CHAPTER 3

THEORY AND METHOD

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Annex 1 - Resilience Matrix
I  Introduction

I. This chapter introduces some important concepts drawn from research relevant to working with children and young people, involved in offending behaviour and explores current intervention methods and the theories underpinning them.

II. Over the last few years, the strong political focus on the “problem” of youth crime and responses to it, has been giving way to recognise that it is important that practitioners engage meaningfully with young people and their families to address the complex needs associated with youth offending. To do this, practitioners need to develop appropriate practice skills and specialist knowledge based on what is likely to be effective in working with children and young people who offend.

III. There is a growing emphasis that law, policy and practice should be directed by evidence and aimed at achieving effective outcomes rather than simply effective processes. To formulate and deliver effective interventions, practitioners must have an understanding of why, when and how the behaviour occurred, and evidence what assists desistence and better social integration. The age, stage and social context of the young person, along with their cognitive, social and emotional development, must be considered in order to pitch the intensity, duration and sequencing of content and delivery of any programme of work and to ensure the efficacy and effectiveness of any intervention.
II A Youth Justice Approach

I. Commentators have suggested that, rather than seeing Youth Justice as a separate specialism with a different style of intervention, the emphasis should be on “...an opportunity for social work in both criminal and youth justice to re-establish its credentials in promoting the welfare of individuals and the community...” (Whyte, 2001)

II. Those working in this field should adhere to the same set of values as those in other work with children and young people and adult service users as specified by the Scottish Social Services Council Code of Practice (2009). This outlines the expectations of conduct and practice that service users and other can expect such as:

- Protecting the rights and promoting the interest of service users and carers.
- Striving to establish and maintain the trust and confidence of service users and carers
- Promoting the independence of service users while protecting them as far as possible from danger or harm
- Respecting the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people
- Upholding public trust and confidence in social services
- Being accountable for the quality of their work and taking responsibility for maintaining and improving their knowledge and skills.

III. Relevant codes of practice should be considered in the context of international standards set the by the UN Convention on the Rights of the Child (1989), its associated guidance and more recent Council of Europe rules and guidance relating to youth crime and child friendly justice, which stress that this client group, whatever their behaviour, must be viewed as ‘children first’ (See Chapter 2).

- “All organisations concerned with children should work towards what is best for each child.” (Article 3 UNCRC 1989)
- “The UN Convention on the Rights of the Child (UNCRC) applies to everyone under 18. It is an international law that recognises that all children and young people have rights” (Scottish Government 2009)

IV. To do this Youth Justice should:

- Assist young people to maximise their potential
- Promote pro-social attitudes and behaviours
- Challenge offending and other problem behaviours
- Help young people to desist from offending
- Recognise the need for effective joint working
- Work in an evidence based way
- Provide opportunities for young people to make good with the support of their families and community
III  Child Development

I. Children and families and youth justice practice (including, preventive practice) within both universal and specialist services, is informed by child development theories which have a resonance for promoting positive social and emotional development and reducing vulnerability to future offending. These include

- Resilience, vulnerability and protective factors
- Attachment theory
- Brain development
- Personal and social wellbeing

II. Research also suggests that the impact of positive environmental factors, such as a positive parent child relationship, effective parenting and good social experiences, can counteract the negative effects of a child’s resulting behaviours.

III. Resilience

a) Building resilience is a key theme in all work with children, young people and their families. Social work, education and health services all emphasise the importance of building on strengths and increasing the protective factors in children and young people whose situation indicates that they are at greater risk of developing social and psychological problems including offending.

b) While some personal and social factors are strongly associated with offending, there are important aspects of life which can protect children and young people against risk. The development of resilience is a result of interpersonal processes that reduce the impact of adverse biological, physical and social factors which threaten a child’s health and well being. Resilience has been described as ‘an interaction between risk and protective factors within a person’s background, which can interrupt and reverse what might otherwise be a damaging process’ and ‘normal development under difficult conditions’ (Fraser and Galinsky, 1997).

c) The GIRFEC framework recommends that practitioners use the elements of vulnerability and resilience, protective environment and adversity within the Resilience Matrix to make sense of the strengths, and needs of individual children and young people (see Chapter 4). Promoting resilience links also to the principles underpinning an asset based approach within communities as described above.

d) Resilient children and young people are more likely to overcome difficulties presented to them by life circumstances, be able to make positive life choices and have better long term outcomes. Gilligan (1997) describes the three fundamental building blocks of resilience as:

- A secure base whereby the child feels a sense of belonging and security;
- Good self esteem, an internal sense of worth and competence; and
- A sense of self efficacy; a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

e) The majority of children and young people develop resilience from the people who surround them: their parents or carers, families and significant others. Activities and services delivered by local communities or by practitioners should promote the development of:
• Emotional well being
• Good social skills including empathy, communication, and pro social behaviour
• Conflict resolution/Problem solving skills
• Sense of self esteem and self control
• Sense of hope, motivation for personal achievement
• Positive peer group influence
• Positive, supportive and caring adults in their life
• Opportunities for meaningful participation

f) A wide range of practice examples and programmes, which are underpinned by the importance of promoting resilience, are provided in chapters of this Guidance on Prevention, Early and Effective Intervention, Managing High Risk and Victims and Community Confidence.

iv. Vulnerability and Protective Factors
a) Major contributory factors to children and young people becoming involved in offending include:
• Loss - serious rejection from own family, bereavement
• Family - poor parenting, neglect, abuse, domestic abuse, parental substance use, separation form family, significant health problems
• Education - low attainment, poor attendance, school exclusion
• Individual - low self-esteem, low resilience, substance misuse, poor social skills, early evidence of aggressive behaviour, cognitive and moral development
• Community - poverty, victimisation, availability of drugs

b) Factors which may protect children from becoming involved in offending and other negative behaviours include:
• Strong bonds with family
• Healthy standards set by parents, teachers and community leaders
• Opportunities for involvement in families, school and community
• Social and learning skills to enable participation
• Recognition and praise for positive behaviour - often a special skill counts for a great deal with a child.

c) Awareness of the vulnerability factors and research relating to early and late onset of offending could help professionals and communities develop a range of preventive services. (see chapter 6)

v. Attachment Theory
a) Attachment is an emotional bond to another person. Theories on attachment contribute to understanding of how attachment to primary caregivers and the caregiver’s ability to respond may affect a child’s social and emotional development. A brief overview describes the central theme of attachment theory according to Bowlby, as those parents and carers who are available and responsive to an infant's needs establish a sense of security.

b) Research suggests that failure to form secure attachments early in life can have a negative impact on behaviour in later childhood and throughout the life. Children
diagnosed with oppositional-defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) frequently display attachment problems, possibly due to early abuse, neglect, or trauma.

c) Characteristics of Attachment
   - **Safe Haven:** When the child feels threatened or afraid, he or she can return to the caregiver for comfort and soothing.
   - **Secure Base:** The caregiver provides a secure and dependable base for the child to explore the world.
   - **Proximity Maintenance:** The child strives to stay near the caregiver, thus keeping the child safe.
   - **Separation Distress:** When separated from the caregiver, the child will become upset and distressed (see Ainsworth 1978; Main and Solomon 1986)

d) Children can form attachments to other significant adults beyond their parents and to their peers at all stages of their lives, which may also impact positively or negatively on their social and emotional behaviour.

e) Intervention should also focus on assisting the child to develop other positive relationships both within their extended family and within other settings, such as schools, youth groups or relationships with pro social adults. Practitioners, particularly those involved in Prevention, should be aware that attachment theory focuses particularly on the relationship between the parent/caregiver, usually the mother and the child. Intervention should also focus on assisting the child to develop other positive relationships both within their family and in other settings.

vi. **Brain development theory**

a) **Early years**
Research into brain development offers a neurological perspective on the damaging effects of pre-birth and early childhood abuse, neglect and exposure to violence, including domestic abuse, on infant brain development. Theories in respect of how a typical infant’s brain is believed to grow and develop, and how both poor parental attachment relationships, and direct and indirect exposure to abuse and trauma impact negatively on brain development are offered as explanations as to why some children from an early age develop emotional and behavioural problems that continue into adulthood. The work of Bruce Perry (1996, 2002) amongst others outlines the potential impact of neglect and trauma on infant development. The first two growth periods for a child’s brain are in utero and during the first three years of life. This period of time is therefore particularly significant in terms of prevention and early intervention. Many psychologists consider that when the emotional damage and ability to self-regulate is so severe that the child or young person’s anxiety levels are considered on constant “high alert”.

b) **Adolescence**
Brain development theories, although relatively new, provide the practitioner with a neurological basis for positive intervention with young people throughout adolescence and into adulthood (Hasset 2003). Research suggests that the brain continues to develop and is not fully developed until about 21 years, with the second key stage for both growth and re-sorting being during adolescence. The brain changes significantly in early adolescence becoming particularly malleable and open
to development. This offers an opportunity for social and environmental factors to positively impact on the child or young person.

c) The physiological changes taking place within the brain lead to a decrease in reasoned thinking and increase in impulsivity and risk taking behaviour, which can be a feature of “normal” adolescence (Sebastian et al 2009). Practitioners should be aware that adolescent development may be particularly problematic for vulnerable young people who offend or are involved in risk taking behaviours.

d) It is suggested that an increase in regular, positive activity of any kind may have a permanent beneficial physiological effect and potentially impact on future outcomes for young people, including the development of strengths and protective factors which may reduce the likelihood of involvement in offending behaviour.
IV Working with Children and Young People who offend

I. Practitioners working with children and young people who display offending behaviour focus on reducing these behaviours, the level of offending or the severity of offences committed. This may involve the completion of a supervision programme as specified by a criminal court or agreed with the supervising social worker through the Children’s Hearing System and described in a Child’s Single Plan. These programmes will generally focus on those factors identified as impacting on the likelihood of offending and should be delivered in a way that promotes:
   • The adoption of pro-social attitudes, beliefs and behaviour;
   • An improvement in the young person’s social circumstances which are associated with the reduction in risk of re-offending; and
   • The promotion of positive community ties.

II. This process should be supported by an underlying emphasis on best value and on the quality and integrity of delivery of the supervision programme.

III. In this context a supervision programme is not simply a single intervention or group-work programme. Rather, it should be viewed as a planned series of interventions over a specified, bounded and realistic period of time which will focus upon bringing about positive changes in a young person’s behaviour, risk factors and social circumstances. Usually it will be characterised by a sequence of activities designed to achieve clearly defined and measurable objectives and will be based on an identifiable theoretical model or research-based evidence.
V  What is an “Evidence Base”?

I. There is an increasing requirement for practitioners in all fields of social work services to ensure that they deliver “evidence based” interventions. The evidence on effectiveness discussed here is mainly drawn from work from the 1970s onwards. This consisted of large scale meta-analytical reviews of many individual programme evaluations to identify characteristics which appeared most strongly associated with reduce offending. Mair (2005) explained that:

“‘Evidence based’ implies that careful thought has gone into any decisions, that a variety of material and data have been sifted, considered and applied to the issues in question; that developments are based on consideration of all available and relevant past knowledge and experience and that full account has been taken of possible futures” (pp. 257-277)

II. The starting point for any planned intervention should always be the process of assessment (see Chapter 4). Whatever the choice of assessment tool, instrument or approach used by each individual local authority, it should take a holistic approach which involves exploring all of the areas in the child or young person’s life which could impact on their behaviour (Coles, 2000). This process should highlight both risk and protective factors while also assessing the need/risk factors in order to inform and direct any Child’s Plan that may be required to allow the child or young person to remain in the community (Buist and Whyte, 2004).

III. The aims of any tools should be to contribute to:
- Assessment and formulation of the level of risk of re-offending and likely harm to themselves, victims and the wider community, in so far as this can be assessed.
- Identify the crime related (criminogenic) and social needs of the child or young person.
- Assist responsivity by recognising/identifying any barriers to engagement, learning and social development.

IV. The purpose of any tool is to inform and assist the practitioner formulate their views, establish planning options and decide on the nature as well as the intensity, duration and sequencing of intervention required, if any, and to direct the content and form of the programme offered (McGuire and Priestley, 1995).
VI Core principles of effective practice – Risk, Need, Responsivity (RNR)

I. Andrews et al. (1990) first suggested that the most effective forms of intervention aimed at reducing re-offending conform to a series of broad principles ‘distilled’ from research and later summarised by McGuire (1995).

II. First, the level of service provided should match the level of ‘risk’ assessed; where the risk of re-offending is high, more intensive programmes are likely to be required (the risk principle).

III. Second, only some factors contribute to, or are supportive of, offending; the focus of intervention should be on addressing offending by alleviating those factors that sustain and support criminality (criminogenic need principle).

IV. Third, intervention programmes should match staff and young peoples’ learning styles and encourage active participation (responsivity principle). Meta-analysis on studies of interventions with women offenders suggest that general responsibility factors seem to apply but there may be specific responsibility factors that need to be recognised and addressed (Dowden and Andrews 1999). Any level of learning difficulties/disability should also be considered and intervention should identify, accommodate, value and support diversity.

V. Fourth, programmes in the community fare better than those in institutions (community-based principle).

VI. Fifth, effective interventions recognise the variety of problems experienced by people who offend, and therefore employ a skills-oriented approach, using methods drawn from behavioural, cognitive, or cognitive-behavioural (multimodal) sources (modality principle).

VII. Sixth, effective interventions connect the methods used to the aims stated, are carried out by appropriately trained and supported staff, are adequately resourced, and plan monitoring and evaluation from the outset (programme integrity principle).

VIII. The evidence emphasises the importance of changing the changeable, i.e. focusing on dynamic needs such as anti-social attitudes, feelings and associations within the context of natural social networks. This is best achieved by promoting familial attachment, affection, communication, monitoring, supervision and protection; developing positive social role models and responding to individual social needs that can assist increasing self control and self management; and the development of problem solving skills; in order to assist individuals confront personal and circumstantial barriers that get in the way of effective change and development. Static factors such as prior criminal history and history of substance misuse may be associated with an individual’s involvement in offending, but by definition, they cannot be changed and therefore cannot readily guide intervention or treatment strategies. Comprehensive assessment expected by Getting It Right for Every Child (GIRFEC) will draw on both static and dynamic factors to support the formulation of a view on risk and need, and how risk and need can be best responded to.
IX. In addition to

**Individual factors**
- displaying anti-social tendencies (McGuire et al., 2002)
- other behavioural issues (Audit Scotland, 2001)
- cognitive distortions (Woolham, 2003; Bennett and Gibbons, 2000)
- low levels of self-control and/or impulsiveness (McGuire et al., 2002)
- substance misuse (Audit Scotland, 2001)
- pro-criminal or anti-social attitudes (Hawkins et al., 2000),

Research findings also emphasise wider social factors including the importance of

**Relationship factors**
- poor parental supervision (McGuire et al., 2002), Woolham, 2003)
- family breakdown (Audit Scotland, 2001)
- parental substance misuse (Audit Scotland, 2001)
- hostile parenting style (Woolham, 2003)

**Vocational factors**
- low educational achievement (Audit Scotland, 2001)
- other school and/or employment problems (McGuire et al., 2002)

**Community factors**
- social exclusion (Woolham, 2003)
- high crime levels in community (Hawkins et al., 2000)
- availability of drugs and weapons (Hawkins et al., 2000)
- low income, both individual and familial (Audit Scotland, 2001)

X. Effective supervision is characterised by the firm but consistent and fair use of authority by the supervising social worker; modelling and re-enforcement of pro-social attitudes, values, behaviours and beliefs; problem solving aimed at increasing the rewards to be gained from pro-social behaviour; referral to other appropriate services; and an open, enthusiastic and caring approach by the supervising social worker (Rex, 1999, Trotter, 1999).

XI. There are distinctive characteristics which may require separate or specialist consideration as has been suggested by a number of studies, for example, ethnicity (Hann and Harman, 1993), and gender (Salekin et al., 1998) whereas others have not found it necessary to make such distinctions (Simourd and Andrews, 1994). The nature of the offence, for example, violent or sexually harmful behaviour, may also require a more specialised assessment (see Chapter 8).

XII. Many policy-makers, including Scottish policy makers, have drawn selectively on the research evidence-base focusing on change ‘within the individual’ without acknowledging that the resulting ‘risk’ paradigm is highly contested and that an over emphasis on the ‘RNR model’ tends to ignore the social context of change. Kemshall (2003) has suggested that the rise of interest in risk can be linked to the demise of
the ‘modernist’ welfare-oriented penal agenda. The rise of the risk agenda has been associated with increasing pressure to rely on ‘risk assessment’ tools to direct decisions, with little concern either for the normative and contextual data on which the tools were designed, nor for the trend towards categorising people on the basis of their level of risk, and assuming that these categorisations remain valid on an individual basis rather than the more traditional professional formulation of assessment. More recently the so-called ‘what works?’ findings which draw strongly on criminological research are being integrated with findings from studies on what influences desistance from crime as well as personal and social development (see for example the Edinburgh Study of Youth Transitions.)
VII Desistance (When? How? and Why?)

I. The principles of effective practice and effective relationships provide a guide to how practitioners can approach work with individual young people in a way that addresses needs and risks and is also sensitive to the personal context and characteristics of the client. However for practitioners interested in reducing reoffending, it is essential to understand the change processes involved in ending offending – processes of ‘desistance’. Social work practitioners need to think of themselves less as providers of treatment that belongs to professional experts, and more as supporters of desistance processes that belong to desisters. The desistance approach, which is complimentary to RNR, seeks to identify from research and experience, factors which indicate when, why and how change occurs and stresses the requirement for intervention to be highly individualised (personalisation) and to reflect differing needs according to age, gender or ethnicity.

II. Maruna (2001) identified three broad theoretical perspective important to understanding desistance:

- **Maturational Reform Theories** focus on the established links between age and certain criminal behaviours. The age-crime curve remains the most robust and yet the least understood empirical observation in criminology. An example of this would be the age range of those engaging in street crime. The suggestion here is that children and young people can outgrow certain behaviours as they mature.

- **Social Bond Theories** suggest that if the individual has family ties, positive social relationships and are in education or employment, they are less likely to offend as they have more to lose than those who have no social bonds. Where these ties exist, they create a reason to ‘go straight’. Where they are absent, people who offend have less to lose from continuing to offend. The responsibility of entering into new relationships, gaining employment and, possibly parenthood, can give the young person a greater stake in their own community and future, thus encouraging their motivation to desist from further offending behaviour.

- **Narrative Theories** stress the importance of subjective changes in the person’s sense of self-identity, personal and social ‘connectedness’ or integration, which in turn are reflected in changing motivations, greater concern for others and consideration of the future. The way the young person makes sense of their situation, the changes they make and the way they view and value themselves can have an impact on their own behaviour, concern for others and more consideration as to their own future (Maruna, 2000).

III. These three theoretical perspectives are interconnected and stress the importance of the relationships between ‘objective’ changes in a person’s life and ‘subjective’ assessment of the value or significance of these changes. They support the case for more holistic responses aimed at crime reduction and suggest that the ‘key’ to stopping offending is likely to reside somewhere in the interface between developing personal maturity, changing social bonds associated with life transitions and individual subjective narrative constructions built around key events, transitions and changes. It is not simply the events and changes that matter, but what these mean to the young people involved. While offence focussed work must be undertaken in most cases, the social needs of the child and young person must also
be addressed in order to encourage the motivation to want to change behaviour and attitude.
VIII What might Work?

I. Relationship between Worker and Client
   a. The relationship between client and worker is seen as pivotal in promoting or hindering desistance. A growing body of literature highlights that optimism, trust and loyalty are essential to effective working relationships which should also be active, participative, purposeful and pro-social (see for example McNeill 2002). There should also be clear roles, boundaries and mutual expectations.

   b. Research on effectiveness has shown that the way practitioners approach work with their clients can impact on the whole package of care. Simple positive actions such as returning telephone calls and not cancelling appointments, texting appointment reminders, are seen as beneficial and may improve outcomes. Even in short meetings, how workers interact with clients can have a major impact. Trotter (1999) suggests that successful outcomes are strongly related to the quality of the interaction between worker and client. Workers who can positively influence their clients are more likely to be enthusiastic, warm and optimistic using creativity and imagination.

   c. All of the above indicate that promoting positive behaviours, listening, challenging, showing respect and understanding and including young people in decision making are all essential in relationship building and positive outcomes.

   d. In evaluating the RNR model, Ward and Maruna (2007) describe it as ‘the premier offender rehabilitation theory in existence in the world today’. However, they also highlight a number of limitations in RNR and suggest that RNR is vague about values and core principles (beyond a commitment to empiricism) and fails to take account of the subjective and value-laden nature of concepts like ‘risk’ and ‘harm’ i.e. RNR implicitly elevates risk above need. Moreover, risk is conceptualised in a highly individualised way referring to clusters of individual characteristics and factors, which tend to be interpreted outwith their phenomenological, social and cultural contexts. As a consequence, offenders tend to be construed as the bearers of risk, irrespective of the social contexts which profoundly affect whether or not and in what ways ‘riskiness’ is realised which they suggest tends to increase stigmatisation and exclusion, and with it, rather ironically, risk. In constructing intervention exclusively on the basis of individual factors, RNR unwittingly encourages de-contextualised, undifferentiated intervention of diverse individuals in diverse contexts.

   e. A narrow focus on risk and criminogenic need can also lead to a neglect of the individual as a whole and his or her self-identity and the importance of ‘personal strivings’ and ‘self-narratives’. Ward and Maruna (2007) point to desistance studies as providing evidence that developing more adaptive self-narratives is associated with reducing and ending offending and conclude that there is evidence that utilising RNR principles is more likely to lead to desistance. However they argue that focusing intervention on risk, need
and responsivity risk may be a necessary but not a sufficient condition for reducing reoffending.

II. Good Lives

a. The Good Lives model (Ward 2002) is a strengths based and holistic approach to working with adults and young people who have been involved with offending behaviour. It emphasises positive goal attainment and argues that this will be more effective in motivating individuals in a change process than models that are exclusively about working on deficits, ‘risk factors’, offending behaviour and the avoidance of risky situations that might lead to ‘relapse’.

b. The model proposes that individuals commit crimes because they are attempting to meet basic needs (e.g. autonomy and independence, acceptance from peers, being active and avoiding boredom etc.) which they cannot meet in healthy ways for particular social or individual reasons. Concentrating on the needs met by the behaviour – what Ward describes as ‘primary goods’ – can make the behaviour intelligible to the individual and motivate them to be involved with a plan of work that helps provide the individual with internal and external conditions to meet their needs in appropriate ways. As Ward puts it: ‘we have been so busy thinking about how to reduce …crimes that we have overlooked a basic truth: recidivism may be further reduced through helping offenders to live better lives, not simply targeting isolated risk factors’ (Ward et al 2006).

c. For some people the offending may be directly related to the acquisition of a primary good e.g. committing an offence because it will make you more respected amongst your peer group. Sometimes the relation will be indirect: committing an offence through boredom because an individual lacks sufficient activity and structure in their life. Most offending will involve meeting a range of different needs at different levels, and a ‘good lives’ formulation will involve a collaborative approach working out what needs were met by the behaviour and how the meeting of those needs in positive ways can become the primary focus of an intervention plan.

d. The model is sometimes, unhelpfully, described in opposition to the RNR model and the idea of relapse prevention. At the same time it has also been suggested that Good Lives approaches may be less effective in managing risk. Although the model incorporates a critique of the RNR model, the authors of the Good Lives approach have recently argued that the model is a refinement of the RNR approach (Ward et al 2007). They have argued that the Good Lives model has a twin focus of enhancing well-being and reducing harm. Good practice therefore still requires professionals to conduct a need/risk assessment and implement risk management processes to promote individual and community safety at the start of the work. The Good Lives plan in all cases will then go on to outline ways of helping the individual address areas of dynamic risk, as the internal or external obstacles that frustrate and block the acquisition of primary human goods are, generally but not exclusive, crime sustaining (criminogenic) needs. Because of this, a well prepared Good Lives Plan will work on areas of dynamic
need/risk, but in a way that allows the individual to makes sense of why these areas of risk and deficits are a problem for them within the context of their life; and will help the individual move and progress in a way that will allow them to evidence a reduction of risk they may present.

e. For instance, a Good Lives plan may include a range of goals defined by a young person (e.g. having a girlfriend, owning a motorbike, learning about mechanics at college, having your own place to stay, living an offence free life). Under these aims can be mapped out what the individual needs to do to achieve these goals, how specific pieces of work could contribute to these goals and how other people can help the individual achieve these goals. Areas of criminogenic need highlighted by use of structured assessment tools could then be addressed through individual work, family work and other forms of support (e.g. issues with problem solving, building and sustaining relationships, emotional self-control, relapse prevention skills, managing conflict within the family, alcohol issues etc.) alongside addressing wider social needs relating to education and employment and positive social networks and leisure pursuits.

f. The Good Lives approach has been associated with work with sex offending, although the authors are keen to emphasise that it can be applied to work with adults and young people involved in all forms of offending (Ward and Maruna 2007). It is primarily a theory driven approach, foregrounding desistence, rehabilitation/re-integration and the importance of relationship in work with individuals who offend. To date it lacks a strong empirical evidence base, although there are a number of ongoing evaluations of the approach taking place internationally, in the UK and in Scotland (see www.goodlivesmodel.com).

g. There is no single ‘manual’ or accredited programme with respect to the Good Lives Model – it is a broad rehabilitation theory rather than a programme. However there are a number of trainers in Scotland who are able to provide training in how to apply the model to working with young people in a child centred way. Further details on trainers are available from the National youth Justice Development Team.
IX  Girls and Young Women

I. Although research findings indicate that both male and females may be motivated to change their behaviour as they mature and as their home and relationship circumstances change, the evidence suggests that males may take longer to reach this stage.

II. McIvor et al (2000) suggest that parental responsibilities and society’s disapproval of females who offend could be major factors in their decisions to change their behaviour. Rather than acknowledge that offending is a current, or future issue for them, young women would rather assign it to their past. While the RNR principles still apply to this client group, the emphasis should be strongly on improving the individual’s problem solving skills in order to equip them to resolve current and future practical problems in a positive way.

III. While it is recognised that drug, alcohol and other relevant issues may also be problematic for males and should be addressed, Williams (cited by Mickel, 2008) suggested that focussing on these issues might be more beneficial when working with young females.
X Conclusion

I. This chapter has emphasised the importance of acknowledging the different needs of each individual so that any planned intervention is person centred. Assessment, which is the starting point of intervention, needs to take account of the “differences” which would include gender, ethnicity, physical or learning disabilities and learning difficulties. Assessments should be informed by the Risk, Need, Responsivity (RNR) principles discussed earlier, to inform the intensity, duration and sequencing of intervention, if any, that may be required. This should be included in the Child’s (Action) Plan and reviewed regularly, not only to assess progress, but also to highlight any relevant changes in the child or young person’s situation.

II. In meeting both the social and crime sustaining (criminogenic) needs of a child or young person who is displaying offending behaviour, it is important that intervention does not stigmatise or further label them and their families. This, in conjunction with the recognition of any existing strengths and/or protective factors that may be further developed in order to motivate, enhance resilience, build human and social capital, and effect positive change will encourage responsive participation and increase the probability of the effectiveness of any programme of work.
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Annex 1

Resilience Matrix

- **Resilience**
  - Characteristics that enhance normal development under difficult conditions

- **Adversity**
  - Life events or circumstances posing a threat to healthy development

- **Protective environment**
  - Factors in the child's environment acting as buffers to the negative effects of adverse experience

- **Vulnerability**
  - Characteristics of the child, the family circle and wider community which might threaten or challenge healthy development