly, administrative law, concerned primarily with whether or not the agency concerned has the power, express or implied, to share the information which is the subject of the protocol;
- The Human Rights Act 1998 and the European Convention on Human Rights, which provide a series of safeguards in relation to the collection, management, use and sharing of information about any individual (including sex offenders);
- Common law, which, in this context, relates particularly to the duty of confidentiality which may apply to agencies; and
- The Data Protection Act 1998, which sets in place a range of safeguards to protect individuals' rights in relation to information held about them by public agencies.

The Data Protection Act and the common law right to confidentiality are regularly misunderstood and are often used by practitioners and agencies in their reasoning for failing to share information. **In the case of children where the risks being presented are great the issues of public or individual safety outweigh those of confidentiality.** Many inquiries into high profile cases have criticised agencies for failing to share relevant information. None have criticised agencies for sharing too much. The development of inter agency protocols will help to ensure that data sharing takes place within a lawful and justifiable framework.

National Concordat on Sharing Information on Sex Offenders

The Information Sharing Steering Group (ISSG), chaired by the Solicitor General for Scotland was established to implement the recommendations relating to Information Management made by the Expert Panel on Sex Offending. The membership of the ISSG included the Scottish Children's Reporter Administration, local authority education and child protection services to ensure collective understanding of the

issues faced and active involvement in the required solution. Additionally the Concordat has been endorsed by Ministers and all agencies working with sex offenders including the police, prosecutors, courts, the Scottish Prison Service, social work, housing, Education Authorities and SCRA.

In November 2005, Community Justice Services Division within the Scottish Executive published and circulated the Concordat to all signatory agencies thereby providing an agreed set of principles and standards for sharing information within a nationally agreed framework. In developing the Concordat the ISSG were keen to ensure that the issues around information sharing between children's and adult services were addressed and this is reflected by the agencies who signed it.

In 2006 the Expert Group on serious and high risk offenders²⁰ concluded that the principles of the Concordat on Information Sharing should apply equally to children's services thus ensuring a consistent approach across children and adult services. The adoption of the National Concordat provides a structure within which both the management of, and sharing of information about sex offenders can be undertaken. It is designed to ensure smooth flows of information between key agencies in order to maximise public safety and requires all agencies involved to use agreed definitions and develop detailed information sharing protocols under which the flow of information is to be managed.

To support the Concordat, guidance²¹ was issued on the preparation of the information sharing protocols necessary to meet the requirements of data sharing legislation and ECHR between agencies. This guidance is also relevant to more general multi agency information sharing arrangements and should be consulted when drawing up any local protocols.

Protocols developed under the terms of the Concordat and the associated guidance should therefore include all agencies that hold information about any person posing a threat to public safety. This would include children or young people who have either committed a sexually motivated offence or are displaying sexually harmful behaviour but are without conviction or relevant offence.

Although information sharing protocols give individuals within each organisation the security to share data, they do not in themselves provide an environment for sharing. Such an environment can only be engendered through strong strategic leadership and commitment, training and confidence. Formal decision making processes based on sound analysis will achieve that confidence therefore consistent information sharing across organisations is best supported through formalised structures.

²⁰ <http://www.scotland.gov.uk/Publications/2006/10/09094901>

²¹ www.scotland.gov.uk/Publications/2005/10/3195049/50505.

Good Practice Examples – Falkirk/Dumfries and Galloway protocols and Gold Standard on information sharing.

The following links provide examples of good practice on information sharing.

<http://www.dumgal.gov.uk/dumgal/xdocuments/23911.pdf.ashx>

http://www.falkirk.gov.uk/services/housing_social_work/social_work/children_and_family_services/youth_justice/risk_assessment_young_people.pdf

<http://www.confidentiality.scot.nhs.uk/publications/GoldStandardFinalNov%202004.pdf>

Key area 5				
What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
Multi agency risk management procedures in place.				
Young people's risks and needs are appropriately assessed.				
Young people have plans to meet all their needs and reduce risk.				
Young peoples plans are delivered as intended.				
Young peoples plans are monitored and reviewed.				
Resources are provided to meet the young persons plan.				
Young peoples non-compliance is managed based on the most up to date knowledge and good practice.				
Multi lateral information sharing protocols are in place.				
Young peoples plans are reviewed to see if outcomes have been improved.				

Key Area 5 continued

Practice - Why it's important

In the final analysis the effectiveness of practice depends upon the ability of staff to deliver approaches and programmes in a planned, purposeful and skilful way. This requires appropriate training in

- risk assessment and management,
- case management,
- engagement and motivation,
- pro-social modelling.
- planning interventions,
- partnership working,
- programme delivery

It also requires continuous supervision, monitoring performance, appraisal and staff development. Staff should be recognised for the quality and results of their work. There should be evidence of staff commitment to effective practice and continuous improvement. Practice should be inclusive and based upon equality and respect for people's rights and diversity.

Additional Information

For services regulated by the Care Commission this links with the QAF themes Care and Support and Staffing and with associated national care standards.

Lead professional

A lead professional, as set out in *Getting it right for every child*, is central to the effective multi agency management of risk and will be needed on every occasion where a child or young person is considered to present a risk of serious harm. The lead professional will draw together the required information through the child or young person's record and plan, incorporating specialist risk assessments as necessary. Once a decision has been made about risk management arrangements, it is for the lead professional to coordinate, monitor and review these arrangements and, through liaison with the other professionals working with the child or young person, identify any changes in behaviour which would necessitate a review of the risk management arrangements. The lead professional's primary task is to make sure that all the support provided is working well, fits with involvement of other practitioners and agencies and is achieving the goals of the Child's Plan.

Multi agency planning to meet needs and reduce risks

Multi agency working is fundamental to the risk management and planning process. Positive multi agency working relies as much on formal agreements as on good working relationships between practitioners. However, it is important to ensure a consistent approach across agencies so that everyone involved in the management of an offender has a clear understanding of their role and responsibilities.

Multi agency planning arrangements must:

- address identified needs of the young person and their family
- ensure risk is properly assessed. Where it is considered appropriate risk assessment tools, approved by the Risk Management Authority²² for use with the child's or young person's age group, should be used.
- ensure information is shared about the level of risk of harm posed;
- identify the nature of this harm, the triggers and likely circumstances occurring;
- ensure a multi agency response to the behaviour, taking account of public safety and the individual needs of the young person;
- identify necessary action, including programmes to address behaviour and contingencies, as part of a risk management plan;
- review the level of risk and risk management plan in light of changes in circumstances or behaviour.

Importantly, the risk management plan must be integrated with Child or Young Person's Plan.

The Risk Management Authority was established to ensure the effective assessment, management and minimisation of risk of serious violent and sexual offenders. As a national centre for expert advice on offender risk assessment and management cognisance should be given to published Standards and Guidelines for Risk Assessment and the Risk Assessment Tools Evaluation Directory²³.

Partners involved in multi agency planning arrangements should set out agreed protocols outlining roles, responsibilities, communication channels and information sharing in order to promote clear and consistent action for joint planning.

Interaction with adult services

Transition planning

The Children (Scotland) Act 1995 guidance and regulations²⁴, identifies good practice, that is still applicable, when dealing with young people who are being managed within the Children's Hearing system and also in the adult courts. It identifies that where necessary children's and criminal justice services should be co-ordinated and agreements reached about who is the best person to complete court reports and supervise any probation order made. It may be that youth justice and criminal justice staff work together with the young person to allow a continuity of support and resources. This will also ensure critical information is shared between workers providing a greater understanding of the complexities of both systems and a

²² www.rmascotland.gov.uk

²³ <http://www.rmascotland.gov.uk/ViewFile.aspx?id=280>

²⁴ <http://www.scottishexecutive.gov.uk/Publications/2004/10/20067>

smoother transition between services. Joint arrangements, where necessary, can continue until a young person reaches 18 years of age.

Therefore, supervision requirements should not be terminated simply because a young person is being dealt with in the criminal justice system. Maintaining supervision of a young person within the Children's Hearings system in these circumstances will ensure that needs and risks continue to be identified and met by children's services until appropriate planning has taken place and a suitable lead professional or case holder has been identified within adult services.

Young people who offend do not acquire instant maturity as they move into the adult system. Staff working with offenders in their late teens and early twenties should bear in mind the particular characteristics of these young people. They may have vulnerabilities, and are likely to have impulsive patterns of thinking and behaviour. Maintaining the relationship in children's services, as the young person moves from children's to adult services, is likely to result in better outcomes. This is especially important when managing the needs of young people with learning disabilities who do not have the skills and abilities to adapt to the expectation of the adult world.

Where a child or young person appears in Court, having been jointly reported to the Procurator Fiscal and Children's Reporter, it may be appropriate for the local authority social worker to share the risk management plan with the Court. This will give the Court the opportunity to understand any risk management activity to date and make informed decisions about any further arrangements required to manage the risks presented, having regard for any contingency planning. The involvement of the Court in the ongoing management of the young person will provide consistency throughout the planning process.

Looked after children

Local Authorities also have a duty to children who have been looked after by them. These are prescribed in Section 17 Children (Scotland) Act 1995 and cover areas such as safeguard and promote welfare, preparation for when no longer looked after, to promotion of appropriate personal relations and direct contact with the person who holds parental responsibilities. They also cover areas such as assessment, planning and reviewing, financial responsibilities where young people meet specific criteria and the provision of, or support in, suitable accommodation. These duties are set out in the Regulations and Guidance on Services for Young People Ceasing to be Looked After by Local Authorities²⁵.

It is also a duty for Local Authorities to carry out an assessment of the needs of young people leaving care²⁶. Materials entitled 'Pathways'²⁷ exist to assist Local Authorities with this duty and every young person leaving care should have a Pathways coordinator and a Pathways plan that will be incorporated into the Child's or Young Person's Plan under *Getting it right for every child*. The identification of needs and support required through pathway planning as a looked after young person moves out of children's services should be considered best practice for all

²⁵ <http://www.opsi.gov.uk/legislation/scotland/ssi2003/20030608.htm>

²⁶ <http://www.scotland.gov.uk/Resource/Doc/26350/0023698.pdf>

²⁷ <http://www.scotland.gov.uk/Publications/2004/05/19357/37093>

young people who may need support as they move into adult services, from whatever circumstances.

It is important to understand and identify the needs and risks as a child or young person moves from one situation to another and ensure that appropriate planning and management of the risks takes place. This may include the involvement of additional agencies to support the young person and family as circumstances change.

Risk Management and Housing

Stable housing is often a key factor in securing positive outcomes for young people, especially those who have been assessed as posing a high risk. Where these young people require independent housing, consideration should be given to the level of support required to maintain the tenancy, but also to manage the risks posed by the young person.

The Children (Scotland) Act 1995 makes certain requirements of local authorities to ensure that the housing needs of children and young people are considered and that that housing and social work collaborate in order to achieve this. It is therefore imperative that housing providers are involved in risk management planning in order to manage risks effectively. Their contribution to the planning process will further inform and enforce the plan and ensure that the housing provider is supported in their role.

Social landlords should therefore be included in any information sharing protocols drawn up to support the sharing of data across and between agencies in the management of young people who are assessed as posing a high risk.

The National Accommodation Strategy for Sex Offenders (NASSO)²⁸ was published in March 2007 and forms part of the extensive package of Scottish Government reforms to the criminal justice system, which strengthen the provisions for the management of sex offenders in Scotland. Social Landlords are expected to apply/follow the principles and practices contained in the NASSO which are supported by the Memorandum of Understanding between relevant agencies as set out in the Management of Offenders etc. (Scotland) Act 2005. This legislation also sets out the framework within which the MAPPA function and supports the relevant agencies including housing providers.

As previously stated, conviction of a relevant offence is required before an offender can be considered under arrangements set out in this legislation. However, the principles of MAPPA and the NASSO should be considered best practice and apply in respect of people who have not been convicted of an offence through Scottish courts but who pose a serious risk to the community.

In addition, a framework is being developed to assist in the management and accommodation arrangements for children and young people whose sexually harmful behaviour has been dealt with through the Children's Hearing system and

²⁸<http://www.scotland.gov.uk/Topics/Justice/criminal/17543/HousingforSexOffenders>

are therefore not 'convicted' of an offence. This framework supports the NASSO aims of protecting children, vulnerable adults and the wider community and of reducing re-offending.

The introduction of multi agency planning, as set out in this best practice document, to meet needs, manage risks and protect the public in respect of young people who pose a serious risk of harm will ensure the needs of social landlords are considered and supported where necessary through this process.

Key area 5 What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
<p>Young people receive a proportionate response to identified risks and needs based on contemporary evidence on effective practice to improve outcomes.</p>				
<p>Staff working with young people and their carers/parents have the right skills and experience for the task.</p>				
<p>Practice is directed at reducing the risk, improving the wellbeing of the child or young person and thereby protecting the individual and community from risk.</p>				
<p>Risks are clearly identified and managed. Staff are competent to assess risk and supervise risk management plans for high risk of serious harmful behaviour. Sufficient staff are trained and supported to develop the knowledge and skills to deliver programmes and manage risk.</p>				
<p>Needs are prioritised and addressed</p>				
<p>Relevant information is shared appropriately.</p>				
<p>Staff review and develop their practice. Staff are receiving support and supervision which enables them to perform their duties competently.</p>				
<p>Staff practice in pro-social ways. Staff allocated to work with these young people have participated in appropriate training.</p>				
<p>Each young person should have a 'lead professional' to coordinate delivery of their plan. The lead professional should have appropriate skills and any necessary specialist training to take responsibility for the supervision of the risk management plan and the coordination of resources and programmes identified to support the implementation of the plan. Arrangements should be in place to cover absence due to sickness, leave etc.</p>				
<p>Programmes are delivered to children and young people in a timely way so as to avoid delays which are to the detriment of public safety and the engagement of the young person.</p>				
<p>There is evidence that staff are following the framework of practice in their work with the young people.</p>				

Getting it right for children
and young people who
present a risk of serious harm

Key Areas 6,7,8,

How good is our management?

Key Areas 6.7.8

How good is our management?

6. Policy Development and Planning
7. Management and support of staff
8. Partnerships and resources

Why it's important

Effective practice requires management to ensure that approaches and programmes respond to local needs. This entails both quantitative and qualitative data on which to base local plans. These plans should be supported by appropriate resources and monitored and reviewed through measurement systems.

Managers should demonstrate appropriate management of information, organisation of recruitment, induction, deployment, clarity of remit and supervision of staff, and management of budgets, facilities, equipment, and health and safety.

Agency accountability

A children's hearing may consider that compulsory measures of supervision are needed in respect of a child or young person because of the risks or needs in the plan. A supervision requirement may require a child or young person to comply with one or more conditions as appropriate. It may also set out what the local authority must provide for the child or young person. Local authorities have a duty to carry out the decision of Children's Hearings²⁹ contained in a supervision requirements. Each agency is therefore accountable for discharging the actions set out to manage risk which should form part of the plan for the young person which, as required, will be presented to a Children's Hearing. Where a local authority fails to carry out its duty in respect of the supervision requirement the Hearing has the power to ask the Reporter to apply for an order from the sheriff court asking it to do so.

Section 21 of the Children (Scotland) Act identifies that where it appears to a local authority that an appropriate person could be doing certain things to help in the exercise of any of their functions the local authority may specify their nature and request the help of that person. Appropriate persons are defined as other local authorities, Health Boards, NHS Trusts and any person authorised by the Secretary of State. They are required to comply with such a request provided that it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. This is further supported by the Education (Additional Support for Learning) (Scotland) Act 2004, section 23(3), which identifies that appropriate agencies have a duty to help an education authority discharge their duties.

²⁹ http://www.opsi.gov.uk/ACTS/acts1995/ukpga_19950036_en_1

The Child's or Young Person's Plan under *Getting it right for every child* has actions to be completed by agencies to meet needs and address risks. Agencies are accountable to the child or young person and their family, as well as the Children's Hearing, to ensure they carry out any action identified.

This also links to QAF themes Care and Support and Management. The Care Commission is responsible for checking whether regulated services have appropriate systems and arrangements to ensure that children and young people are safe and to take appropriate action when child protection incidents occur.

Key area 6,7,8 What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
<p>The young person's plan identifies levels of supervision, programmes and support to address need and risk, swift responses to any non-compliance or crisis, partnership arrangements, and the involvement of the family or carers.</p>				
<p>Responsibilities and time lines are specific.</p>				
<p>Monitoring and review arrangements are clear.</p>				
<p>All young people assessed as high risk of harming others or themselves are participating in and completing appropriate plans.</p>				
<p>There are records of requests for support, take up of and non-completions of planned work.</p>				
<p>Information systems ensure that responsible managers receive relevant and timely information on the progress of the case.</p>				
<p>Staff are supervised regularly have access to staff development programmes Supervision arrangements are regular and focused upon these high priority cases.</p>				
<p>Staff are suitably qualified and supported in order to support the child or young person.</p>				
<p>Managers assess overall needs and risks in relation to young people who cause serious harm in the area and have made available an appropriate range of resources to meet these needs and address the risks.</p>				
<p>Clear standards of quality are established for risk assessments and risk management, including how they are reflected in the plan for the young person. Managers and practitioners are aware of these and are expected to conform to them.</p>				
<p>These are regularly monitored and steps are taken to ensure improvements where appropriate.</p>				
<p>Outcomes related to young peoples behaviour and well being are measured</p>				
<p>Performance management systems are clearly aligned to supervision, appraisal and staff development plans.</p>				

Getting it right for children
and young people who
present a risk of serious harm

Key Area 9

How good is our leadership?

Key Area 9

How good is our leadership?

Why it's important

Effective practice requires leadership. Leadership communicates to staff what is important and why it is important. Leaders develop strategies to deploy resources to achieve desired results. Leadership takes responsibility so that everything contributes to primary aims of the agency. Responsibilities include protocols for partnerships, the statutory and professional integrity of practices and efforts to improve practice continuously. Each of these responsibilities should be based upon the best available knowledge and practices.

For services regulated by the Care Commission this links with the QAF theme on management, leadership and associated national care standards.

Key area 9 What you need to have in place	Met / sources of evidence	Not met action plan in place	Implementation underway	Complete
Agency has clear policies on the following criteria based on the most up to date knowledge and good practice;				
<ul style="list-style-type: none"> • Agency priorities; 				
<ul style="list-style-type: none"> • Interagency working and partnerships; 				
<ul style="list-style-type: none"> • Risk assessment and management; 				
<ul style="list-style-type: none"> • Use of statutory powers and authority; 				
<ul style="list-style-type: none"> • Transitions between agencies and services; 				
<ul style="list-style-type: none"> • Sustaining practice with difficult young people; 				
<ul style="list-style-type: none"> • Improving practice year on year. 				
<p>A policy statement that includes:</p> <ul style="list-style-type: none"> • a clear statement of why it is important to give a high priority in relation to resources and attention to the supervision of individuals who pose a high risk of serious harm to the public; • The use of statutory authority to ensure that individuals assessed as high of risk of causing serious harm are subject to supervision in the community.; • The critical importance of not giving up on cases. • Arrangements to manage transition between the Hearings system to the adult justice system. <p>This should be supported by an internal consultation and communication process which assures that staff understand and take ownership of the policy.</p>				

Additional Information

Sexually harmful behaviour

Due to the complex nature of this subject there is no definition of the type of behaviour that should be considered problematic and, if continued, presents a risk of harm. However, problematic sexual behaviour has been signified by one or more of the following³⁰:

- Forced sexual contact of any kind
- Sexual contact with a person who is unable to give consent
- Victim being forced, bribed or coerced into sexual contact
- Age-appropriate sexual exploration or experimentation is replaced by dynamics of fear, secrecy, confusion, intimidation and/or domination
- Preoccupation with sexual issues

The available research tends to suggest that the majority of young people identified as being involved in sexually harmful behaviour will not go on to sexually offend into adulthood³¹. However, early and appropriate intervention according to age and developmental stage along with support for the family is key to ensuring the best chance of positive change^{32, 33}.

Violent behaviour

Research into the predictors of violent behaviour³⁴ has shown that this varies dependant on age and stage of development. In broad terms, early involvement in offending, and persistent offending may be a stepping stone in a pathway to more serious, violent, and persistent offending³⁵. Children at risk of more serious or violent behaviour often display violent behaviours in their early years such as: bullying or being bullied; sporadic displays of aggression and becoming withdrawn; truanting from school; early formal involvement with Police; associating with delinquent peer groups; behaviours such as fire setting and abuse towards animals³⁶.

This coupled with substance misuse at an early age (under 11) or a lack of positive peer influences in early teenage years are the most informative predictors. It can also be said that:

³⁰ Sexual abuse in children and adolescents with intellectual disability. Balogh, R., Bretherton, K., Whibley, S., Berney, T., Graham, S., Richold, P., Worsley, C. and Firth, H. (2001)

³¹ Worling and Curwen 2000. In a six year follow-up study of a sample of 148 adolescents, only 5% of young people who had been offered 'treatment' as a result of their sexual behaviours had reoffended sexually in this time period, as had 18 per cent of those who had not received such intervention

³² What Works? (Carr 2000)

³³ B. Whyte and L Hutton research PHSB

³⁴ Effective Intervention for Serious and Violent Young Offenders Bill Whyte CJSW 2001

³⁵ (Loeber and Farrington 2000)

³⁶ (Loeber and Farrington 1998)

- Violent and sexual offending is correlated with direct experience of and learning from such behaviours;
- Some children and young people who have committed 'grave crimes' have experienced sexual abuse, physical abuse, significant trauma (e.g. bereavement of parent), although not all children who experience these negative issues will go on to be violent; and
- Most young people commit a grave crime only once. This distinguishes them from those young people who progress through to a criminal career.

As a result of the lack of a definitive predictor of further violent offending the responses to the needs and risks identified should be multi modal (using a range of methods) and tailored to meet the needs of the individual child or young person.

Risk assessment.

There has been a rapid growth in the use of structured risk assessment tools to define the risk of future offending (e.g. Kemshall, Parton, Walsh, and Waterson, 1997; Kemshall 2002). Risk assessment tools are regarded as providing practitioners with a structure with which they can form comprehensive, consistent, transparent and defensible assessments. These risk assessments can be used to measure change in the individual over time (such as pre and post intervention) and by aggregating data over a number of assessments, information about the services that are most needed can be made, allowing for more efficient planning and resources allocation (Andrews and Bonta, 1995). It should be emphasised that the use of structured risk assessment tools is to aid, but not replace, practitioners' professional judgements (e.g. Baker, 2005). A range of relevant risk assessment tools are discussed in more detail in a review by the Risk Management Authority (RMA, 2006).

Effective interventions.

Antonowicz and Ross (1994) argue that there is evidence to state that: "some rehabilitation programs work with some offenders in some settings when applied by some staff." (p. 1). One of the most relevant and recent studies investigating the conditions in which these modest positive effects are found was conducted by Latimer, Dowden and Morton-Bourgon (2003). This meta-analysis of the literature on interventions with over thirty thousand young who were all under the age of 18 years (15 years on average). The authors found that in general, programmes did have a positive effect and reported a 9% reduction in recidivism for those who had participated in interventions when compared to the control groups; similar to the 10% reduction reported by those Lipsey (1995) and Dowden and Andrews (1999).

The findings of Latimer *et al.*, (2003) provide further support for the "what works" principles of risk, needs and responsivity. It should be noted however that these three elements of effective practice, which are usually given the focus of attention, are amongst 18 principles which also include: individuality and diversity; offender engagement; high quality interpersonal relationships; and the use of personal discretion by staff (Andrews *et al.*, 1990).

The **risk principle** argues that allocation of the most resources and intensive interventions should be made to offenders who are at the highest risk for recidivism as weaker outcomes are associated with low risk participants. A more recent meta-

analysis indicated that the risk principle was even more relevant to interventions with female offenders and younger offenders (Andrews and Dowden, 2006).

The **needs principle** argues that carefully designed interventions that target the specific characteristics and problems of offenders that can be changed in intervention (dynamic risk factors) and that are also related to future criminal activities (criminogenic need factors), such as antisocial attitudes and behaviour, and anger responses (see also Latimer *et al.*, 2003). Following this point, Ward and Brown (2004) argue that research with juvenile offenders consistently shows that young people in conflict with the law have multiple problems and experience high levels of need across a wide range of areas. In order to maximize the opportunity presented to enhance the lives of young people, Ward and Brown (2004) argue that we should also seek to enhance areas of their life which are significant, even if they are not criminogenic. This “good lives” model is particularly relevant in the Scottish context where needs in relation to offending and welfare are relevant to the practice within the Children’s Hearings system.

The **responsivity principle** argues that interventions are implemented in a way that is responsive to the learning style of the offenders and delivered in a way that maximises change for the participating offenders and that uses therapeutic techniques known to work (Andrews *et al.*, 1990). Motivation and readiness to change have also are particularly relevant responsivity factor (e.g. McMurrin, 2002) when working with young people. The “trans-theoretical stages of change” model (Prochaska and Di Clemente, 1982) describes change as a process that can be conceptualised along a continuum of motivation stages. This model (see also Miller and Rollnick, 2002) has demonstrated its effectiveness with a range of client groups presenting with a range of problematic behaviours (particularly substance abuse) and it has demonstrated effectiveness with adolescents and adults in probation settings (e.g. Harper and Hardy, 2002).

In addition, the relationship between professionals and clients has been related to reductions in recidivism levels (e.g. Rex, 1999). This area has been developed by Trotter (1993; 1999) and described as the “Pro-social modelling” approach which has four central principles: Role clarification; Pro-social modelling and re-enforcement; Problem solving; and Relationship development. This approach was reported to be most effective with young, high-risk, violent and drug taking offenders. These findings are also consistent with the Responsivity principle, which argues that these skills should be demonstrated within programme delivery particularly with clients who are lacking in motivation and reluctant to address their criminogenic needs (McMurrin, 2002).

Risk ratings

In reaching a judgement about the risk level, the main factors to consider are:

- the likelihood of the behaviour occurring;
- the imminence of the behaviour;
- the impact of the behaviour.

1. Low Risk

There is no evidence at present to indicate any likelihood of future harmful behaviour. This would be an appropriate response if you have answered 'no' to the question 'are there indications that the young person will engage in future behaviour that will cause serious harm to others?' in section 3.

2. Medium Risk

Some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of the normal supervision process.

3. High risk

Risk of harm identified. The potential event could happen at any time and the impact would be serious. Action should be taken in the near future and the case will need additional supervision and monitoring (e.g. supervision by middle/senior management)

There may be some hesitation about identifying a young person as high risk because of the practical implications this will have (e.g. s/he will require a more intensive level of supervision). In such cases it is important that decisions are discussed and shared within teams, not left entirely to individual members of staff.

4. Very high risk

Imminent risk of harm identified. The young person will commit the behaviour in question as soon as the opportunity arises, and the impact would be serious. Immediate multi-agency action is likely to be required.

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