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

June 2017

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Section 1: Background, Policy and Legislation

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1. Introduction

This 'Guide to Youth Justice in Scotland: policy, practice and legislation' is aimed at practitioners and managers who work with children and young people who offend or who are at risk of offending. This section gives a broad overview of significant historical developments which have determined how Scotland deals with children and young people who offend and outlines relevant policy, rights and legislation pertinent to this area of work.

In Scotland, one of the principles underpinning the philosophy and practice with both children and young people who offend is a welfare approach. This stems from the work of the Kilbrandon Committee in 1964 and formed the basis of the Social Work (Scotland) Act 1968.

Based on this principle, the primary role of youth justice in Scotland should be to improve life chances for children and young people, and to work with children, their families and communities to prevent offending and re-offending. The approach to children involved in offending should be guided by GIRFEC (Getting it Right for Every Child), recognising that these are children first and foremost. Youth justice services in Scotland should seek to minimise the number of children and young people in the criminal justice system and formal processes, such as the Children's Hearings System, through the provision of timely, supportive and effective interventions oriented to preventing further offending by addressing its underlying causes and improving life chances. Where this is not possible, the aim should be to support children through the Children's Hearings System (CHS) to ensure their welfare remains a key consideration. Where it is necessary for children to enter the criminal justice system, youth justice services should seek community-based disposals appropriate to a young person's age, developmental stage and seriousness of the offence whenever this is realistic and appropriate, and ensure transitions back to the community are planned and supported when secure care or custody is required.

Most youth justice practice in Scotland focuses on children and young people aged between 12 and 18 years who offend or who are at risk of offending. However, some local authorities provide 'youth justice' services up to the age of 21. Notably, the Children and Young People (Scotland) Act 2014 set out an expectation that young people who have been looked after on or beyond their 16th birthday (care leavers) are eligible for support until they are 19, and up until their 26th birthday if they are found to have eligible needs. This potentially encourages an extension to the age range of youth services and supports.

How local authorities prioritise and resource youth justice varies significantly across Scotland for a number of reasons, including demand for services and geographical considerations such as the differences in the needs of rural and urban communities. Some local authorities have had the capacity to create and sustain specialist youth justice teams whilst others have had to deliver services using workers located in either Children and Families or Criminal Justice Services. Irrespective of how individual local authorities are organised, it is important that staff who work with children and young people involved in offending behaviour retain and develop their skills, knowledge and competencies, in order to deliver appropriate and timely services to some of Scotland's most vulnerable children and young people.

2. Key Policies and Approaches

This section describes three of the key policies and approaches to be aware of in youth justice: GIRFEC, Preventing Offending: Getting it Right for Every Child, and the Whole System Approach. The next section sets out historical policies and developments which still have relevance for practice today.

Getting It Right For Every Child (GIRFEC)

'Getting It Right For Every Child' (GIRFEC) was first introduced in 2004 as a new national approach to working with all children and young people in Scotland. Following consultations and reviews of the CHS held in April 2004, the Scottish Executive formally published proposals known as GIRFEC in April 2005.

GIRFEC is the Scottish Government's national approach for all services that are either delivered to, or which affect children. GIRFEC includes core principles and values which are now incorporated into Scottish legislation, policy, guidance and practice in respect of children and relevant adult services.

The GIRFEC agenda has evolved over time and has taken into account the following sources:

- The Kilbrandon Report (1964)
- The Children (Scotland) Act 1995
- For Scotland's Children (2001)
- It's Everyone's Job To Make Sure I'm Alright (2002)
- The Review of Children's Hearings (2004)
- Looked After Children: We Can And Must Do Better (2007)

Based on research evidence and best practice, the overarching objective is to ensure all parents, carers and professionals work effectively together to give children and young people the best start to improve their life opportunities.

GIRFEC sets out to achieve the following:

- Better outcomes for all children;
- A common co-ordinated framework across all agencies that supports the delivery of appropriate, proportionate and timely help to all children who need it;
- Streamlined systems and processes, efficient and effective delivery of services focussed on the needs of the child;
- A common understanding and shared language across all agencies;
- A child-centred approach;
- Changes in cultures, systems and practice across services for children;
- More joined-up policy development with GIRFEC in the delivery mechanism of all policies for children - and policies for adults where children are involved.

GIRFEC is a way of working which focuses on improving outcomes for all children by placing the child at the centre of thinking, planning and action. It applies to all services that impact

on children; it places children's and young people's needs first; it advocates that they are listened to and that they understand the decisions which affect them; and it advocates/requires that they get more co-ordinated help where this is needed for their well-being, health and development. It requires that all services for children and young people - social work, health, education, police, housing and third sector - adapt and streamline their systems and practices to improve how they work together to support children and young people, including strengthening information sharing. Finally, GIRFEC encourages earlier intervention by universal services to avoid crisis situations, ensuring that children and young people get the help they need when they need it, but also helps to identify those children and young people facing the greatest social or health inequalities.

The Guide to 'Getting it right for every child (GIRFEC)' published by the Scottish Government in 2008 outlines the process of assessing risk, consisting of a practice assessment and a planning model which can be used by any agency. Many of the principles of GIRFEC were put on a legislative footing with the passing of the Children and Young People (Scotland) Act, 2014, which formalised an approach to supporting the wellbeing of children, which includes the preparation of a Child's Plan for those who need one and the provision of a named person service to promote, support and safeguard the wellbeing of the child. Statutory guidance to support the implementation of parts of this legislation was published in 2015. Furthermore, Guidance on Children's Rights (Part 1, section 2) and Guidance on Children's Services Planning (Part 3) were published in 2016.

Government changes

A change in government in 2007 led to a shift in tone and emphasis in national youth justice policy, with efforts and resources directed towards early intervention, prevention and diversion. The Concordat between Scottish Government and Local Government published in 2007 highlighted the requirement for the public sector to deliver through 15 national outcomes. This commitment included an agreement to work together as equal partners on policy development. The Scottish Government set the direction of policy expressed in Single Outcome Agreements in which local authorities prioritise how they will demonstrate progress towards the overarching national objectives of a fairer, wealthier, safer and stronger, smarter, greener and healthier Scotland. As a result of this change in focus, Youth Justice National Outcomes became difficult to enforce and they ceased to be compulsory.

Preventing Offending: Getting it Right for Every Child (2015)

The Scottish Government's Youth Justice Strategy was refreshed and launched in June 2015. This most recent strategy identifies three themes for action for 2015-2020:

1. Advancing the Whole System Approach
2. Improving Life Chances
3. Developing Capacity and Improvement

These three themes are interlinked but in broad terms the first theme is primarily concerned with young people supported by youth justice services; the second is focused on preventing offending in the first place and improving the journey from involvement in offending to something more positive; and the third theme focuses on supporting and developing the workforce to enable them to better support children and young people. These priorities build

on the 'Whole System Approach' and focus attention on some of the areas where implementation has been limited.

Unlike the previous strategy, *Preventing Offending by Young People: A Framework For Action* (Scottish Government, 2008), the more recent variant specifically references children as well as young people and acknowledges, implicitly at least, the United Nations Rights of the Child (UNCRC), thus more clearly placing the strategy in the context of wider children's policy and children's rights. In particular, the *Preventing Offending* strategy echoes/resonates with/reflects the Scottish Government's GIRFEC policy and the UNCRC by defining a child as 'someone under the age of 18'. In order to 'get it right for every child', the strategy directly emphasises the importance of responding to the 'needs and the deeds' of children involved in offending *as* children. In explicitly echoing the words of Kilbrandon (1964) in the ministerial forward (p.1), the 2015 strategy clearly aspires to build on wider developments, underpinned by the principles set out in that important report. Critically, *Preventing Offending: Getting it Right for Every Child* also revisited the structures in place to support the implementation of the strategy. The 'Youth Justice Improvement Board' is tasked with overseeing implementation and three implementation groups have been created to support the three strategic themes.

Whole System Approach

The Scottish Government has prioritised work that supports partners to take forward the development of a Whole System Approach (WSA). WSA involves putting in place streamlined and consistent planning, assessment and decision making processes for young people who offend, ensuring they receive the right help at the right time. The ethos of WSA is that many young people involved in offending behaviour could and should be diverted from statutory measures, prosecution and custody through early intervention and robust community alternatives. WSA works across all systems and agencies, bringing the Scottish Government's key policy frameworks into a single, holistic approach to working with young people who offend which includes:

- Early and effective interventions, offering support and advice to young people in order to address need and change behaviour;
- Diversion from prosecution, where the needs and risks of the young person are addressed;
- Robust alternatives to secure care and custody where young people's risks and needs can be managed in the community;
- Effective risk management measures by partners through the CHS as opposed to adult courts;
- Supporting young people in court to assist their understanding of the processes and to advise decision makers of community options;
- Support in reintegration and transition back to the community from secure care and custody;
- Encouraging cases to be dealt with through the CHS rather than an adult court;
- Retaining more young people on compulsory supervision orders through the CHS, where there is a need to do so

Following a successful pilot in Aberdeen, WSA was rolled-out nationally since 2011. An evaluation by Murray et al, in 2015 provided clear support for the retention of the principles of the WSA.

Definitions of a Child

In Scotland, a child is defined differently in different legal contexts:

- The Children and Young People (Scotland) Act 2014 and the United Nations Convention on the Rights of the Child define a child as under 18;
- Children Hearings (Scotland) Act 2011 section 199 defines a child as being under 16 or under 18 years if subject to a Compulsory Supervision Order;
- The Adult Support and Protection (Scotland) Act 2007 defines an adult as someone over the age of 16 years.

3. Historical background: Youth Justice in Scotland

Kilbrandon

There was a concern in the late 1950s and early 1960s that change was needed in the way in which society responded to children and young people in coming to the attention of the police or at risk. A committee was established in 1960 under Lord Kilbrandon to investigate possible solutions. The committee found that children and young people appearing before the courts, whether they had committed offences or not, had common needs. It considered that the existing juvenile courts were not suitable for dealing with these problems because they had to combine the fact-finding characteristics of a criminal court with an agency making decisions on welfare and, as such, separation of these functions was recommended. The Kilbrandon Report recommended a national, co-ordinated system to deal with children in need of compulsory measures of care and stressed the importance of early intervention.

The establishment of facts, where disputed, would remain with the courts, but decisions on what action was needed in the best interests of the child were to be the responsibility of a new and unique kind of hearing. These findings were incorporated into the Social Work (Scotland) Act 1968 and in April 1971, Children's Hearings assumed most of the responsibility for dealing with children and young people under 16 years of age and in some cases up to 18 years of age, who commit offences or are in need of care and protection. This radical way of dealing with children and young people who offend is incorporated into the Children (Scotland) Act 1995 and the Children's Hearings (Scotland) Act 2011.

Key policy developments since devolution in Scotland

Although some policy and legislative developments, such as the introduction of anti-social behaviour orders, restriction of liberty orders, electronic monitoring of young people and specialist youth courts have presented a challenge to the Kilbrandon principles, Scotland has avoided some of the more punitive aspects of other jurisdictions. However, despite Scotland's integrated and child-centred approach, 16 and 17 year olds involved in offending are frequently dealt with by adult courts, and we continue to imprison more children than

many other European countries. This section will outline some of the most significant developments in policy terms.

Youth justice in Scotland has been heavily influenced by the cultural and political climate of the time and the establishment of the new Scottish Parliament brought a new focus, notably the national policy discussions of the early millennium.

In November 1999, the Scottish Cabinet held a strategy session which focused on issues relating to youth crime in Scotland. As a result of this an Advisory Group on Youth Crime was commissioned to:

- Assess the extent and effectiveness of options available to Children's Hearings and Courts in cases involving persistent offenders;
- Look at the scope for improving the range and availability of options aimed at addressing the actions of persistent young offenders

On June 9, 2000, the report of the work of the review *'It's a Criminal Waste: Stop Youth Crime Now'*, along with the Scottish Executive's response, was published. Key recommendations included:

- A national strategy based on core objectives which delivered a consistent framework for local activity;
- Expansion of the range of community based interventions for persistent offenders which could be used by Reporters, Hearings, Procurators Fiscal and the Courts;
- Expansion of diversion and supervision schemes for 16 and 17 year olds;
- A review of the case for raising the age of criminal responsibility to 12 years

The report also recommended the use of bridging pilots for 16 and 17 year olds with the aim of retaining as many young people as possible in the CHS. However, that recommendation was not taken forward. Instead, in 2002 a Ministerial Group on Youth Crime ordered a feasibility study to be carried out into the establishment of a Youth Court. As a consequence of that a pilot Youth Court was established in Hamilton Sheriff Court in June 2003 and in Airdrie Sheriff Court thereafter. Following an evaluation of the pilot, by McIvor et al, 2006, funding for the Youth Court was withdrawn.

In 2002, Audit Scotland published its review of Scotland's Youth Justice System 'Dealing with Offending by Young People' which provided support for the underlying principles for youth justice in Scotland but also identified several areas for improvement.

In response to the report, Scotland's Action Programme to Reduce Youth Crime by the Scottish Executive, 2002, was aimed at:

- Increasing public confidence in Scotland's system of youth justice;
- Giving victims a greater stake in Scotland's systems of youth justice;
- Easing the transition between youth justice and the adult criminal justice system;
- Providing all young people with the opportunity to fulfil their potential;
- Early intervention.

The 'Improving the Effectiveness of the Youth Justice System Working Group' (2002) were thereafter asked to develop a strategic framework of national objectives and standards for Scotland's Youth Justice Services, to help achieve the national target of reducing the number of persistent offenders by 10% by 2006. The National Standards for Scotland's Youth Justice Services were published by the Scottish Government in December 2002, defining a set of standards for youth justice strategy groups and youth justice practitioners to improve service delivery. These applied only to young people within the CHS and shaped much of the work that has taken place across Scotland in respect of persistent offenders.

The Scottish Executive introduced the Antisocial Behaviour etc. (Scotland) Bill to the Scottish Parliament in October 2003 following their consultation document 'Putting Our Communities First: A Strategy for Tackling Antisocial Behaviour'. The Antisocial Behaviour etc. (Scotland) Act came into force in October 2004 and gave Local Authorities and the Police new powers to tackle antisocial behaviour:

- In accordance with the Act a person is defined as engaging in antisocial behaviour if that person: acts in a manner that causes or is likely to cause alarm or distress; or
- Pursues a course of conduct that causes or is likely to cause alarm or distress, to at least one person who is not of the same household

Each local authority has a duty to work in partnership to prepare, publish and keep under review, a strategy for tackling antisocial behaviour in the authority area. (Further information on The Antisocial Behaviour etc. (Scotland) Act 2004 can be found on page 15).

The Scottish Government aim is to make Scotland a safer and stronger place, which means encouraging a culture of personal and collective responsibility, and from that base rebuilding the relationship between law, government and the citizen. In March 2009, the Scottish Government and COSLA jointly published their Framework for tackling antisocial behaviour. This followed a thorough review of national antisocial behaviour policy and recognises that prevention and early intervention should be at its heart. Among the strategic aims it identified were the need for appropriate, proportionate and timely interventions in tackling antisocial behaviour and also that they should seek to counter negative stereotypes by focussing on encouraging more balanced, evidence-based reporting on antisocial behaviour with a particular emphasis on responsible reporting on young people's involvement.

There were a number of influences in later government policies which placed more emphasis on serious offenders rather than focusing solely on persistence. A significant influence was the Social Work Inspection Agency (SWIA) and Her Majesty's Inspectorate of Constabulary (HMIC, 2005) review of the Colyn Evans case, which reviewed how high risk cases are coordinated. Colyn Evans was convicted and sentenced to life imprisonment in June 2005 for the murder of a 16 year old young woman in Fife. He was 17 years old when the crime was committed and subject to aftercare support under the Support and Assistance to Young People Leaving Care (Scotland) Regulations 2003. Previously he had been subject to Supervision under Section 70(3) of the Children's Scotland Act 1995 until April 2004 when his order was terminated. Significant concerns were raised in respect of communication, assessment, management and supervision with both the local authority and the constabulary. An internal review was carried out by Fife Council and Fife Police and scrutinised by Scotland's Social Work Inspection Agency (SWIA) and Her Majesty's Chief

Inspector of Constabulary. A number of recommendations were then made to the Scottish Government. They included:

- A National Strategy for meeting the needs of young people with sexually problematic or violent behaviour;
- Action to provide public agencies with a framework to address adolescent sex offenders, consistent across Scotland;
- Create measures to improve the identification, risk assessment, planning for and management of such young people;
- Develop specialist services delivered to a rigorous standard supported by external quality assurance systems;
- Definition of Non-registered Sex Offender and review of guidance on managing Non-registered Sex Offenders;
- Ensure young people are supervised appropriately as they move from youth justice to the adult justice system and that appropriate information is transferred with them

The Scottish Parliament passed the Management of Offenders etc (Scotland) Act in November 2005. It introduced a legislative basis for agencies to work together not only to assess and manage Registered Sex Offenders, but also any other individuals who are considered to pose a risk of serious harm. As a result it brings certain Non-registered Sex Offenders who may cause serious harm to the public at large into the new risk assessment arrangements.

In June 2008, the Scottish Government published the strategy document Preventing Offending by Young People: A Framework for Action. The Framework is endorsed by relevant inspection agencies and professional organisations and Audit Scotland was represented in its development.

The Framework outlined a shared vision of what national and local agencies working with young people who offend, or who are at risk of offending, should do to prevent, divert, manage and change that behaviour. It also recognises that a small number of high risk young people need to be managed safely and effectively, including those who sexually or violently offend and a Best Practice Guidance was published in 2008 by the Scottish Government for managing and working with high risk offenders. The framework also noted that GIRFEC should guide and underpin the work of all agencies working with children and young people who offend. There were five strands to the Framework:

- Prevention;
- Early and effective intervention;
- Managing high risk;
- Victims and community confidence;
- Planning and performance improvement

The framework focused on the needs of eight to 16 year olds but also covers preventative work with younger children and transitional support into the adult system up to the age of 21 years.

A Planning and Performance Improvement Framework (PPIF) (Scottish Government, 2010) provided a voluntary framework for management information to support local areas in their work to address and measure at a strategic level how well they are achieving the aims of *Preventing Offending by Young People: A Framework for Action* (Scottish Government, 2008). It also provided a mechanism to demonstrate at both a local and national level the impact of this work, as well as providing a tool that local areas can use to help manage services and plan future activity.

In 2012, the Scottish Government published Preventing Offending by Young People: A Framework for Action – Progress (2008-2011) and Next Steps, which outlined what had been delivered under the five key strands of the Framework and set out remaining priorities. These included the implementation of multi-agency Early and Effective Intervention in Scotland; the abolition of unruly certificates and an increase in the minimum age of prosecution through the Criminal Justice and Licensing (Scotland) Act (2010); and the development of guidance for police officers in dealing with young people who offend in partnership with ACPOS (now Police Scotland).

4. Rights

The Kilbrandon Report and the Social Work (Scotland) Act 1968 was, many would argue, ahead of its time in developing a child-centred approach and giving the child or young person a voice in proceedings. Over the period since that Act, our understanding of human rights in general and children's rights in particular have developed and influenced policy and legislation. The most significant developments in relation to this agenda are as follows:

The UN Convention on the Rights of the Child

This was ratified by the UK Government in 1991. Its key principles include:

- A child is defined as a person under 18 years unless the laws of a country set a younger legal age for adulthood;
- Each child has the right to be treated as an individual;
- Each child who can form a view on matters affecting him or her has the right to express those views if he or she wishes;
- Parents should normally be responsible for the upbringing of their children and should share that responsibility;
- Each child has the right to protection from all forms of abuse and exploitation;
- So far as it is consistent with safeguarding and promoting their welfare, public authorities should promote the upbringing of children by their families;
- Each child has the right not to be subjected to discriminative action by others on grounds of race, ethnicity, gender, disability or social circumstance;
- No-one is allowed to punish children in a cruel or harmful way. Children should not be put in prison with adults or sentenced to death or life imprisonment without the possibility of release

The European Convention on Human Rights

This Convention applied in the UK before the Human Rights Act but was not enforceable in domestic courts until the Human Rights Act came into force in 2000. The Convention guarantees certain rights and freedoms, some of which have particular relevance to children and young people looked after away from home, including in secure accommodation:

- Article 3: Right to freedom from torture and inhumane or degrading treatment or punishment
- Article 5: Right to liberty and security of person (with qualifications)
- Article 6: Right to a fair and public trial within a reasonable time
- Article 8: Right to respect for private and family life, home and correspondence
- Article 14: Prohibition of discrimination in the enjoyment of the Convention Rights.

Council of Europe Guidelines on Child Friendly Justice Strasbourg 2010

The CoE Guidelines, which defines a 'child' as any person under the age of 18 years, promotes the principle that the best interests of the child should be given a primary consideration under the Rule of Law. It also states:

> "Elements of due process such as the principles of legality and proportionality, the presumption of innocence, the right to a fair trial, the right to legal advice, the right to access to courts and the right to appeal, should be guaranteed for children as they are for adults and should not be minimised or denied under the pretext of the child's best interests. This applies to all judicial and non-judicial and administrative proceedings."

Finally, the guidance states clearly that: "Referral of children to adult courts and procedures and adult sentencing shall not be allowed" (p.15) (Convention of the Rights of the Child, art 2 and 40.3, General Comment of the Committee on the Rights of the Child, nr 10 on children's rights in juvenile justice, par. 38 (CRC/C/GC/10, April, 2007).

There are a number of further guidelines and standards which are of relevance including:

- The UN Guidelines on the Prevention of Juvenile Delinquency (the Riyadh Guidelines) 1990
- The UN Standard Rules on the Administration of Juvenile Justice (the Beijing Rules) 1985
- The UN Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules) 1990
- Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime 2005
- Human Rights in the Administration of Justice, in particular of Children and Juveniles in Detention 1996.

The Carloway Review

In October 2010, the then Cabinet Secretary for Justice asked the Lord President to nominate a High Court judge to lead a review of key elements of Scottish criminal law and

practice following the decision of the United Kingdom Supreme Court in Cadder v HM Advocate. A review team, led by Lord Carloway, was tasked to consider issues relating to the right of access to legal advice, police questioning of suspects, the operation of the existing system of detention, evidence including corroboration and adverse inference, and issues arising from the Criminal Procedure (Legal Assistance, Detention and Appeals) (Scotland) Act 2010. The review was asked to recommend both legislative and procedural change and identify where new guidance may be needed.

A number of recommendations were made specifically in relation to child suspects:

- For the purpose of arrest, detention and questioning, a child is defined as anyone under 18 years. Notification to a parent, carer or other responsible person and them having access to a child suspect applies to all persons under 18 years.
- There should be a general statutory provision that the child's best interests should be of primary concern in any decision, whether by the police or the procurator fiscal, to arrest, detain, question or charge a person under 18 years
- All children should have the right to access to a parent, carer or other responsible person if detained and in advance and during any interview, provided that access can be achieved within a reasonable time. The police can delay or suspend that right in exceptional circumstances.
- The role of the parent, carer or responsible person should be defined in statute as providing moral support, parental care and guidance, and promoting understanding of communications between the child, the police and the solicitor
- Where the child is under 16 years, he/she must be provided with access to a lawyer and neither the child, parent, carer nor responsible person can waive that right
- Where the child is under 16 years he/she must be provided with access to a parent, carer or responsible person and the child cannot waive that right
- Where the child is 16 or 17 years he/she may waive right of access to a lawyer but only with the agreement of a parent, carer or responsible person
- Where the child is 16 or 17 years, he/she may waive right of access to a parent, carer or responsible person, but in such cases must be provided with access to a lawyer

Victim and Witnesses (Scotland) Act 2014

This Act increases the support available for vulnerable witnesses in court. It changes the definition of 'child witness' to include all those under 18 (instead of under 16), and created a presumption that certain categories of victim are vulnerable, and giving such victims the right to utilise certain special measures when giving evidence.

Evidence and Procedures Review 2015

This review explores the quality of accessibility of justice, specifically identifying improvements to how courts ascertain the truth involving children and vulnerable witnesses, identifying that Scotland could do more to protect these witnesses.

Criminal Justice (Scotland) Act 2016

This enacted many of the recommendations of Carloway, including: the rights of children in police custody, the rights of children officially accused and sets out the duty to consider a child's wellbeing.

State of Children's Rights in Scotland (2016)

This report looks at the current practice in Scotland and if enough is being done to fulfil the human rights of children. It is produced by Together and includes sections on family environment and alternative care; special protection measures; and disability, basic health and welfare.

5. Legislative Framework

Children's Hearings System

A Children's Hearing is part of the legal and welfare systems in Scotland. This is a tribunal system comprising a panel of three lay members of the public who are trained to undertake the duties and responsibilities of a hearing. Children's Hearings are subject to regulations as guided by the Children's Hearings (Scotland) Act Rules of Procedure 2013, and by some 20 associated Statutory Instruments on connected matters.

The Scottish Children's Reporter Administration (SCRA) was formed under the Local Government (Scotland) Act 1994 and became fully operational in April 1996. Children's Hearings are convened by SCRA whose role in the hearing is to:

- Facilitate the work of the Children's Reporter;
- Investigate and make effective decisions about the need to refer a child to a Children's Hearing;
- Provide suitable accommodation and facilities for Children's Hearings;
- Enable children and families to participate in Children's Hearings;
- Disseminate information and data to inform and influence improved outcomes for children and young people

The Children's Reporter does not participate in the decision making process in a Children's Hearing. The Children's Reporter has a statutory duty to keep a report of the proceedings of the hearing and support fair process within the hearing.

A hearing takes place in private, and will consider and make decisions on the welfare of a child taking into account individual, family, social and educational background and any offending behaviour. A hearing can only consider cases where the child and their parent/carer accept the grounds of referral. If they do not, the case will be referred to the Sheriff Court for the Sheriff to decide whether the facts – and hence the grounds of referral - are established. An exception to this is where the child is unable to make an informed decision due to age or mental capacity, and the case must be referred to the Sheriff Court. If the Sheriff finds the grounds of referral are established, the case is sent back to a hearing to decide whether compulsory measures of care are necessary. While the grounds are being

established by the Sheriff, the Children's Panel may issue an interim order, if a matter of urgency, in order to safeguard the safety of the child or young person.

Children and Young Persons (Scotland) Act 1937

Although this Act has now largely been replaced by new legislation some elements are still extant. This Act provides the statutory basis for protecting young children from cruelty but still gives parents the right to administer punishment to a child.

Children (Scotland) Act 1995

The Act defines parental responsibilities and rights in respect of children in Scotland. It sets out the duties and powers available to public authorities to support children in need, looked after children and young people and care leavers and to intervene when their welfare requires it. The Act considers children as every child under 16 years, young people on supervision between 16 and 18 years and young people affected by a disability aged up to 19 years.

The Act is based on the UN Convention on the Rights of the Child. The three over-arching principles of the Act are:

- The welfare of the child is the paramount consideration when his or her needs are being considered by courts, Children's Hearings and local authorities
- No court should make an order relating to a child and no Children's Hearing should make a supervision order unless a court or hearing considers that to do so would be better than making no order
- The child's views should be taken into account where major decisions are to be made about his or her future and must be taken into account where the child is 12 years or older

Criminal Procedure (Scotland) Act 1995

The Criminal Procedure (Scotland) Act 1995 consolidates certain enactments relating to criminal procedure in Scotland. It has a specific focus on children and young people in Part V and outlines:

- Age of criminal responsibility
- The prosecution of children
- Arrangements where children are arrested
- Detention of children
- Reference or remit to Children's Hearing
- Remand and committal of children and young persons
- Punishment for murder
- Detention of young offenders
- Detention of children convicted on indictment

Previously the age of criminal responsibility in Scotland was set at eight years and a child aged between eight and 12 years was held to have the mental capacity to commit a crime.

The Act, however, prohibited any child of this age from being dealt with in the criminal court and, where some form of compulsory intervention was considered necessary, they could only be dealt with through the CHS. Following consultation on the minimum age of criminal responsibility, the Scottish Government made the decision to increase the age of this to 12 years in line with the minimum age of criminal prosecution. After a legislative change, this will mean that children aged between eight and 12 will no longer be referred to the Children's Reporter for offending grounds. The Act has also introduced supervision for young people as defined in the Children (Scotland) Act 1995, if sentenced to a period in custody.

Criminal Law (Consolidation) (Scotland) Act 1995

This Act consolidates, creates offences and enacts legislation. It has particular reference here to consolidating the law on sexual offences including those against children. Most of the offences in this Act have been repealed and replaced by offences in the Sexual Offences (Scotland) Act 2009).

Human Rights Act 1998

An Act to give further effect to rights and freedoms guaranteed under the European Convention on Human Rights; to make provision with respect to holders of certain judicial offices who become judges of the European Court of Human Rights; and for connected purposes.

Commissioner for Children and Young Persons (Scotland) Act 2003

An Act of the Scottish Parliament to provide for the establishment and functions of a Commissioner for Children and Young People in Scotland; and for connected purposes.

Protection of Children (Scotland) Act 2003

An Act of the Scottish Parliament to require the Scottish Ministers to keep a list of individuals whom they consider to be unsuitable to work with children; to prohibit individuals included in the list, and individuals who are similarly regarded in other jurisdictions, from doing certain work relating to children; to make further provision in relation to that list; and for connected purposes.

Sexual Offences Act 2003

An Act of the UK Parliament which makes provision about sexual offences, which applies mainly to England and Wales but clarifies requirements for Scotland for notification for those subject to the Sex Offenders Act 2007.

Vulnerable Witnesses (Scotland) Act 2004

An Act of the Scottish Parliament to make provision for the use of special measures for the purpose of taking the evidence of children and other vulnerable witnesses in criminal or civil proceedings; to provide for evidential presumptions in criminal proceedings where certain reports of identification procedures are lodged as productions; to make provision about the admissibility of expert psychological or psychiatric evidence as subsequent of the complainer

in criminal proceedings in respect of certain offences; to prohibit persons charged with certain offences from conducting their own defence at the trial and any victim statement proof where a child witness under the age of 12 is to give evidence at the trial; to enable the court to prohibit persons from conducting their own defence at the trial and any victim statement proof in other criminal proceedings in which a vulnerable witness is to give evidence; to prohibit persons charged with certain offences from seeking the precognition personally of a child under the age of 12; to make provision about the admissibility of certain evidence bearing on the character, conduct or condition of witnesses in proceedings before a sheriff relating to the establishment of grounds of referral to Children's Hearings; to abolish the competence test for witnesses in criminal and civil proceedings; and for connected purposes.

The Education (Additional Support for Learning) (Scotland) Act 2004

An Act of the Scottish Parliament to make provision for additional support in connection with the school education of children and young persons having additional support needs; and for connected purposes.

The Antisocial Behaviour etc (Scotland) Act 2004

The Scottish Executive introduced the Antisocial Behaviour etc. (Scotland) Bill to the Scottish Parliament in October 2003. The Antisocial Behaviour etc. (Scotland) Act came into force in October 2004 and gave local authorities and the Police new powers to tackle antisocial behaviour.

- In accordance with the Act a person is defined as engaging in antisocial behaviour if that person: acts in a manner that causes or is likely to cause alarm or distress; or
- Pursues a course of conduct that causes or is likely to cause alarm or distress, to at least one person who is not of the same household

In this definition 'conduct' would include speech, and a 'course of conduct' must involve conduct on at least two occasions. Antisocial behaviour itself does not have to involve committing a criminal offence as it is the effect or likely effect of the behaviour on other people that determines whether the behaviour is antisocial. The authority applying for the order does not have to prove intention on the part of the defendant to cause alarm or distress.

Each local authority has a duty to work in partnership to prepare, publish and keep under review, a strategy for tackling antisocial behaviour in the authority area.

Antisocial Behaviour Orders (ASBOs)

ASBOs are preventative orders to protect victims of anti-social behaviour and the wider community from further acts of anti-social behaviour. The Antisocial Behaviour etc (Scotland) Act allows Sheriffs to grant an ASBO or interim ASBO against an individual over 12 years following an application by a local authority or Registered Social Landlord (RSL).

Before a Sheriff can consider an ASBO application against someone under 16 years, a Children's Hearing will be held to give advice on the application. When granting an ASBO

against a child, Sheriffs also have the power to grant a Parenting Order if it is decided that this will help prevent the child taking part in further anti-social behaviour.

Local authority accountability measures introduced by the Antisocial Behaviour etc (Scotland) Act give a Children's Hearing the power to place duties on the local authority when a compulsory supervision order is not being implemented. This includes an enforcement mechanism application to the Sheriff Principal.

Breach of an ASBO granted against a child is a criminal offence and must be reported to the Procurator Fiscal (PF). The PF, in consultation with SCRA, will determine the most appropriate course of action. Possible sanctions for under-16s do not include imprisonment which is an option for an ASBO against an adult.

However, the use of ASBO's, particularly in the case of children and young people, is minimal due to concerns over their effectiveness and potential to criminalise so called 'problem families'.

Alternatives to Secure Care and Custody

The Scottish Government is clear that where it is possible to meet the needs and risks of high-risk young people safely and cost effectively in their communities, then these opportunities should be maximised. Intensive Support and Monitoring Services (ISMS) were introduced by the Antisocial Behaviour etc (Scotland) Act in 2004 as an alternative to Secure Care. The Children (Scotland) Act 1995 was amended to enable supervision requirements imposed by a Children's Hearing to include a Movement Restriction Condition (MRC) and requiring the child to comply with arrangements for monitoring their compliance with such a restriction in the form of an Electronic Monitoring Device (tag). Guidance on the use of Movement Restriction Conditions (MRCs) in the Children's Hearings System was published by the Scottish Government in 2014. Young people can be required to remain in certain locations for a specified period of time, or conversely be required to keep away from specified locations. In accordance with the welfare principle of the CHS, any young person subject to a MRC must receive an intensive package of support, with access to at least some of the supports 24 hours per day seven days per week. ISMS were introduced to seven 'phase one' local authorities in 2005 and following evaluation and analysis over a two year period, were rolled out to all 32 local authorities in April 2008.

Parenting Orders

The Act makes provision for the local authority or the Principal Reporter to make application to the Sheriff Court to impose a Parenting Order. Local authorities can apply for a Parenting Order on two grounds:

- The child has engaged in anti-social behaviour and the Order is desirable in the interests of preventing further anti-social behavior
- The child has engaged in criminal conduct and the order is desirable in the interests of preventing such criminal conduct by the child

The Principal Reporter can also apply on these grounds as well as when the order is desirable in the interests of improving the welfare of the child. An Order can last up to 12

months and includes a requirement to comply with conditions as directed by the local authority supervising officer. Although Parenting Orders are civil orders, breach of an order constitutes a criminal offence with the usual sanctions attached, including imprisonment. To date there have been no Parenting Orders in Scotland.

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

An Act of the Scottish Parliament to make it an offence to meet a child following certain preliminary contact and to make other provision for the purposes of protecting children from harm of a sexual nature; and to make further provision about the prevention of sexual offences.

Family Law (Scotland) Act 2006

An Act of the Scottish Parliament to amend the law in relation to marriage, divorce and the jurisdiction of the courts in certain consistorial actions; to amend the Matrimonial Homes (Family Protection) (Scotland) Act 1982; to amend the law relating to the domicile of persons who are under 16 years of age; to make further provision as respects responsibilities and rights in relation to children; to make provision conferring rights in relation to property, succession and claims in damages for persons living, or having lived, together as husband and wife or civil partners; to make provision in relation to certain rules of private international law relating to family law; and for connected purposes.

Protection of Vulnerable Groups (Scotland) Act 2007

An Act of the Scottish Parliament to bar certain individuals from working with children or certain adults; to require the Scottish Ministers to keep lists of these individuals; to make further provision in relation to those lists; to establish a scheme under which information about individuals working or seeking to work with children or certain adults is collated and disclosed; to amend the meaning of school care accommodation service in the Regulation of Care (Scotland) Act 2001; and for connected purposes.

Sexual Offences (Scotland) Act 2009

An Act of Scottish Parliament which covers all sexual offences in Scotland. Part 4 is specific to sexual acts against younger (under 13) and older (over 13 but under 16) children.

Criminal Justice and Licensing (Scotland) Act 2010

This Act came into force in August 2010. This legislation relates to a wide range of distinct policy proposals including those relating to sentencing, criminal offences, criminal procedure, disclosure of evidence, protection of victims and witnesses, and licensing. It deals with issues ranging from combating alcohol misuse, to the creation of a Sentencing Council, community payback orders and the presumption against short prison sentences of three months or less. Section 14 of the Act relates to community payback orders (CPOs) and introduces a number of provisions to the Criminal Procedure (Scotland) Act 1995 to replace community service orders, probation orders, supervised attendance orders, and community reparation orders. Other existing court orders, including drug treatment and testing orders and restriction of liberty orders, remain unchanged.

The introduction of the CPO aimed to create a robust and consistently delivered community penalty which can provide a viable alternative to custody in appropriate cases. It emphasises that a community sentence is a punishment and not merely a supportive intervention. The CPO came into force in February, 2011 to provide those responsible for sentencing with a range of options from which they can choose the most appropriate disposal.

The CPO was designed to ensure that those involved in offending behaviour payback to communities and society in two ways:

- By requiring the offender to make reparation, often in the form of unpaid work;
- By requiring offenders to address and change their offending behaviours to improve the safety of local communities and providing opportunities for reintegration as law abiding citizens

A CPO may contain a number of different requirements which are set out in legislation and may include unpaid work, supervision requirements, programme requirements, residence requirements and conduct requirements. An evaluation of the CPO was completed by the Scottish Government in 2015. Key features are applicable to children and young people under 18 years:

- A CPO is a disposal of the court and is an alternative to custody;
- There is no minimum age for a CPO, other than the age of criminal prosecution (12 years old);
- Where an unpaid work or another activity requirement is made, the young person must be aged 16 years or over;
- Where a young person is under 18 years, the court can remit back to the CHS for disposal. A CPO is not available to a Children's Hearing as a disposal.

When the court imposes a CPO in respect of a young person under 18 years, a supervision requirement is mandatory. The court must also be satisfied that the local authority can support and rehabilitate the young person. When the court imposes a CPO in respect of a young person under 18 years who is subject to a compulsory supervision order through the CHS or assessed as needing support on care and protection grounds, the young person should be supported by effective interventions which address both the risks and the needs they present.

Children's Hearings (Scotland) Act 2011

The Scottish Government is clear that Scotland's unique CHS remains the best way of providing support and assistance to our most vulnerable children and their families. Although the system, in which lay people make decisions to improve the lives of children, remains the best way of providing this support, children and their families face significantly different challenges than those who it attended to in the 1960s.

The structure of the CHS was partially reformed by the Local Government (Scotland) Act 1994. Children's Reporters were removed from the Local Authorities and placed within a non-departmental public body - the Scottish Children's Reporters Administration (SCRA),

which has a statutory role of facilitating the work of the Principal Reporter and is overseen by a national board. Under this Act, the children's and safeguarders' panels also changed from a regional structure to reflect the new 32 local government authorities. More information on the role of SCRA can be found in Section 2 of this guide.

The Children's Hearing (Scotland) Bill was passed by the Scottish Parliament in November 2010, received Royal Assent in January 2011 and is now called the Children's Hearing (Scotland) Act 2011 (the 2011 Act). The purpose of the 2011 Act is to strengthen, modernise and streamline the CHS; ensure improved support for the most vulnerable children and young people and deliver greater national consistency. It is also intended to ensure the system is robust in the face of European Convention on Human Rights challenges.

The 2011 Act restates some of the existing law on Children's Hearings, but also includes many changes and new provisions as detailed below. It also creates a new national body, Children's Hearings Scotland, responsible for all functions relating to the recruitment, appointment and training of panel members. Instead of 32 separate local panels, there will be one single national panel appointed by a National Convener.

The 2011 Act is a large piece of legislation which brings almost all of the legislation relevant to Children's Hearings into one place, and it replaces large sections of the Children (Scotland) Act 1995. A large number of changes are introduced which seek to promote and strengthen children's rights, but those of most significance to local authorities can be accessed here. Other sections of relevance may include the role of the National Convener and function of the Children's Hearing Scotland (CHS) (section 1-13); the role and function of the Principal Reporter and SCRA (section 14-18); the welfare of the child (section 25 & 26), the importance of the views of the child (section 27); appointment of a safeguarder (sections 30 & 31); child assessment and protection orders (section 35 – 43); grounds of referral (section 67).

Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act was passed in the Scottish Parliament on February 19, 2014 and received royal assent on March 27, 2014, making it an Act of the Scottish Parliament. The Act will further the Scottish Government's ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

The Children and Young People (Scotland) Act 2014 was scheduled to be fully implemented in August 2016. However, following a Supreme Court ruling, parts 4 and 5 could not commence as planned. These sections involve information in relation to Named Person functions and the Child's Plan. Currently the Scottish Government are reviewing these sections with the implementation date set for August 31, 2017.

Rights of Children and Young People:
To ensure that children's rights properly influence the design and delivery of policies and services, the Act:

- Places a duty on the Scottish Ministers to keep under consideration and take steps to further the rights of children and young people, promotes and raises

awareness and understanding of the United Nations Convention on the Rights of the Child (UNCRC), and prepare reports describing this activity;
- Places a duty on the wider public sector to report on what they are doing to take forward realisation of the rights set out in the UNCRC; and
- Extends the powers of Scotland's Commissioner for Children and Young People, so that this office will be able to undertake investigations in relation to individual children and young people

Wellbeing and Getting it right for every child (GIRFEC):
To improve the way services work to support children, young people and families, the Act:
- Ensures that all children and young people from birth to 18 years old have access to a Named Person;
- Puts in place a single planning process to support those children who require it;
- Places a definition of wellbeing in legislation; and
- Places duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes

Early Learning and Childcare:
To strengthen the role of early years support in children's and families' lives, the Act:
- Increases the amount and flexibility of free early learning and childcare from 475 hours a year to a minimum of 600 hours for three and four year olds, and two year olds who are, or have been at any time since turning two, looked after or subject to a kinship care order

Getting it Right for Looked After Children:
To ensure better permanence planning for looked after children, the Act:
- Provides for a clear definition of corporate parenting, and defines the bodies to which it will apply;
- Places a duty on local authorities to assess a care leaver's request for assistance up to and including the age of 25;
- Sets out provision of 'continuing care' whereby young people are enabled to remain in their care placement until the age of 21;
- Provides for additional support to be given to kinship carers in relation to their parenting role through the kinship care order;
- Outlines, as part of a preventative approach, that local authorities must provide relevant services where a child is at risk of becoming looked after;
- Puts Scotland's Adoption Register on a statutory footing.

Other Proposals:
The Act also:
- Strengthens existing legislation that affects children and young people by creating a new right to appeal a local authority decision to place a child in secure accommodation, and makes procedural changes in the areas of Children's Hearings support arrangements and school closures

Victims and Witnesses (Scotland) Act 2014

The Victims and Witnesses (Scotland) Act 2014 was passed by the Scottish Parliament in December 2013. It will bring into law a number of changes to improve the experience victims and witnesses have of Scotland's justice system, including:

- creating a duty for justice organisations to set clear standards of service for victims and witnesses;
- giving victims and witnesses new rights to certain information about their case ;
- improving support for vulnerable witnesses in court – for example, changing the definition of 'child witness' to include all those under 18 (instead of under 16), and creating a presumption that certain categories of victim are vulnerable, and giving such victims the right to utilise certain special measures when giving evidence;
- introducing a victim surcharge so that offenders contribute to the cost of supporting victims ;
- introducing restitution orders, allowing the court to require that offenders who assault police officers pay to support the specialist non-NHS services which assist in the recovery of such individuals;
- allowing victims to make oral representations about the release of life sentence prisoners;
- providing support to victims' organisation;
- improving communication to reduce witness non-attendance at court;
- giving victims better access to information about how to get help and advice.

Criminal Justice (Scotland) Act 2016

The Criminal Justice (Scotland) Act 2016 seeks to modernise and enhance the efficiency of the Scottish criminal justice system. It is made up of seven parts including Arrest and Custody; Corroboration and Statements; Solemn Procedure; Sentencing and Appeals and Scottish Criminal Case Review Commission referrals. The Act sets out changes with Police exercise of power; with police officers being able to make arrests without warrant and can now arrest an individual several times for the same offence should further evidence come to light. The Act also clearly indicates the timescales for detaining an individual in police custody.

The Act abolishes the requirement for corroboration meaning facts can be proven in Court without the evidence being corroborated. This overrides the requirement for this in Scots Common Law.

6. Young people in the Criminal Justice system

Although the aim of youth justice in Scotland is to keep as many under 18s as is possible in the CHS, some, due to legal status, seriousness of offence and/or circumstance, will be dealt with by the adult criminal justice system. Until recently, the age of criminal responsibility in Scotland was eight years; however, this will be increased to 12 years

following a decision made by the Scottish Government on December 1, 2016. This means, that in addition to children under 12 not being able to be subject to prosecution in the criminal courts, they also cannot be referred to the Children's Reporter for behaviours that previously were deemed to be criminal. For an overview of criminal justice for under 18 year olds see the interactive guide, Youth and Criminal Justice in Scotland: the young person's journey.

In Scotland approximately 70% of 16 to 20 year olds released from custody are reconvicted within two years, with 45% receiving further custodial sentences (Scottish Government). This suggests that failing to provide effective community based support to 16 and 17 year olds locks them into a cycle of offending and may result in repeated imprisonment. It is backed by international evidence on the long term effects of juvenile incarceration. Research from the US suggests that young people, who are sentenced to a correctional facility at any stage, are more likely to continue to offend into adulthood, and that what is most effective in tackling offending behaviour is community based early intervention (Tracy and Kempf-Leonard 1996).

New provisions set out in the Criminal Justice (Scotland) Act 2016 state that under 18s in custody should have an adult attend the police station. For those under 16 this should be a parent or guardian and for young people aged 16 or 17 this can be an adult named by them.

The extension of the Whole System Approach to 16 and 17 year olds has supported more streamlined planning, assessment and decision making processes for young people who offend and diversion from statutory measures, prosecution and custody through early intervention and robust community alternatives.

Children and young people involved in the adult criminal justice system are also subject to services governed by the National Outcomes and Standards for Social Work Services in the criminal justice system, irrespective of whether or not they are involved in the CHS.

Depending on the nature and severity of the offence, other frameworks may apply to young people in the adult system, including the Multi-Agency Public Protection Arrangements (MAPPA), developed under the Management of Offenders etc (Scotland) Act 2005, which protect the public and manage the highest risk sex offenders in the community.

Community Justice (Scotland) Act 2016

Although the primary responsibility for supervising offenders in the community lies with criminal justice social work services, the Management of Offenders etc (Scotland) Act 2005 requires all relevant local authority services to contribute to the area plan and provide relevant services to people who have been involved in offending. The strategic bodies for criminal justice across Scotland are currently the Community Justice Authorities (CJAs) who provide a co-ordinated approach to planning and monitoring the delivery of offender services. CJAs were created in 2006 by the Management of Offenders etc (Scotland) Act 2005 and assumed their full responsibilities in April 2007.

Following a consultation on the redesign of community justice services, key changes and improvements were set out in the Community Justice (Scotland) Bill. The Bill was passed by

Scottish Parliament on February 11, 2016 and received Royal Assent on March 21, 2016 making it the Community Justice (Scotland) Act 2016.

The new Community Justice Model for Scotland includes a transition from Community Justice Authorities (CJAs) to an integrated planning model as part of Community Planning Partnerships. This includes:

- Transfer of the responsibility of planning and delivery of services from the eight CJAs to 32 Community Planning Partnerships
- Community Justice Scotland and the Statutory Community Justice partners have a duty under section 35 of the Act to work with each other together and at a local level with Transition Co-ordinators to produce Community Justice Outcome Improvement Plans and jointly resource services
- The implementation of a National Strategy for Community Justice and a Community Justice Outcomes, Performance and Improvement Framework to guide local planning, delivery and monitoring of services;
- The establishment of a new national body, Community Justice Scotland, to provide national, professional and strategic leadership across the community justice landscape. It will also report to Scottish Ministers and Local Government leaders on delivery of Community Justice Outcomes across Scotland and can make improvement recommendations locally and nationally where necessary.
- Regular meetings between Ministers and local elected members to agree areas of mutual interest in improving offender management

From April 1, 2017, the new model for Community Justice places statutory responsibility on local strategic planning and delivery of services to prevent and reduce further offending with organisations and agencies who best understand the needs of their areas.

2004 National Outcomes and Standards for Criminal Justice Social Work (previously National Objectives and Standards for Social Work Services in the Criminal Justice System).

Since 1968, when the Social Work (Scotland) Act merged probation and welfare services, criminal justice services within local authorities have been responsible for the delivery of pre-sentence reports to courts, provision of community sentences, post release supervision of offenders on statutory licence and voluntary throughcare. The one exception is Restriction of Liberty Orders (electronic tagging), where responsibility lies with a private contractor, although where an assessment of suitability is required that responsibility lies with the local authority.

National Outcome and Standards set down the expected operational standards and objectives for criminal justice social work in Scotland. They were first introduced in 1989 for Community Service Orders and extended to Social Enquiry Reports, probation and throughcare in 1991 and to Supervised Attendance Orders in 1998. Although National Standards have been in place since the early 1990s when ring-fenced funding for criminal justice social work was first introduced, there have been some subsequent revisions to take account of new responsibilities and changes in policy and practice.

Chapter 9 of the National Outcomes and Standards highlights the importance of considering the needs of young people involved in the adult criminal justice system when planning and providing services.

Section 132, the National Outcomes and Standards on Criminal Justice Social Work Reports and associated court services, also highlights the power of the Sheriff Court (Summary) to remit any offender under the age of 17 years and six months to a Children's Hearing for advice and possible disposal. Some young people are excluded from this process depending on the seriousness of the offence and will be dealt with by the court.

Throughcare is the provision of social work and associated services to prisoners and their families from the point of sentence or remand, during the period of imprisonment, and following release into the community. Local authorities have a statutory responsibility under National Standards to provide Throughcare services to individuals who are sentenced to more than four years in prison on release, and for those sentenced to Supervised Release Orders and Extended Sentences. Local authorities must also offer voluntary aftercare to those who request such a service within 12 months of their release. Revised throughcare practice guidance is currently under development.

The new revised National Outcomes and Standards provide a clear framework of professional accountability towards the outcomes of community safety, justice and social inclusion. They reflect changes in policy, practice and legislation in respect of criminal justice social work in Scotland, particularly relating to pre-sentence court reports, community sentencing and post release supervision of offenders.

Community Payback Orders (CPOs) replace the probation, community service and supervised attendance orders sections in the previous National Standards, and past guidance for community reparation orders.

The Criminal Justice Social Work Report (CJSWR) guidance provides practical direction on how to complete a CJSWR for court. A CJSWR should assist the sentencing process by complementing the other range of information available to the sentencer (e.g. from the victim and the PF), and provide information on social work interventions and how they may impact on offending behaviour.

Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders etc (Scotland) Act 2005 introduced a statutory function for responsible authorities – local authorities, Scottish Prison Service, police, health – to establish joint arrangements for the assessment and management of the risks to the public posed by sex offenders in Scotland. MAPPA was introduced in Scotland in 2007 as a consistent approach to the management of offenders across all local authority and police force areas, providing a framework for assessing and managing registered sex offenders. Registered sex offenders are those who are required to notify the police of their name, address and other personal details and also of any subsequent changes. The fundamental purpose of MAPPA is public safety and the reduction of serious harm.

A number of agencies are placed under a duty to co-operate with the responsible authorities and are known as 'Duty to Co-operate' agencies. They include housing providers, the

voluntary sector and the Children's Reporter. They are required to share information which will enable different agencies to work together within their legitimate or statutory role.

Information about registered sex offenders is gathered and shared across relevant agencies, the nature and level of risk of harm is assessed, and a risk management plan is implemented to protect the public.

There are three levels of management based on the levels of multi-agency cooperation required to implement the risk management plan effectively:

- Ordinary management (Level 1): The risk can be managed by one agency without active involvement by others; however, information is required to be shared and there should be collaboration between agencies.
- Multi-agency management (Level 2): The risk management plans require the active involvement of several agencies via regular multi-agency public protection meetings
- Multi-agency Public Protection Panel (Level 3): As with Level 2 but require the involvement of senior officers to authorise special resources and/or provide senior management overview. These cases are assessed as being high or very high risk of harm, and are the critical few.

Although the MAPPA guidance applies to all those who have attained the age of criminal responsibility, in practice it generally deals with those who have been convicted through the criminal courts.

Framework for Risk Assessment, Management and Practice (FRAME)

The Framework for Risk Assessment, Management and Evaluation (FRAME), produced by the Risk Management Authority in 2011 in conjunction with partners, sets out the standards of risk practice which apply to children and young people involved in offending behaviour as well as adults. There are key aspects of risk assessment and management practice with children and young people which vary from practices with adults. This guidance outlines the differences in legislation, policy and practice as it relates to each of the five FRAME standards.

This guidance also forms part of the Scottish Government's Whole System Approach (WSA) to address the offending behaviour of young people.

Care and Risk Management (CARM)

Care and Risk Management (CARM) was published by the Scottish Government in November 2014 as an appendix to FRAME. Whilst the National Guidance for Child Protection in Scotland guidance and GIRFEC broadly support the analysis and management needs of young people with regards to welfare and child protection, CARM offers a child centred guide to risk assessment and management for those young people considered high risk in relation to violence or harmful sexual behaviour which is in line with GIRFEC and the WSA. As well as being founded on the principles of GIRFEC and WSA the document offers guidance on information sharing with reference to the Children (Scotland) Act 1995 s16&17 (information sharing has also been referred to in the Children and Young People's Act 2014 s26).

Care and Risk Management training has been rolled out across the country as well as specific training for managers and the chairs of CARM meetings.

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

Section 2: Youth Justice in Scotland
The roles and responsibilities of key partners

June 2017

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Contents

1. Introduction

Youth justice in Scotland involves many professionals, agencies and organisations. This section gives an overview of who is involved, in what capacity, and how they work.

2. Child Protection

At the outset of this section it is recognised that all professionals, regardless of their organisation, have roles and responsibilities in respect of child protection and children's rights. Children and young people who are involved in offending behaviour are first and foremost, children. Their welfare and potential need for protection must be the paramount concern for all agencies involved with the child and their family. Young offenders are more likely than the general population to have experienced child abuse and to have been in local authority care (Utting et al., as cited by Arthur, 2004). The Edinburgh Study of Youth Transitions and Crime (McAra and McVie, 2010) has identified that young people involved in violent offences are more likely than non-violent youths to have been victims of crime and adult harassment and have more problematic family backgrounds. Research has also revealed that 88% of children under the age of 12 who are referred to the Scottish Children's Reporter Administration due to a pattern of offending have parents who pose a risk to them (Henderson et al.,2016). These findings suggest if the emotional, physical, developmental and social needs of children are met and they are protected from abuse and neglect, they are less likely to offend (Arthur, 2004).

The National Guidance for Child Protection in Scotland (2010a) and (2014) reinforces the need to assess children holistically, placing a responsibility on professionals to consider all aspects of a child and family's circumstances, including offending behaviour, in determining whether a child is at risk of significant harm and therefore in need of child protection measures. The guidance makes clear "…a young person involved in offending behaviour is often a young person in need of care and protection" (2014, p.113). It is therefore essential that all practitioners working with young people involved in offending behaviour are mindful of this and have been trained in their agency's child protection procedures.

3. Children's Rights

All professionals should be familiar with key policy and legislative developments in respect of children and young people's rights as detailed in Section 1 and understand their responsibilities in upholding these rights. Since 2004, there has been a Commissioner for Children and Young People in Scotland, whose role includes the protection of young people's rights, supporting young people's understanding of their rights, and awareness of what they can do if these are not being upheld. Under the Children and Young People (Scotland) Act 2014, the Commissioner can investigate whether, by what means and to what extent, a service provider has with regard to the rights, interests and views of children in making decisions or taking actions that affect those young people, either generally, to particular groups of children and young people, and individual children. This includes young people involved in offending behaviour and underlines the responsibilities of all agencies in upholding children's rights.

4. The Scottish Government

The Scottish Government holds strategic policy and legislative responsibility for key devolved areas of activity that affect day to day life in Scotland. The Scottish Government youth justice work lies with the Care and Justice Division. This division holds responsibility for the development and implementation of national policy through civil servants reporting to Scottish Ministers and the Scottish Parliament. Policy is progressed through the multi-agency Youth Justice Strategic Group, set up in 2007 with a focus on tackling offending by young people. The Care and Justice Division works closely with youth justice professionals through the Youth Justice Implementation Groups, the Centre for Youth & Criminal Justice (CYCJ) and the National Youth Justice Advisory Group (NYJAG).

There are some policy and legislative issues that remain the responsibility of the UK Government. Those most specifically in relation to youth justice are welfare benefits legislation and policy and decisions on the level of funding provided through the block grant to Scotland.

Through the Concordat and Single Outcome Agreements between the Scottish Government and local authorities agreed in November 2007, responsibility for the development of services within each local authority lies with the local authority themselves. Each local authority must develop their own plans to achieve the 15 national outcomes.

A youth justice strategy - Preventing Offending: Getting it Right for Children and Young People was published in June 2015. This identified three key themes for further work:

- Advancing the Whole System Approach
- Improving Life Chances
- Developing Capacity and Improvement

The strategy builds on previous frameworks including Preventing Offending by Young People: A Framework for Action (2008), which was followed by Preventing Offending by Young People: A Framework for Action – Progress (2008-2011) and Next Steps (2012), which identified the future priorities for youth justice in Scotland as:

- Whole System Approach
- Victims and Community Confidence
- Extension of Early and Effective Intervention
- Young Women
- Employment
- Reintegration and Transitions
- Managing High Risk

5. Youth Justice Improvement Board (YJIB)

The Youth Justice Improvement Board is responsible for overseeing and driving the delivery of the youth justice strategy. The Board is chaired by the Scottish Government and it includes senior representation from a wide range of organisations including Police Scotland, COSLA, Scottish Children's Reporters Administration, Crown Office and Procurator Fiscal Service, the Centre for Youth & Criminal Justice, Education Scotland, health and third sector. A first meeting of the Board took place in October 2015 and the Board meets at least four times a year.

6. Youth Justice Implementation Groups

The Youth Justice Implementation Groups are multi-agency groups focusing on identifying and promoting effective youth justice practice within the key priorities set out by the Youth Justice Improvement Board. There are three implementation groups: Advancing the Whole System Approach; Improving Life Chances; and Developing Capacity and Improvement. The Advancing Whole System Group is chaired by Neil Hunter (SCRA), the Improving Life Chances Group is chaired by Gill Robinson (Scottish Prison Service) and the Developing Capacity and Improvement Group is chaired by Phil Denning (Education Scotland). The first meetings of the Implementation Groups took place in January 2016 and each group is working to deliver an agreed workplan, reporting on progress to the Youth Justice Improvement Board. Minutes from the implementation group meetings can be accessed here. The Centre for Youth & Criminal Justice provides support for the work of the three Implementation Groups, and coordinates the meetings. Contact the team via cycj@strath.ac.uk or 0141 444 8622 if you have any queries about the work of the three groups.

7. The Centre for Youth & Criminal Justice (CYCJ)

CYCJ is a national centre which is primarily funded by the Scottish Government and hosted by the University of Strathclyde. CYCJ provides support and guidance to practitioners and managers involved in the delivery of youth justice services. CYCJ is connected with all of Scotland's local authority areas and supports front-line staff, both on a single and multi-agency basis, with issues ranging from early and effective intervention through to high risk cases. In addition, the team works with policy-makers to support improvements to youth justice. The CYCJ team consists of three workstreams: practice development, research and knowledge exchange. The Centre works to ensure advice and guidance is based on the most up to date research and knowledge available, and that learning is captured and shared across Scotland (and where possible beyond).

CYCJ is actively involved in the Scottish Government's youth justice priority areas and is tasked with taking forward a number of initiatives to help identify and promote good practice when working with young people involved in offending. These include:

- Engagement with practitioners and managers from a wide range of backgrounds, to support, further develop and improve youth justice practice

- Supporting the three youth justice implementation groups
- Delivering a range of training, events and conferences across Scotland, including the annual National Youth Justice Conference
- Ensuring good communication with the Scottish Government, Social Work Scotland and research institutions
- Developing existing links between youth justice policy, research, training and practice
- Production of regular news bulletins, information sheets, briefing papers and research papers to communicate youth justice developments across the country
- Delivering the Interventions for Vulnerable Youth (IVY) service to promote best practice in clinical mental health risk assessment and management
- Providing a national strategic improvement function for secure care in Scotland.

8. National Youth Justice Advisory Group (NYJAG)

This is a national forum for local authority and third sector managers with responsibility for youth justice to support the development and promotion of effective youth justice. Representatives are also invited from SCRA, Police Scotland and Community Justice Authorities. The membership of the group reflects the varied approaches of how services are delivered across Scotland and provides a strategic link between local youth justice representatives and the government to provide policy and strategic direction. NYJAG is guided by an Executive Group made up of representatives from the Advisory Group, Scottish Government and CYCJ. The chair of the NYJAG Executive is a member of the Scottish Government Youth Justice Strategic Group.

9. Local Authorities

Children and young people who commit offences or are at risk of offending are likely to be known to a range of local authority services. Local authorities may directly provide services for these young people or commission services from third sector agencies.

Local authorities have a statutory responsibility to local communities in relation to working with people who are involved in offending through the Concordat and Single Outcome Agreements. For every child and young person the local authority has a responsibility to ensure that the Getting it Right for Every Child (GIRFEC) core components, values and principles are implemented to promote the wellbeing of every child and support them to reach their full potential. The Children (Scotland) Act (1995), Children's Hearing (Scotland) Act 2011 and Children and Young People (Scotland) Act 2014 enshrine the specific powers and duties of local authorities to protect and promote the welfare of children and young people who are "in need", looked after and care leavers (see also Section 1). The following sections on social work, education and health detail the roles and responsibilities of these different parts of the local authority.

10. Social Work

Social Work Scotland (2014) is the leadership organisation for social work established in 2014, building on the previous Association of Directors of Social Work. Social Work Scotland represents social workers and other professionals who lead and support social work across sectors. Their vision is for a social work profession across Scotland which is led effectively and creatively; is responsive to the needs of the people they support and protect; is accessible and accountable; and promotes social justice. Social Work Scotland has Children and Families and Criminal Justice Standing Committees.

Local authorities vary in their practice and delivery of youth justice social work services, doing so through specialist youth justice teams, children and families teams or criminal justice teams. The continuum of services and range of interventions available for children and young people involved in offending behaviour in each local authority will vary and should be based on knowledge of local need and types and patterns of youth offending. Services include early and effective intervention processes, diversion from prosecution schemes, and alternatives to secure care and custody. Regardless of how services are delivered, there is a need for all staff to retain the knowledge, skills and competencies in order to deliver appropriate services and understand the needs of young people involved in offending behaviour. It is also fundamental that all local authority staff understand, and their practice with children and young people is informed by, the GIRFEC approach and Whole System Approach. Staff should also be familiar with the practice framework provided by the National Outcomes and Standards for Social Work Services in the Criminal Justice System (2010b).

Practitioners should be aware of their local authority Early and Effective Intervention (EEI) processes in respect of youth offending and develop effective communication links with the local EEI practitioner.

The youth justice social worker fulfils the local authority's statutory responsibilities for young people in need of assessment and supervision in respect of offences, as specified in legislation through the Children's Hearing and Criminal Justice Systems. Within the GIRFEC structure, the youth justice social worker will often be the Lead Professional.

Every young person aged under 18 years referred to a Children's Hearing or court on offence grounds should have a comprehensive assessment guided by GIRFEC principles. Assessments and subsequent reports to the Court or Children's Hearing should be completed by practitioners working with children and young people involved in offending behaviour, normally the youth justice social worker. The youth justice social worker should liaise with other agencies, including children and families workers as appropriate, to complete a holistic assessment and establish whether there are other relevant factors that should be taken into account and may impact on the young person's capacity to engage in offending interventions - for example learning disability, communication needs or mental health issues.

Assessments in respect of offending behaviour should include a structured risk assessment completed using ASSET/YLS-CMI and other specialist structured risk assessments as appropriate (details of different risk assessment tools can be found in the Risk Management Authority's (RMA) Risk Assessment Tools Evaluation Directory (RATED)). This requires

teams working with young people involved in offending behaviour to have a sufficient number of practitioners trained in the use of risk assessment tools. Further guidance on completing Criminal Justice Social Work Reports for Court is available in the Scottish Government (2010c) guidance.

All young people involved in Children's Hearings or Court should have a Single Plan which will incorporate any current single agency plans and should directly address needs and risks, including criminogenic needs. The Lead Professional will be responsible for ensuring an agreed multi-agency Single Plan is produced and that agencies have specific roles in respect of this plan (Scottish Government, September 2011a).

In respect of Children's Hearings, the youth justice social worker's role will also include attending hearings and implementing the decisions of hearings. In terms of court, this role will include supporting young people to understand court processes, implementing court disposals and may also include supporting the young person at court.

There may also be a court-based support worker or social worker, the roles and responsibilities of whom are detailed in the Scottish Government (2010c) guidance.

11. Education Services

Education services are a key partner in respect of children and young people who offend. The Named Person for young people between the ages of five to 18 years is likely to be a head teacher or guidance teacher. The Education (Additional Support for Learning) Act 2004 and 2009 provides direction for, and places duties on, local authorities to meet the learning needs of all children and young people, including those who offend or are at risk of offending. This is underpinned by the Curriculum for Excellence.

Research has indicated that young people who offend into adulthood generally have poor educational outcomes and lack basic literacy, numeracy and reading skills. They are likely to have truanted or been excluded from school, with school exclusion found in The Edinburgh Study of Youth Transitions and Crime (McAra and McVie, 2010) to be a key moment impacting adversely on future offending trajectories. However, positive school experiences and quality attachments to teachers and other educational staff, can play a pivotal role in preventing and reducing the likelihood of offending (Smith, 2006).

The role of educational staff in reducing offending will include:

- Prevention - for example in developing positive relationships, providing appropriate education and meeting additional support needs
- EEI - providing information to EEI multi-agency processes and participating fully in the decision making in terms of appropriate support for the young person
- Where the child's main needs lie within education, the Named Person has duties and responsibilities for initiating and developing the child's plan, sharing information and coordinating the delivery of support where additional targeted help is needed (Children and Young People (Scotland) Act 2014)
- Being a partner in respect of the child's plan where a young person is subject to a compulsory supervision order due to offence grounds

- Contributing to assessment and management of risk for children and young people who commit violent or sexual offences or who present high risk behaviour or vulnerability

12. Health Services

The NHS is a key partner in the GIRFEC approach, responding to children's general health and wellbeing needs and more specific needs. In respect of children and young people who offend or are at risk of offending, their roles may include:

- Prevention through the provision of universal health services which are accessible to all children and their families
- Availability of and support to access specialised health services which may address specific difficulties such as mental health issues, substance misuse problems or parenting difficulties associated with youth offending (Scottish Government, September 2011a)
- Information sharing - making information available to EEI multi-agency processes and to SCRA which could inform decision making in respect of offending behaviour
- Ensuring that assessment and appropriate intervention is available for children and young people who are looked after and accommodated
- Contributing to assessment and management of risk for children and young people who commit violent or sexual offences or who present high risk behaviour or vulnerability

13. Police Scotland

The police have a duty to protect the public, uphold and enforce the law, and to investigate on behalf of the Procurator Fiscal (PF) where they believe that a criminal offence may have been committed. In respect of young people: "…As gatekeepers to the care and justice systems, and as the principle agency which first encounters many problematic children, the police have a key role to play in the delivery of justice for children" (McAra and McVie, 2010, p.23). This includes ensuring that children and young people involved in anti-social or offending behaviour receive the right supports at the right time provided by the most appropriate service, consistent with the Whole System Approach (WSA). To support this and in keeping with the flexible approach within the GIRFEC framework, the police can offer a range of approaches including direct police measures, making referrals to the local EEI multi-agency processes, and reporting to the Children's Reporter if the police believe the child needs compulsory measures of supervision or to the PF (Scottish Government, September 2011b). This requires close working relationships between the police and a number of other key professionals including the PF, Children's Reporter, Named Persons and Lead Professionals. Police Scotland is also seeking to collaborate with young people and improve communication and dialogue, such as through the Youth Volunteers Project and Youth Advisory Panel. The Carloway Review (2011) into criminal law and practice made a number of recommendations in respect of child suspects which practitioners should be familiar with.

14. The Scottish Children's Reporter Administration (SCRA)

The Scottish Children's Reporter Administration (SCRA) is a national body focused on children most at risk. SCRA's role and purpose includes making effective decisions about the need to refer a child to a Children's Hearing, enabling children and families to participate in hearings, and disseminating information and data to inform and influence improved outcomes for children and young people. The Children's Reporter receives referrals for children and young people who may require compulsory measures of supervision and on doing so, has legal duty to carry out an investigation to ascertain the nature and substance of the concerns. This will require obtaining reports from schools, social work or other agencies involved with the child or their family, such as health visitors. The Reporter will then use this information to determine whether there are grounds for referral, which ground is the most appropriate and highlight the main concern(s) regarding the child or young person.

Grounds for referral are detailed in section 67 of the Children's Hearings (Scotland) Act 2011 and more than one ground of referral may be appropriate. On non-offence (care and protection) grounds, the evidential standard is the civil standard of balance of probabilities. For offence grounds, the CHS operates on the same evidential standard as the criminal justice system, beyond reasonable doubt. If there is insufficient evidence with regard to the concerns raised, the Reporter is unable to intervene on a statutory level, although there remain a variety of options such as restorative justice and voluntary interventions. If there is sufficient evidence and there is a need for compulsory measures of supervision, to either protect the child, and/or address their behaviour, the child can be referred to a hearing.

15. The Crown Office and Procurator Fiscal Service (COPFS)

COPFS is responsible for the prosecution of crime. The PF considers all crime reports submitted by the police and/or other specialist reporting agencies. The PF will make a decision on whether to take action based on a range of factors including sufficiency of evidence, seriousness of offence, interest of victims and witnesses, age and conviction history of the offender, and whether prosecution is in the public interest. The PF has a duty to ensure effective and consistent use is made of the range of prosecuting options and alternatives to prosecution including issuing a warning, fine, or use of diversion from prosecution including reparation and mediation (Scottish Government, September 2011b). These factors and the range of prosecuting options are set out in the COPFS (2001) Prosecution Code. The Code recognises that for cases involving children accused of committing an offence, the UNCRC is relevant and that in all such cases the best interests of the child shall be a primary consideration.

There are various categories of offences that, if alleged to have been committed by a child or young person, require to be "jointly reported" to the Procurator Fiscal and the Children's Reporter by the police, as specified in the Lord Advocates' Guidelines (Mulholland, 2014). Under the Joint Agreement in Relation to the Cases of Children Jointly Reported to the Procurator Fiscal and the Children's Reporter (COPFS, 2010), the presumption is that children aged under 16 years will be referred to the Children's Reporter in relation to the

offence. If COPFS consider it is in the public interest to prosecute the child, in overriding this presumption, COPFS require to take into account a range of factors, such as sufficiency of evidence, the gravity of the offence, pattern of offending and whether services within the Children's Hearings System currently are, or could work with the child in relation to the child's offending behaviour or offending related needs. For young people aged 16 or over, it is presumed that the PF will deal with the case. If COPFS consider that this matter would better be pursued by the CHS because it is deemed to be in the public interest not to prosecute the child, factors including the gravity of offence, frequency of offending, and whether the behaviour or needs of the young person could be best addressed through the CHS should be considered.

16. Community Justice Scotland (CJS)

Community Justice Scotland is a new organisation responsible for community justice across Scotland, which formally launched in April 2017. Community Justice Scotland will identify and promote best practice and will work closely with a range of partners to develop expertise, provide advice and support improvements to prevent and reduce offending in Scotland.

17. Secure Care

Secure accommodation provides locked facilities for young people who present risks to their own safety and/or others that cannot be managed within the community. The ambition must be to have no child in Scotland in secure care. However, for the very small number of children whose needs can only be met in secure care, a high quality and nurturing environment that meets their needs and improves their outcomes must be provided. Young people can enter secure care authorised by the CHS if they meet the requirements as stipulated in section 83 Children's Hearings (Scotland) Act 2011 or through court, either on remand or having been sentenced. As secure accommodation is a child care facility, at the point of sentencing a young person must be subject to a Compulsory Supervision Order, although this can change following sentencing. The cost of placing a sentenced young person in secure care is met by the Scottish Government but if a young person is placed on remand or through the Children's Hearings System, this cost is the responsibility of the young person's local authority (Scottish Government 2005). The Children's Hearings (Scotland) Act 2011 under section 83(5)(c) specifies all other options available, including a Movement Restriction Condition (Scottish Government, 2014a), must have been considered prior to secure accommodation being deemed necessary. In Scotland, secure care is provided and managed by third sector providers, with the exception of Edinburgh City Council which operates its own secure accommodation. Further information on specific services provided by different units and how secure care establishments are inspected can be found on the Care Inspectorate website.

Secure care can offer clear benefits in affording young people a safe, secure environment with a full range of services provided to ensure needs can be met, which facilitates assessment and care planning, and the opportunity for a range of interventions to be provided to support behavioural changes for young people (Scottish Government, June 2011). Historically research indicated outcomes for young people leaving secure care were poor, which has led to an enhanced focus on outcomes for these young people (Scottish

Government, June 2011). This has included efforts to ensure outcomes to be worked on while a young person is in secure care are agreed on admission via Individual Placement Agreements and at the initial 72 hour review meeting, and that outcomes are recorded (Scottish Government, June 2011). Moreover, in recognising that young people leaving secure care should have the best opportunity to succeed when returning to their community, additional focus has been accredited to planning for a young person's release from secure care as soon as they enter, to ensure individual needs and risks are assessed and holistic and tailored interventions are provided, as well as to improve transitions and reintegration back into the community (Scottish Government, June 2011). The Head of Unit will be the young person's Named Person during their period in secure care, with the local authority where the young person resides retaining the role of Lead Professional. The role of keyworkers and personal officers in planning for a young person's move from secure care to prison is described in the Transitions and Reintegration Guidance (Scottish Government, September 2011a).

18. Young People in Custody

Young people can be held in a Young Offenders Institution (YOI) either on remand or having been sentenced at court. Decisions about whether a young person is placed in secure care or custody should take full account of the young person's needs and circumstances, although it is generally agreed secure care is a more age-appropriate placement facility for young people under the age of 18 years than a YOI. However, cost differences are significant and may adversely influence decisions (Lightowler, Orr and Vaswani, 2014). Under Article 37(c) of the UNCRC young people under the age of 18 years should be detained separately to adult offenders in recognition of their unique needs and stage of development. Young people who are on remand should also be kept in a separate environment to sentenced young people, given that they remain innocent until proven guilty (Office of the Commissioner of Human Rights of the Council of Europe (OCHR), 2009).

The Prisons and Young Offenders Institutions (Scotland) Rules 2011 apply to prisons and YOIs and those detained in any such facility. All prisons and YOIs are inspected by Her Majesty's Inspectorate of Prisons for Scotland, and copies of inspection reports can be found on their website. Outcomes for young people who have been detained in custody tend to be poor. For this reason, the Scottish Prison Service (SPS) has committed to a new Vision for Young People in Custody (SPS 2014) and more broadly Unlocking Potential: Report of the Scottish Prison Service Organisational Review (SPS 2013). Planning and undertaking work to address the causes of offending behaviour while young people are in a YOI and on release is crucial. As with secure care, the local authority where the child usually resides should maintain the role as Lead Professional during the young person's period in custody (Scottish Government, September 2011a). However, practice in respect of this varies. Roles and responsibilities in a young person's move from a YOI to an adult establishment are detailed in the Transitions and Reintegration Guidance (Scottish Government, September 2011a).

19. Third Sector Organisations

The third sector comprises various voluntary and community organisations, charities, social enterprises, co-operatives and mutuals who undertake a range of activities, either on a national or locality basis. They are non-governmental, value-driven organisations, who principally reinvest any financial surpluses to further social, environmental or cultural objectives.

In Scotland, a wide range of third sector organisations work with children to provide a diverse spectrum of services and programmes for young people who are at risk of, or who are involved in, offending behaviour. Services and support can be provided through a range of methods including group work, one-to-one support and mentoring, and include:

- Information, support and services as part of early intervention packages
- Supporting diversion from the youth and criminal justice systems
- Specialised assessments and interventions with young people who present significant risks in the community
- Secure care provision
- Throughcare support on release from custody
- Addressing issues that are recognised to impact on future reoffending such as housing, employability and substance misuse
- Advocacy
- Family support
- Restorative justice
- Specific services to support young people from minority ethnic backgrounds, with learning support needs and girls and young women (The Robertson Trust 2012; Criminal Justice Voluntary Sector Forum (CJVSF) 2014).

In doing so, third sector organisations aim to contribute to improving outcomes for young people, reducing reoffending, providing holistic support, addressing equality issues and working effectively in partnership with other agencies. In recognition of the difficulties in awareness and identifying appropriate services, the Scottish Government is further developing a web based 'national directory of services for offenders' (CJVSF, 2014). Third sector organisations and statutory agencies, including local authorities, the police and health services, have worked to develop effective relationships at both strategic and operational levels. Public Social Partnerships (PSPs) developed under the Reducing Reoffending Change Fund between third and public sector organisations to provide offenders with one-to-one support through mentoring schemes, are one example of such joint working (Clark, Simpson and Shipway, 2013). In Reducing Reoffending Change Fund PSPs, the partnerships are led by a third sector organisation and an evaluation has been completed of how Development Funding has been used by each PSP in the first year to develop plans for service delivery in years two and three (Clark, Simpson and Shipway, 2013).

The third sector can pilot new approaches, identify and provide services which meet needs unmet by the public sector, provide additional support to improve the effectiveness of work done by public sector agencies and contribute to joined-up, holistic support (The Robertson

Trust, 2012). However, factors including lack of long-term funding, competition for funding between third sector organisations, and the unequal relationship between the public and third sector are challenges that can negatively impact on the effectiveness of third sector organisations in achieving their goals (The Robertson Trust, 2012).

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

Section 3: Theory and Methods

June 2017

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Contents

1. Introduction

Since the implementation of Getting It Right For Every Child (GIRFEC) in 2006, the youth justice landscape has changed significantly. The approach to working with young people who offend has moved away from a specialist assessment intervention model and become increasingly multi-agency and holistic in nature. The current landscape in Scotland shows that only approximately 30% of Scotland is covered by dedicated youth justice teams, with other service models graduating towards integrated practice models such as: youth justice work being undertaken by children and families practitioners, broader young people's services and criminal justice services (Nolan, 2015). To this end, youth justice practitioners are now defined as all professionals who work with young people who offend. Whilst this may have benefits in terms of providing a consistent approach to meeting the needs of all children and young people, regardless of whether they are engaged in offending behaviour, it has implications for the maintenance of specialist knowledge and skills, professional confidence and therefore the wider workforce development.

The labelling of children's behaviour as criminal can be harmful as it has the potential to stigmatise and reinforce negative self-image and behaviour (Sapouna, Bisset, Conlong, & Matthews, 2015). This is supported by the findings of the Edinburgh Study of Youth Transitions and Crime, which has shown that young people involved in offending who are warned or charged but have no further contact with the youth justice system have better outcomes than those who become further involved in the system. In fact, the findings suggest that in some cases doing nothing is better than doing something in terms of achieving reductions in serious offending (Goldson, Hughes, McAra, & McVie, 2010). This study was influential in the development of the Whole System Approach (WSA) in 2011. The WSA sets out that those working with young people who offend should focus on providing early and effective interventions and where possible, divert young people away from formal systems which may lead to compulsory measures, prosecution or custody. The Early and Effective Intervention (EEI) Core Elements Framework sets out the minimum expectations for the effective delivery of EEI in order to provide a shared language and where possible a commonality of processes (see Section 4: Early and Effective Intervention).

The WSA also outlines that where young people continue to offend and cannot be diverted away from formal systems through the frequency or severity of their offending behaviour, and all other options have been exhausted, robust community alternatives to secure care or custody should be considered in accordance with the Havana rules for the protection of juveniles deprived of their liberty (UNCRC, 1990) (see Section 5: Managing High Risk). Where there are no alternatives to the removal of liberty, the approach highlights the need for clear pathway planning from the point that young people have their liberty removed, support and contact during this time and planning and support on returning to the community (see Section 6: Reintegration and Transitions).

However, as well as having effective processes in place, practice should be directed by evidence and aimed at achieving meaningful outcomes for children, young people and their families. In order to carry out holistic, child-centred assessments, develop comprehensive formulations and deliver effective, outcomes-led interventions with young people who offend, practitioners must have a good understanding of the drivers to offending behaviour, as well

as what assists desistance and social integration. The age, stage and social context of the young person, along with their cognitive, social and emotional development, and 'hooks for change' (Giordano, Cernkovich, & Rudolph, 2002) should inform the intensity, duration and sequencing of content and delivery of any targeted intervention.

The theories and methods utilised in youth justice are not unanimously agreed upon and some theories and methods are more developed than others. This section will therefore briefly outline the most commonly utilised child development theories and offending behaviour theories and will consider the main pros and cons of each of them. It will also consider what the research is currently telling us about the most effective methods to achieve positive outcomes for those young people who offend.

2. Child Development Theories

Children and young people involved in patterns of offending, or more serious offending, are often our most vulnerable, victimised and traumatised children (CYCJ, 2016). It is essential that we ensure their wider needs are being met as these are often the drivers underlying their offending behaviour. Good practice with young people who offend (including preventative practice) is informed by child development theories which collectively emphasise the need to promote positive social and emotional development to reduce vulnerability to future offending. Some examples of these theories are:

- Resilience, vulnerability and protective factors (Daniel & Wassell, 2002)
- Attachment Theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1958)
- Neurodevelopmental Theory (Perry, Pollard, Blakley, Baker, & Vigilante, 1995)

Resilience

Resilience is generally defined as the ability to manage adversity and overcome adverse experiences. Building resilience should be a key theme of all work with children, young people and their families and is underpinned by GIRFEC. 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.

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. Just as some risk factors increase the risk of offending, resilient factors can reduce the impact of adverse events and diminish offending behaviours (Borum, Bartel, & Forth, 2006). 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 & Galinsky, 1997).

Daniel and Wassell (2002) highlight that resilience factors can be located at three ecological levels: the young person, their family relationships, and the wider community. The intrinsic qualities of an individual (individual resilience) falls on a dimension of resilience and

vulnerability, whereas the external factors (family and community) fall on a dimension of protective and adverse environments. The GIRFEC framework recommends that practitioners consider these dimensions as set out in the resilience matrix (see Appendix 1). These two dimensions when considered together provide a framework for considering resilience at all ecological levels of an individual's environment. Goldstein and Brooks (2005) call for an emphasis on the interaction between resilient parents, the child and the social environment the young person is developing within. Systemic approaches to developing resilient young people are now better understood.

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.

Luthar, Cicchetti, and Becker (2000) explored dynamic resilience considering environmental and individual factors. They differentiated between the two areas to be able to define the child centred internal workings of resilience, and found that focussing on assessing personal attributes of the young person was important to understanding resilience. The research into resilience has found that being able to overcome adversity is not extraordinary but that resilience can be understood as the characteristics of attuned, grounded and supported individuals.

The majority of children and young people develop resilience from the people who surround them: their parents or carers, families and significant others (Black & Lobo, 2008). However, due to the circumstances in which some children grow up, they do not have the opportunities to develop resilience from the people around them. Given the experiences and vulnerabilities of many children involved in offending, it is likely that a significant proportion of them will have low levels of resilience. The development of resilience in children involved in offending is likely to contribute to reductions in offending behaviour and is regarded as a protective factor. It is therefore essential that activities and services delivered by local communities and by practitioners should promote the development of:

- Emotional wellbeing
- 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
- Access to wider support networks

Attachment Theory

Attachment theory was first developed by John Bowlby in 1958 and has since been expanded on. The central theme of attachment theory, according to Bowlby, is that parents and carers who are available and responsive to an infant's needs establish a sense of security in the child. Bowlby also premised that over time, as the child becomes more independent, they rely on their internal working models of attachment to guide their future social interactions.

Parental inconsistency, abuse and neglect can have a direct impact on the development of a child's brain, on their attachment style and on their emotional regulation (Schore, 2001). Shaw, Owens, Vondra, Keenan, and Winslow (1996) describe that failure to form secure attachments early in life can have a negative impact on behaviour in later childhood and form a pathway into behavioural difficulties. Babies are born dysregulated and require attunement, co-regulation and interaction to be able to develop skills which will allow them to follow a natural process of moving from dysregulation through to self-regulation. When a child's fear and need for protection is not met reliably from caregivers they develop attachment strategies that maximise their chances of receiving care. In extreme situations their focus becomes survival (Zeedyck, 2013) which impacts on brain development and opportunities to develop self-regulation and a resilient emotional system. The resulting attachment pattern that develops is a reflection of the strategy that a child has developed for coping with stress / survival.

There are four key factors to be cognisant of when observing attachment between a child and parent:

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

Over the years research has focused on the quality and security of attachments. Three different attachment types were identified: secure, insecure-avoidant, and insecure-resistant (Ainsworth et al., 1978); and a further fourth attachment type was subsequently identified: insecure-disorganised (Main & Solomon, 1986, 1990). A secure attachment reflects experience of consistent and responsive care and tends to result in an internal working model that they are loveable, others are caring, and they have the confidence to form healthy relationships. An insecure-avoidant attachment reflects experience of caregivers who were rejecting and unavailable and tends to result in an internal working model that others are rejecting / unresponsive, and they tend to withdraw, become undemanding and self-sufficient. An insecure-resistant / ambivalent attachment reflects experience of inconsistent care, and may result in an internal working model that they are unworthy of others and have a tendency to seek attention and care from others, often through risky or

coercive behaviours. Finally, an insecure-disorganised attachment reflects a care experience where the caregiver is frightening but, out of necessity, the frightened child seeks care and protection from the caregiver who is frightening. This confusing experience tends to result in an internal working model that they are unlovable, others are frightening, and often leads to unpredictable and volatile presentations from young people.

The National Institute for Clinical Excellence has produced a guideline in 2015, *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. The guideline covers the identification, assessment and treatment of attachment difficulties in children and young people up to the age of 18 and is helpful for practitioners in education, health and social care.

Research on attachment styles in children and young people who offend is limited, however, the research that is available indicates that insecure attachments are linked to higher levels of hostility and anger as compared to secure attachments (Muris, Meesters, Morren, & Moorman, 2004). In addition, children diagnosed with oppositional-defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) frequently display insecure attachment problems, possibly due to early abuse, neglect or trauma.

Emerging therapeutic approaches view high-risk behaviours (e.g. self-harm, absconding, violence, harmful sexual behaviour, fire-setting) as being driven by adaptive attachment strategies which are aimed at survival either by eliciting care or by keeping people at a distance (Rogers & Budd, 2015). Within the current literature "external assets" such as support, empowerment, boundaries, expectations and constructive use of time as well as "internal assets" such as commitment to learning, positive values, social competencies and positive identity are recognised as being important constructs to develop for children engaging in high risk behaviours (Fulcher, McGladdery, & Vicary, 2011). As young people develop these skills, the risk of them displaying high-risk behaviours reduces.

However, the quality of the relationship between the carer / professional in developing these assets is key and for some children 'blocked trust' (when they block the pain of rejection and the capacity to delight in order to survive in a world without comfort and joy) can lead to 'blocked care', as it can be difficult to engage them and to help them give up their original strategies for survival. Golding (2007) has indicated that understanding why children behave in the way they do (identifying the need behind the behaviour) can enhance carer / practitioner empathy in turn making it more likely that the child will experience more positive relational experiences. Carer / practitioner empathy, acceptance, and curiosity form the starting point for children to develop trust and learn new ways of relating to others. Hughes and Baylin (2012) also promote taking a compassionate, playful and creative approach to building relationships.

Golding (2015) has developed a pyramid documenting the priority therapeutic needs for children who have experienced trauma: http://kimsgolding.co.uk/resources/models/meeting-the-therapeutic-needs-of-traumatized-children/. The base level of the pyramid is about feeling safe, physically and emotionally. In order for any interventions to be effective it is argued that the provision of a safe and secure base is an essential starting point. The second level is focused on developing a trusting relationship so that they are able to begin accepting nurture before moving towards the third level, which focuses on comfort, co-regulation of emotions, and eliciting care from relationships. The next level of the pyramid

focuses on empathy and reflection, how to manage behaviour in relation to others, and repairing relationships. The focus then moves to developing resilience and resources with a focus on development of self-esteem and self-identity. The top level of the pyramid focuses on exploring trauma and mourning losses. It is suggested that only when the building blocks from the previous levels of the pyramid are in place will specialist and specific interventions to help cope with and process traumatic memories potentially be helpful for children and young people.

The National Institute for Clinical Excellence have produced clinical guidelines for the management of PTSD, although it should be noted that these are currently under review. In 2015 NHS Education for Scotland also produced a guide to delivering evidence-based psychological therapies in Scotland which includes information on the prevalence of trauma and the effectiveness of interventions to address trauma. In addition, the developmentally informed attachment risk and trauma (DART) approach is an emerging approach for working with children and young people in secure settings who are engaging in high-risk behaviours towards themselves and others (Rogers & Budd, 2015).

Neurodevelopment theory

'Polishing the Diamonds': Addressing adverse childhood experiences in Scotland highlights the association between adverse childhood experiences and injury and death during childhood, premature mortality and suicide, disease and illness, and mental illness. Three mechanisms suggested for how exposure to adverse childhood experiences can cause such harm have been proposed. The first mechanism is through engaging in health-harming behaviours, the second is through the impact on social determinants of health such as education, employment and income, and the third is through neurobiological and genetic pathways as responses to stress can lead to physical changes in the way the brain develops.

The first growth period for a child's brain is in utero up to the first three years of life. This period of time is therefore particularly significant in terms of prevention and early intervention.

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. It is argued that poor parental attachment relationships and direct and indirect exposure to abuse and trauma impact negatively on brain development, and can engender emotional and behavioural problems that continue into adulthood. Perry and colleagues outline the potential impact of neglect and trauma on infant development which can include the functional capacity of the neural systems that mediate our cognitive, emotional, social and physiological functioning and can result in a variety of difficulties; for example delayed language skills, delayed fine and large motor skills, impulsivity, dysphoria, and hyperactivity. It appears that the longer the child is in an adverse environment, and the earlier and more pervasive their experience, the more pervasive and enduring is the impact. Findings have indicated that there can be some recovery of functional capacity when children are removed from adverse environments, with the less time spent in an adverse environment seeming to lead to more robust recovery (Perry, 2002; Perry et al., 1995).

Adolescence: A child's pathway to physiological, emotional and psychosocial maturity depends on their individual rate of maturation (Prior, 2011; Singh, 2009). During adolescence the brain undergoes rapid neurological development to transform into an adult brain. During this period social and cognitive functioning is affected, increasing young adults' propensity to take risks, behave impulsively and sensation seek, thus impairing their judgment and ability to interpret social cues (Chater, 2009; Johnson, Blum, & Giedd, 2009). In turn this can lead to poor decision making and can increase the chance of contact with the police. Emerging neuro-scientific research has begun to demonstrate that cognitive development and emotional regulation, akin to full adult maturity and functioning, is not fully developed until at least the mid-20s. For adolescents who have experienced trauma, the impact of their adverse experiences on their brain development can make these typical impulsive / risk-taking behaviours even more profound.

Creeden (2013) suggests that 'viewing the youth within the context of his or her developmental history and optimal developmental trajectory is an essential underpinning for the entire assessment and treatment process' (p.13). In addition to the typical areas considered within a holistic developmental assessment he argues that instruments aimed at assessing a wide range of trauma and neurological conditions be undertaken as well. This enables an understanding of each child's capacity to function at a developmentally expected level and to consider the issues that frequently create significant developmental obstacles for children with behavioural issues. In relation to intervention, he recommends utilising the understanding of neuro-development and neuro-processing for the child as a framework. The approach taken is to attend to the earliest developmental tasks first (e.g. attunement, attachment, body awareness, physiological regulation, accurate attending to social cues) and then move to higher level developmental tasks (e.g. social rules and skills, personal responsibility, understanding impact of behaviour on others) as appropriate for the individual child.

It is therefore important that the team around the child considers which developmental milestones the child has reached, which ones have not been reached and then ensure that interventions are focused on helping the child reach the developmental milestones appropriate for their age. Interventions should be applicable to the developmental stage of the child and may involve developmentally appropriate play to assist with this. Once the 'foundation' skills are acquired then the more complex issues associated with offending behaviour can be addressed and are more likely to be successful.

3. Offending Behaviour Theories

As with child development theories, there are a number of offending behaviour theories. The theories utilised in youth justice are not unanimously agreed upon but there are three key theories which receive the most attention. This section will briefly outline these three theories and will consider the benefits and limitations of each, however, it should be borne in mind that these theories do not necessarily need to be mutually exclusive.

Risk Need Responsivity Model

The Risk, Need, Responsivity (RNR) model, developed by (Andrews & Bonta, 2010), has been the dominant model in correctional work. It is based on the theory known as the Psychology of Criminal Conduct and a general personality and cognitive social psychological perspective on criminal behaviour. The RNR model is a psychological approach proposing that intervention undertaken with people who offend is most effective when it follows these three core principles:

- Risk – the level of assessment or intervention should match the level of risk
- Need – treatment or intervention should focus on those factors which are most clearly linked to offending (criminogenic needs)
- Responsivity – the intervention should be tailored to the needs of the individual to enhance their ability to engage

Since its inception the RNR model has been expanded and now refers to 18 principles which are categorised under: overarching principles, structured assessment, programme delivery, staff practices, and organisational, as well as risk, need and responsivity (Andrews, Bonta, & Wormith, 2011). The RNR model is not an intervention approach but a framework through which intervention should be delivered to enhance effectiveness. A number of meta-analysis studies have shown that there is strong empirical support for better outcomes from those interventions that adhere to the RNR principles (Andrews & Bonta, 2010; Andrews & Dowden, 2005; Dowden & Andrews, 2004; Hanson, Bourgon, Helmus, & Hodgson, 2009; Koehler, Lösel, Akoensi, & Humphreys, 2013).

Based on the strong research support for the risk principle there was a move to use risk assessment tools to identify criminogenic needs and the level of risk presented by individuals. These tools have been based on the research evidence that has been gathered over the years about the risk and protective factors that correlate with offending behaviour. There are a number of risk factors that have been consistently identified, which tend to fall into the following categories: individual, family, social, school, and community (Farrington, 2015). Taking a more positive, strengths-based approach, research has recently started to focus on protective factors, those factors that nullify the effects of risk factors or predict a low probability of offending among a group at risk (Ttofi, Farrington, Piquero, & DeLisi, 2016). The well evidenced protective factors tend to fall into similar categories to the risk factors (see table below).

	Risk factors	**Protective factors**
Individual	Impulsiveness; attention problems; low intelligence; low empathy (Farrington, 2015; Jolliffe & Farrington, 2009).	High academic achievement & intelligence; high self-control; low hyperactivity (Farrington, Ttofi, & Piquero, 2016; Jolliffe, Farrington, Loeber, & Pardini, 2016; Ttofi, Farrington, Piquero, Lösel, et al., 2016; Vassallo, Edwards, & Forrest, 2016).
Family	Poor parental supervision; parental substance abuse and mental health problems; parental attitudes that condone offending behaviour;	High parental interest in education; good parental supervision; high family income; good quality caregiver relationships; strong bonds with family (Farrington, 2015;

	inconsistent, punitive or lax discipline; poor affective relations between youth, caregivers and siblings (Farrington, 1996; Farrington, 2015; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009).	Farrington, Loeber, & Ttofi, 2012; Farrington et al., 2016; McAra & McVie, 2016).
Social	Peer delinquency; socio-economic deprivation; early victimisation (Farrington, 2015; Farrington et al., 2012; Hawkins et al., 2000; McAra & McVie, 2016).	Low peer delinquency; having a good relationship with peers; high likelihood of getting caught (Jolliffe et al., 2016; Vassallo et al., 2016).
School	Low school achievement; educational problems; poor attendance; school exclusions (Farrington, 1989; Farrington, 2015; McAra & McVie, 2016; McAra, McVie, Croall, Mooney, & Munro, 2010).	Academic achievement; positive education experiences; retained in education; positive relationship with teachers (Farrington et al., 2012; Farrington et al., 2016; Jolliffe et al., 2016; McAra & McVie, 2016; Vassallo et al., 2016).
Community	High crime levels in community; neighbourhood issues (Farrington, 2015; Farrington et al., 2012; Hawkins et al., 2000).	

The protective factors identified through research so far, are in line with resilience based approaches (Ttofi, Farrington, Piquero, & DeLisi, 2016). Although further research is required to examine the interactions between risk and protective factors, research is clearly indicating that not only does offending and violent behaviour increase as a function of cumulative risk factors, but that it also decreases as a function of cumulative protective factors (Andershed, Gibson, & Andershed, 2016; Dubow, Huesmann, Boxer, & Smith, 2016). A more complete understanding of protective factors for offending behaviour would assist with a more strength based, and focused approach to intervention.

Due to a lack of consistency in the use of validated risk assessment tools for children and young people in Scotland, there was a move to use Asset or YLS-CMI as the risk assessment tools of choice for general offending. The National Standards for Scotland's Youth Justice Service (2013), which were initially published in 2002, indicated that 'every comprehensive assessment must be completed using ASSET / YLS-CMI assessment and other specialist structured risk assessment tools where appropriate'. In 2008 England and Wales moved to the 'Scaled Approach' framework for assessment and intervention, using Asset as the core risk assessment tool. The Scaled Approach was designed to tailor the intensity of the intervention to the assessed likelihood of reoffending and risk of serious harm to others. The Scaled Approach, and the 'risk factor prevention paradigm' has been criticised by Case & Haines (2009). Their criticisms in terms of the Scaled Approach focus on the use of a risk category, based on an Asset assessment, to determine which level of supervision or intervention a person receives without taking into account the wider individual and systemic needs of that person. In particular they criticise the methodology used as being undermined by oversimplification, partiality, indefinity and invalidity and argue that it is 'negative' and 'value laden' (Case & Haines, 2016). Rather than conducting risk assessments that categorise individuals into levels of risk, they argue that youth justice should be underpinned by the Children First, Offender Second model. This model focuses on assessing children in

holistic terms including their individual needs and contexts, and views children as part of the solution, not part of the problem, and should involve working in partnership with other professionals, children and their families.

Others have also criticised the RNR model for its focus on criminogenic needs and lack of focus on basic human needs, as this has led to a deficits based approach (Ward & Stewart, 2003). A further criticism of the RNR approach has been that the risk factors are presented in a way which makes them appear as individual characteristics, and there is a lack of distinction between those factors that can be changed through the efforts of the individual themselves and those which are socially imposed deprivations that can only be changed by broader social or economic measures (Raynor & Vanstone, 2016). It is claimed that this has led to the social and structural context of offending being ignored and risk reduction efforts being overly focused on deficits and the individual themselves (Hannah-Moffat, 2009).

McAra et al. (2010) highlight that attention to risk has led to mechanistic practice and more punitive policy such as the management of serious violent and sexual offenders in Scotland, and where this involves children and young people is in contravention of the Kilbrandon principles.

Good Lives Model

The Good Lives Model (GLM) (Ward, 2002) is a strengths-based and holistic approach to working with adults and young people who have been involved with offending behaviour and aims to promote the individual's aspirations and plans for more meaningful and personally fulfilling lives (Ward, 2010). However, the GLM and the traditional RNR approach to offender rehabilitation are not mutually exclusive. Risks and needs can be reduced or managed within the GLM framework, which delivers a more holistic, client-centred, and engaging framework within which to do this (Ward & Fortune, 2013).

According to the GLM, all individuals have needs and aspirations and seek 'primary human goods' which are likely to lead to psychological well-being if achieved. Eleven primary goods have been defined: life, knowledge, excellence in play, excellence in work, excellence in agency, inner peace, friendship / relatedness, community, spirituality, pleasure, and creativity. Secondary goods are activities that individuals engage in, in order to achieve primary goods e.g. football may serve as the secondary means by which to meet the need for excellence in play. The desire to achieve primary goods is normal, however, the way in which some individuals try to meet these needs is maladaptive and they harm others in the process. This is often due to a lack of internal or external resources to meet their needs in a more pro-social manner (Willis, Yates, Gannon, & Ward, 2013). For example, harmful sexual behaviour can sometimes be the secondary means by which to meet the need for inner peace or friendship / relatedness. In order to reduce reoffending and help individuals achieve a satisfying life without harming others, the GLM views intervention as an activity that should build capabilities, strengths, opportunities and resources in individuals.

For adolescents, the 11 'primary goods' in the original GLM were condensed to eight 'needs': having fun, achieving, being my own person, having people in my life, having purpose and making a difference, emotional health, sexual health, and physical health. The GLM-A is a framework to help understand the needs that drive a young person's behaviour

and inform the interventions that should be implemented and prioritised to help them meet those needs more appropriately (Print, 2013).

There has been limited research on the Good Lives Model with adults, and even less in relation to children and young people. However, initial evaluation findings on the value of the GLM-A has indicated that practitioners and children found it to be a positive and motivational approach (Leeson & Adshead, 2013; Simpson & Vaswani, 2015). One of the criticisms of the GLM is that it is too focused on the individual level of analysis. Given the evidence about the significance of social capital in desistance, it has been argued that there is also a need for more focus on interventions around the familial and social contexts of offending and that legitimate opportunities to develop social capital be improved (McNeill & Weaver, 2010).

Desistance Theory

Trotter (2016), amongst others, has argued that the central focus that has been placed on risk assessment and management can undermine attempts to promote positive changes in the lives of individuals who have engaged in offending behaviour and undermine the various social goods that may result from such changes. Also, it has largely been assumed that the factors that lead an individual into offending are the factors which will lead them out of offending (Trotter, 2016). For practitioners interested in reducing reoffending, it is essential to understand the change agents (McCulloch, McNeill, Green, & Lancaster, 2008) involved in ending offending - the process of 'desistance'. Desistance is often regarded as a process because it is not possible to know the exact moment when offending behaviour ceases permanently. As Maruna (2001) highlights - how can we measure desistance other than posthumously? In order to reduce reoffending it is important to understand when, why and how change occurs. The literature in relation to desistance has grown over the past few years however, our understanding of the processes underlying desistance in children and young people is still limited.

Maruna (2001) identified three broad theoretical perspectives important to understanding desistance:

> **Ontogenic theories** which stress the importance of age and maturation and suggest that children and young people can outgrow certain behaviours as they mature.
>
> **Sociogenic theories** which stress the importance of social bonds and ties and 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.
>
> **Narrative Theories** which 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).

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 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. Indeed, Maruna and Farrall (2004) have distinguished between *primary* and *secondary* desistance where primary desistance is the change in behaviour and secondary desistance is a related change in self-identity as a non-offender. More recently researchers have also referred to *tertiary* desistance which refers to a shift in an individual's belonging to and acceptance by a moral community (McNeill, 2016). Long-term change therefore also depends on how the individual is seen by others and the actions others take, and there is recognition that desistance is not just a personal process but a social and political process (McNeill, 2016; Nugent & Schinkel, 2016). We therefore need to engage with situations and contexts, as well as individuals to support change and manage risks (Bottoms, 2014). Nugent and Schinkel (2016) have recently proposed replacing primary, secondary and tertiary desistance with the following terms: *act desistance* - for non-offending, *identity desistance* - for the internalisation of a non-offending identity, and *relational desistance* - for recognition of change by others. The changes are proposed in order to move to a terminology that describes the different aspects of desistance better and does not suggest sequencing in time or importance.

Following a review of the research evidence on desistance, McNeill, Farrall, Lightowler, and Maruna (2012) state "Desistance requires engagement with families, communities, civil society and the state itself" (page 2). They identified eight central principles for practice:

- Being realistic about the complexity and difficulty of the process
- Individualising support for change
- Building and sustaining hope
- Recognising and developing people's strengths
- Respecting and fostering agency (or self-determination)
- Working with and through relationships (both personal and professional)
- Developing social as well as human capital
- Recognising and celebrating progress

Through a desistance lens a number of domains have been highlighted as being significant in supporting children and young people's journey away from offending (HMI, 2016):

- Building relationships and engagement
- Engagement with wider social contexts / networks
- Effectiveness in addressing key structural barriers
- Creating opportunities for change and community integration
- Promoting positive identity and self-worth
- Motivating children and young people
- Active management of diversity needs
- Constructive use of restorative approaches

McNeill (2016) argues that desistance from offending behaviour involves supporting relationships and building strengths and hope, rather than focusing on risks and deficits. While individual offence focussed work might be appropriate for some individuals, the social needs of the child or young person must also be addressed.

4. Methods

In order to achieve good outcomes for children and young people involved in offending we need to use our theoretical knowledge to aid our understanding of the vulnerabilities, needs and risks that produce offending behaviour for specific individuals, as well as their strengths and protective factors. In other words moving from a generic understanding of what causes offending behaviour, to what the relevant drivers to offending are for specific individuals. We also need to draw on theory and research to inform our knowledge about what interventions are likely to be effective and how to deliver these to achieve the best outcomes. This section will look at the evidence base for effective methods of intervention.

Relationship between worker and client

Building relationships is crucial to ensuring that comprehensive, collaborative assessments and formulations can be undertaken and that interventions are effective. The relationship between client and worker is also seen as pivotal in promoting or hindering desistance. However, when working to effect change in the behaviour of children and young people it is essential that high quality working relationships are also formed with the young person's parent(s) / carer(s). Recognising the importance of relationships, the Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland resource was published in 2012. This describes the skills, knowledge and understanding, and values that everyone should have if they work with children and young people and their families and sets them out within two contexts: relationships with children, young people and families, and relationships between workers.

Trotter (2015) 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. Additionally, McNeill (2002) describes optimism, trust and loyalty as being essential to effective working relationships with clear roles, boundaries and mutual expectations. Green, Mitchell and Bruun (2013) suggest genuineness and advocacy as important elements of the working relationship for young people. Trust is a significant factor in motivating young people to engage with adults, and Milbourne (2009) has pointed to previous negative experiences within the context of statutory services and residential care as impacting on a young person's ability to trust others. As highlighted earlier, Hughes has developed a therapeutic model based on the principles of PACE: taking a **P**layful approach, and displaying **A**cceptance, **C**uriosity and **E**mpathy, which forms the starting point for children to develop trust and learn new ways of relating to others. Dyadic Developmental Practice (DDP) is an intervention for families with adopted or fostered children, or for children in residential care, who have suffered from significant developmental trauma. It brings together knowledge about attachment, developmental trauma, neurodevelopment and child development and has the PACE principles at its core in order to engage and build trusting relationships (for more information see https://ddpnetwork.org/about-ddp/).

Research on intervention effectiveness has shown that the way professionals approach work with their clients can impact on the whole package of care. Trotter (2013) reviewed the research into effective supervision and found that it is characterised by prosocial modelling and reinforcement, problem-solving, relationship and cognitive behavioural skills. In an Australian juvenile justice setting, Trotter (2012) examined direct observation and taped interviews of supervision practice. Practice was coded for skills such as relationship, role clarification, prosocial modelling, problem-solving, and use of CBT techniques. Findings indicated that when supervised by officers who demonstrated these skills, low to medium risk offenders had a further offending rate of 52% in comparison to 74% when supervised by less skilled officers. The difference was less and not statistically significant for high risk offenders, 83% compared to 93%.

Research has also indicated that the more workers discussed problems from the young person's perspective, the more engaged the young people were. This was in contrast to young people being found to be less engaged the more the problems were identified by the worker without the young person's input (Trotter, 2012). These findings highlight the need to work collaboratively with the child or young person to set the goals for intervention. Recognising the strengths and potential of young people from the first contact, rather than focusing solely on problems to be fixed, is crucial to engagement and developing motivation. Even in short meetings, how workers interact with clients can have a major impact.

Young people who have lived experience of the youth justice system (Cook, 2015) have identified that their positive experiences involved having one consistent worker and a worker who:

- Had a belief in the young person
- Had a vision or belief in their futures
- Were there during their worst spells as well as better ones
- Helped them to understand their choices
- Went 'above and beyond'

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 achieving positive outcomes.

Assessment

Bronfenbrenner's theory of social ecology (Bronfenbrenner, 1979) highlights that individuals are embedded within systems that play an integral part in their life and in shaping their behaviour. The individual is at the innermost level of the concentric circles with each concentric layer representing a system such as family, peers, school, and community. Children and young people often have limited control over the systems within which they are embedded, making it necessary for a systemic approach to be taken to reduce offending behaviour. A comprehensive, holistic, and systemic assessment and formulation should therefore be the starting point for any intervention plans to reduce the offending behaviour that children and young people are engaging in. This should ensure that the interventions provided are individualised, proportionate and therefore most likely to be effective.

In adhering to good practice and holistic working when focusing specifically on risk associated with the child's offending behaviour, it is necessary to be mindful that children may experience other forms of vulnerability and victimisation not associated with offending behaviour and that the National Guidance for Child Protection in Scotland may need to be followed. The National Risk Framework (Calder, McKinnon, & Sneddon, 2012) aids the assessment and intervention planning process, broadly speaking, for children and young people where welfare and / or child protection concerns exist. The purpose of the tool is to support practitioners from a wide background in the process of identifying, analysing and managing risk. This guidance was developed in collaboration with the Scottish Government to assist with the conceptualisation of risk across various domains of practice. Whilst this framework is not specific to youth justice practice, it is beneficial to consider applying this framework to ensure that risk, in its broadest sense, is addressed in a holistic way. For example, a young person who may be displaying offending behaviour may also be a victim of violence at home by parents, constituting a child protection concern. The risk to the young person may therefore need to be assessed alongside the risk posed by the young person's offending behaviour.

The wellbeing of children and young people is at the core of the GIRFEC approach and is broader than child protection and welfare. Wellbeing has been described in terms of eight indicators to assist a common understanding of what wellbeing means: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI). The National Practice Model is helpful in considering the quality of life for the child or young person at that point in time and identifies the individualised support that child needs to help them reach their full potential and flourish.

However, there are specific circumstances where children and young people may present a risk of serious harm to others because of their own behaviours and additional guidance is needed. The Framework for Risk Assessment Management and Evaluation (FRAME) for local authorities and partners for children and young people under 18 provides a template for child-centred practice in risk assessment and management and the appendix to the FRAME document details the Care and Risk Management (CARM) planning guidance (see Section 5: Managing the Risk of Serious Harm). In terms of assessing the risk of reoffending with a view to reducing this, it is useful to identify the key risk factors and protective factors linked to the offending behaviour. The use of appropriate and validated risk assessment tools can be a helpful aid in order to ground the assessment in the knowledge base of the factors we know are linked to offending and makes for an evidence-based assessment. The Risk Assessment Tools Evaluation Directory (RATED) is an online document produced by the Risk Management Authority (RMA) which highlights various different risk assessment tools available for assessing children and young people along with the evidence that supports the tools' validity. However, the directory was last updated three years ago and there have been subsequent developments since this time such as the publication of the Short-Term Assessment of Risk and Treatability: Adolescent Version. Although risk assessment tools are crucial for structuring our assessments we need to ensure the assessment is individualised, and the RMA indicate that risk assessment is best undertaken within the context of a structured professional judgment approach.

Formulation

Most children and young people who are, or have been, involved in offending will for the most part spend considerable periods of time when they are not offending, and will have occasions when they do not engage in such behaviour, despite having the opportunity to do so. We therefore need to gather information about the strategies and skills they use at these times, and their strengths and interests, to inform our holistic understanding of their behaviour. In addition to the research on risk and protective factors described above, there is also an emerging body of evidence that children involved in more serious offending are almost always the most vulnerable, victimised and traumatised young people (CYCJ, 2016). Given what we know about children who engage in violent behaviour and the clear links between vulnerability, often as a result of adverse childhood experiences, and violence, we need to conceptualise them as children in need, rather than as offenders. This is in line with the National Strategy for Community Justice which encourage partners to use the terms 'person with convictions' or 'person with an offending history', rather than 'offender'.

It is essential that risk assessments be undertaken within the context of a structured professional judgment approach and that they are underpinned by a holistic formulation. In fact, Johnstone and Gregory (2015) have stated that "risk assessment should be viewed as incomplete in the absence of a risk formulation" (page, 106). Without formulation, a risk assessment will amount to a mechanistic rating or scoring of risk factors with no comprehension of the meaning or function of the offending behaviour for the individual, and as a result the ability to develop individualised, proportionate and effective risk management / intervention plans will be limited. There is also a need to ensure that our assessments and formulations take into account gender differences in the pathways to offending behaviour (see Section 7: Vulnerable Girls and Young Women). As the research literature demonstrates, many of the risk factors linked to offending behaviour in children are out with the control of the child. Assessments and formulations therefore need to be systemic and consider family, peers, school, and community.

To develop a comprehensive formulation it is important to first of all consider the individual manifestation and relevance of risk factors. K. Douglas, Blanchard, and Hendry (2013) highlight that to understand the individual manifestation of risk factors (i.e. what they look like for individuals), consideration should be given to the onset, course, severity, nature of change, acuteness of change, periodicity, recent change, current status, and future concerns. In terms of relevance, simply because a risk / protective factor has been identified at the general level as an important risk factor, and is *present* for an individual, it is not necessarily *relevant* or causal to the individual's behaviour of concern. There is therefore a need to understand and examine the relevance of the risk / protective factor to that individual's behaviour. K. S. Douglas, Hart, S. D., Webster, C. D. and Belfrage, H. (2011) have indicated that a risk factor is relevant to an individual's risk for violent behaviour if it:

1) was a material contribution to past violence,
2) is likely to influence the individual's decision to act in a violent manner in the future,
3) is likely to impair the individual's capacity to employ non-violent problem-solving techniques or to engage in non-violent or non-confrontational interpersonal relations, or
4) is necessary to manage this factor in order to mitigate risk

Additionally, a comprehensive formulation should offer an understanding of the interaction and role of risk and protective factors for the individual. Lewis and Doyle (2009, p. 290) state that "risk formulation may be regarded as a form of analysis that can assist practitioners to explain the origins, development, and maintenance of risk behaviour, while providing a crucial link between assessment and management…". One helpful model for organising information and developing a formulation is Weerasekera's 4P's model (Weerasekera, 1996). This model considers predisposing factors (pre-existing vulnerabilities that predispose a child to developing problem behaviour), precipitating factors (more recent events that trigger the onset, or exacerbation of the problem behaviour), perpetuating factors (those maintaining the problem behaviour), and protective factors (those that ameliorate or reduce the problem behaviour).

Areas to consider when completing your assessment and formulation are:

- strengths, protective factors and resilience factors
- developmental history including any attachment issues
- current level of functioning (cognitive, social, behavioural) to inform engagement and intervention strategies
- whether there are any potential biological or neurodevelopmental difficulties
- the extent of any exposure to adverse childhood experiences
- the nature, frequency, duration and intensity of the behaviours
- functional analysis of the behaviours
- the outcome of any previous attempts to modify the behaviours
- parental or carer's level of concern about the behaviours and their capacity to support behaviour change

Common features of formulations conducted in the mental health field have been identified which are helpful for us to consider when developing a risk-based formulation. They are: inferential (speculates about possible futures and provides an explanation for the speculations); action-oriented (assists with development of intervention plans); theory-driven (guided by a theory of problem cause or solution); individualised (driven by details of the individuals history); narrative (encoded in natural language not formulas, calculations or numbers); diachronic (anchored in information about the past, the present, and possible futures); testable (intended to be tested); and ampliative (produces new knowledge) (Hart, Sturmey, Logan, & McMurran, 2011).

One issue arising from these common features of formulation is the theory which should be used to underpin the formulation. As there is no single theory of offending behaviour in children and young people, various theories need to be drawn on such as Risk Need Responsivity, Desistance and Good Lives Model. In addition, formulations involving children and young people should be developmentally informed, systems informed, trauma informed,

and vulnerability informed (Johnstone & Gregory, 2015). Drawing the 4P's information together with theoretical knowledge enables the development of a narrative risk formulation which should provide the basis for a clear, focused, proportionate and individualised risk management / intervention plan (see Section 5: Managing Risk of Serious Harm for information on risk management planning).

It should be borne in mind that a formulation is changeable and should be collaborative and incorporate information from significant adults and professionals, as well as the young person themselves. It is a *potential* explanation of the concerning behaviour(s), it is our best professional judgment based on the knowledge we have at the time, and should be reviewed regularly. A comprehensive formulation of risk is a skill that should be supported by appropriate training, supervision and reflective practice.

Interventions

There are a variety of approaches to interventions for children and young people who engage in offending behaviour. In Scotland, the Whole System Approach advocates early and effective intervention for children and young people who are at the early stages of being involved in offending behaviour which tends to focus on the child's welfare needs (see Section 4: Early and Effective Intervention). This section focuses on offence specific interventions which are currently identified as best practice in the most recent reviews that have been conducted.

General and violent offending
Interventions for children and young people engaging in general offending and violent offending have often been based on cognitive-behavioural principles and have covered elements such as anger management, social skills training, and social problem solving skills. There is evidence of the effectiveness of cognitive behavioural programmes through meta-analytic studies (Koehler et al., 2013; Landenberger & Lipsey, 2005; Lösel & Beelmann, 2003; Tong & Farrington, 2006). Additionally, a meta-analysis of general offending behaviour interventions in Europe for young people (up to the age of 25) indicated that behavioural and cognitive behavioural interventions were most effective, and that those interventions that were delivered in accordance with the RNR principles showed the greatest effects (Koehler et al., 2013).

However, there is a stronger evidence base for family-based interventions and systemic interventions (Humayun & Scott, 2015). This is not surprising since children are embedded within various systems, and research on the risk factors underlying offending behaviour in children and young people often highlights the importance of systemic risk factors. Individual intervention work with the child will have limited success if the context within which the child is embedded is not taken into account and does not direct the approach taken. For example, family issues particularly likely to underlie offending behaviour include poor parental supervision, parental substance abuse and mental health problems, parental attitudes that condone offending behaviour, inconsistent or lax discipline, and poor affective relations between youth, caregivers and siblings. On the other hand, having a strong bond with at least one parent or carer, and having intensive parental supervision, are likely to act as protective factors or to promote desistance.

Reviews of the research literature indicate that family-based interventions and multi-systemic interventions can be effective in reducing offending behaviour (NICE, 2013; Farrington & Welsh, 2003; Humayun & Scott, 2015; Moodie, 2015). A review of high quality family-based crime prevention programs (including home visiting, day care / preschool, parent training, school-based, home / community programmes for older children, and multi-systemic therapy) found that generally the prevalence of offending could be reduced by about 10-15% by implementing such interventions (Farrington & Welsh, 2003). They found that the most effective interventions used parent training while the least effective types were those based in schools.

The NICE guideline *Antisocial behaviour and conduct disorders in children and young people: recognition and management* offers best practice advice on the care of children and young people with a diagnosed or suspected conduct disorder, including looked-after children and those in contact with the criminal justice system. The NICE guideline recommends that for the treatment of conduct disorder, group / individual parent training programmes are offered to the parents of children and young people aged between three and 11 years, and for children and young people aged 11-17 years, it is recommended that multimodal interventions such as multi-systemic therapy are offered. Additionally they recommend that when working with parents and carers, workers should:

- Discuss with young people, of an appropriate developmental level, emotional maturity and cognitive capacity how they want parents or carers to be involved and that this should happen at intervals to take account of any changes in circumstances;

- Be aware that parents / carers might feel blamed for their child's problems or stigmatised by their contact with services, so directly address any concerns they have and set out the reasons for and purpose of the intervention; and

- Offer parents / carers an assessment of their own needs including personal, social and emotional support; support in their caring role; and advice on practical matters and help to obtain support.

Many families have multiple difficulties or needs and it may be that some of these need to be addressed before they can engage meaningfully in family work. It is important that the onus for overcoming any barriers to the family's active engagement sits with practitioners and their service, and that we work collaboratively with the family to overcome these. *Support and Services for Parents: A Review of the Literature in Engaging and Supporting Parents* identified that some of the key features that contribute to successful engagement with families are:

- Adoption of a 'strengths-based' approach, building upon existing strengths
- Providing opportunities to share experiences and difficulties with others in similar situations
- Providing home based services where practical to alleviate issues such as transportation, child care, and anxiety

- Completing a thorough assessment of the family situation so that interventions are responsive to immediate and long-term needs
- Ensuring fathers or significant males are included in interventions
- Developing shared agreement on the problems to be dealt with and the goals of the intervention
- Starting with small simple tasks with easily achievable goals
- Ensuring open and clear communication

The review also concluded that a variety of different interventions are necessary to meet the differing needs of families. Those indicated by research to be the most effective interventions were:

- Parent training for children under eight years old;
- Parent training supplemented by direct individual development work for 8-12 year olds; and
- Structured family work such as Functional Family Therapy or Multi-systemic Therapy for adolescents.

Harmful sexual behaviour

In relation to concerns about sexual behaviour (whether concerns are about a child potentially being harmed or exploited, or about potentially harming others), a useful starting point is to utilise the Brook Sexual Behaviours Traffic Light tool. This tool is designed to help professionals: distinguish healthy sexual development from harmful behaviour across the ages ranges 0-5, 5-9, 9-13 and 13-17 years, although the developmental stage of individuals should be taken into account as well as their chronological age; make decisions about safeguarding children and young people; and assess and respond appropriately to sexual behaviour in children and young people with interventions depending on whether the behaviour is assessed to be in the green (safe and healthy development), amber (potential to be outside of safe and healthy development) or red (outside of safe and healthy behaviour) category.

Early interventions with children and young people displaying harmful sexual behaviour (HSB) to others have largely been based on adult sex offender models, with adaptations for use in work with young people. In the UK, the majority of intervention practice has been cognitive behavioural therapy interventions based on the relapse prevention model. This work typically involves detailed behavioural analysis of the HSB; identifying and modifying cognitive distortions; developing victim empathy; education about sex, consent and healthy relationships; emotion management; self-management skills; social skills training; modifying unhealthy sexual arousal; and risk management strategies (Hackett, 2014). However, it is increasingly recognised that interventions need to be child-centred, holistic, strength based, and target areas of more general unmet need as well as addressing the HSB.

Ward, Yates, and Willis (2012) indicate that the GLM can enhance current existing practices and aims to improve on treatment effectiveness through a motivational approach. In fact, initial research indicates that adding GLM principles to RNR practice can increase motivation as indicated through increased engagement, reduced drop-out rates from intervention and

better outcomes (Mann, Webster, Schofield, & Marshall, 2004; Ware & Bright, 2008). Willis et al. (2013) have provided helpful guidelines as to how the GLM can be integrated into practice. They are clear that practitioners can exercise flexibility and creativity in integrating the GLM into their practice as long as the core constructs are embedded throughout the intervention and that the approach taken is consistent with the guidelines provided.

In addition, G-MAP have produced a guide, 'Intervention and planning using the Good Lives Model', to assist professionals to construct individual programmes of work that are specific to the needs of children and young people and their unique circumstances. More recently they have published a book 'The Good Lives Model for Adolescents Who Sexually Harm' which provides comprehensive therapeutic guidelines and case illustrations to demonstrate how the GLM-A can be used in practice (Print, 2013). The G-MAP model of intervention is more commonly referred to as the Safer Lives Programme in Scotland. It was introduced in Scotland in 2008 and a number of individuals in Scotland have been trained as trainers Further details on trainers are available from the Centre for Youth & Criminal Justice.

Although the Good Lives Model has a twin focus of enhancing well-being and reducing harm, good practice still requires professionals to conduct a needs / risk assessment and implement risk management processes to promote individual and community safety at the start of and throughout the work. A Good Lives plan will outline ways of helping the individual address areas of need and should contribute to the population of a risk management plan and ultimately, the overall aims of the Child's Plan.

Initial evaluation findings on the value of the GLM-A has indicated that practitioners found it to be a helpful framework to aid the understanding of professionals, children and carers of the needs being met by the harmful sexual behaviour, as well as an excellent framework for engaging and motivating children and carers in therapeutic work. The initial evaluation findings from children highlighted that they were able to understand the GLM-A, it helped them to understand their own harmful sexual behaviour and what needed to change, it was motivational, and it provided them with hope that things could get better (Leeson & Adshead, 2013). Additionally, a survey considering the impact of implementing 'Safer Lives' in Scotland concluded that practitioners viewed it as having a positive impact on their practice, most often by adding to their available 'tool kit', but at times in a more transformative way. Almost all of the practitioners viewed the approach as an excellent fit with their own professional values and liked the return to a more positive and person centred approach rather than one dominated by a risk management perspective (Simpson & Vaswani, 2015).

Hackett (2006) has outlined a framework for resilience-based interventions with young people with HSB's. The core elements include:

- Developing supportive relationships for young people with at least one key non-abusive adult in their lives
- Helping young people to build positive and reciprocal peer relationships
- Encouraging school success and educational achievement
- Nurturing young people's talents and interests
- Building family resilience by offering primary caregivers a safe person they can confide in
- Encouraging participation and planning so that young people and families are centre stage in the planning process

- Giving young people opportunities to set and achieve goals and pro-social ambitions

Interventions for HSB also need to consider the systems within which the child is embedded and be supported by wider systemic work which involves the family, school, peers and community. Parents or carers should be involved in the intervention so that any relationship / home issues can be addressed but also so that they can reinforce learning and put in place any necessary boundaries / risk management strategies.

Research has shown strong support for family-based interventions and Hackett (2014) has documented a number of helpful aims for a family-support approach:

- Seek to draw on and harness strengths within families
- Broaden the social support dimension of family life
- Bolster families' level of social support
- Teach parents about the importance of supervision, how to identify situations of risk and how to implement risk-management strategies
- Help parents learn about children's sexual development and, in particular, what are appropriate and inappropriate sexual behaviours at different developmental stages
- Help parents to identify when they need to inform other people about their child's sexual behaviours, how they should go about this and what level of information needs to be shared
- Help parents to explore and review family rules about sex and sexuality
- Support parents in identifying appropriate ways and opportunities to talk to their children about sexual matters
- Learn about specific behavioural parenting strategies in order to respond to challenging behaviours presented by children
- Improve communication patterns in the family and enhance the quality of parent-child interactions

It is clear from the literature that interventions for children and young people involved in offending behaviour are most likely to be effective when they are child-centred, holistic, strength-based, goal oriented, collaborative and involve family and other systems. It is crucial that interventions are individualised and proportionate, which can be achieved by developing an intervention plan that is based on comprehensive assessment and formulation.

8. Conclusion

This section has emphasised the importance of acknowledging the different needs and strengths of each individual so that any planned intervention is child-centred. Assessment and formulation, which is the starting point of intervention, needs to take account of developmental factors, attachment, and neurodevelopmental factors as well as offending behaviour theories so that interventions can be individually tailored and delivered in a manner which is responsive to the individual. Assessments for those children and young people who are a risk of serious harm to others should be informed by FRAME guidance and underpinned by the use of the CARM process. These protocols inform the intensity, duration and sequencing of intervention and the processes to manage risk, if any are required. The outcomes from the assessment, formulation and intervention planning should be included in the Child's Plan and reviewed regularly, not only to assess progress, but also to highlight any relevant changes in the child or young person's situation.

In meeting both the wellbeing and offending 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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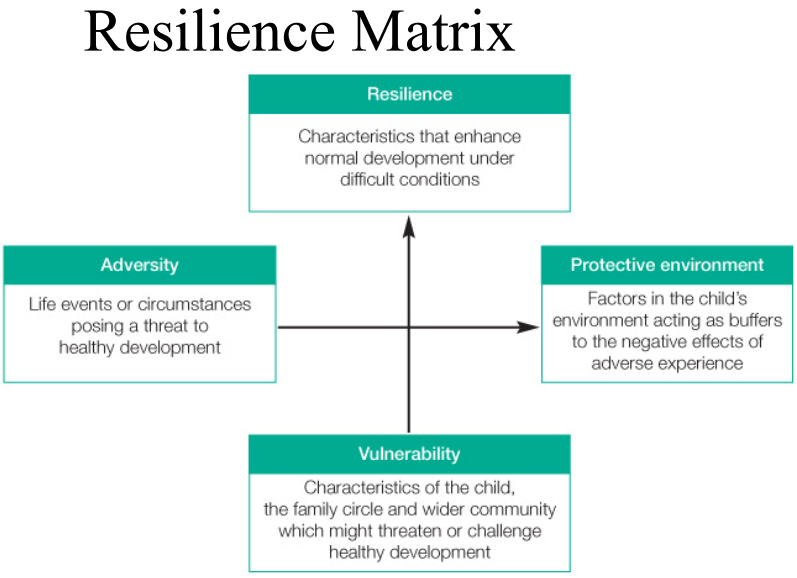
Appendix 1

Resilience Matrix



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

Section 4: Early and Effective Intervention & Diversion from Prosecution

June 2017

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Contents

1. Introduction

This section focuses on Early and Effective Intervention (EEI) and diversion from prosecution for children and young people who are at the early stages of being involved in low to moderate level offending behaviour. EEI is considered within the context of the legal frameworks for children and criminal justice services relating to single and multi-agency work with eight to 18 year olds in Scotland. Diversion is in relation to those aged 16 and 17 years diverted from prosecution by the Crown Office and Procurator Fiscal Service (COPFS).

EEI and diversion should fulfil the aspirations of the United Nations Convention on the Rights of the Child, which promotes a child centred approach to offending and the maximisation of diversion opportunities from formal judicial processes. EEI is a voluntary process in which children, young people, and families should make informed decisions about their involvement. It should not lead to unnecessary interventions into the lives of children and young people and where possible identified needs should be met through universal services including education, health and employment/training. Given the potential impact offending can have on the lives of young people, their families and the wider community, it is important that EEI provides a clear, consistent and credible response to such behaviour. Ultimately, it should lead to improved outcomes in the lives of the children and young people, which promote their development into confident individuals, effective contributors, successful learners and responsible citizens.

Diversion from prosecution schemes are an alternative to prosecution. If a young person does not want to or fails to engage in the process, the case will be returned to the Procurator Fiscal (PF) with an available option being to prosecute in an adult court.

With the planned commencement of Parts 4 and 5 of the Children and Young People (Scotland) Act 2014 in August 2017, and the agreed change to the age of criminal responsibility from eight to 12 years, further amendments to this paper will be required.

Definition
There is a degree of overlap between the terms **prevention** and **early intervention**. For the purpose of this paper, the distinction between prevention and early intervention is informed by the following definitions, from Moira Walker (2005) and from the Framework for Action (2008):

- Prevention refers to activities which stop a social or psychological problem arising in the first place
- Prevention services are available as part of universal provision
- Early intervention is activity aimed at halting the development of a problem which is already evident
- Early intervention is targeted assistance for vulnerability towards offending

In Scotland, a child is defined differently depending on the legal context:

- The Children and Young People Act 2014 and the United Nations Convention on the Rights of the Child defines a child as being under 18 years old
- The Children (Scotland) Act 1995 (section 93), Criminal Procedure (Scotland) Act 1995 (section 307) and Children's Hearings (Scotland) Act 2011 (section 199) define 'children' as 1) under 16 years old 2) those referred to the children's reporter prior to their 16th birthday and 3) those young people age 16 and 17 who are subject to a Compulsory Supervision Order (CSO) through the Children's Hearings System. The 2014 Act has not changed this definition.
- The Adult Support and Protection (Scotland) Act 2007 defines an adult as someone over the age of 16 years

For the purpose of this paper, children are those under 16 or aged 16 and 17 and on a CSO or an open case to SCRA. Young people are those aged 16 and 17 who are not on a CSO or an open case to SCRA.

2. Legislation and Policy

EEI practice with its focus on wellbeing is at the heart of Scottish policy and legislation relating to children and young people. For example:

- The Kilbrandon Report 1964 underpinned the Social Work (Scotland) Act 1968 and established the Children's Hearing System in Scotland, which emphasised the importance of early intervention to prevent the development of future problems, linking the needs of children and young people who offend with those in need of care.

- There is an underlying theme of EEI within the Children (Scotland) Act 1995 with its focus on minimum intervention and providing support to children in need.

- Getting It Right For Every Child (GIRFEC), which has been developed since 2006 and is now in statute through the Children and Young People (Scotland) Act 2014 (2014 Act), emphasises the ethos of Kilbrandon within current youth justice policy. The GIRFEC approach is that intervention should be appropriate, proportionate and timely, and it prioritises acting early on concerns or in response to a crisis to prevent escalation of concerns or deterioration in wellbeing, recognising children and family pressures, and building on strengths. It emphasises that where planning is required to meet a child's wellbeing needs through the delivery of targeted interventions, this will be done through the single planning framework of the Child's Plan, which links support and activities to desired outcomes and requires professionals to work together and share information appropriately.

- Preventing Offending; Getting it right for children and young people who offend (2015) includes EEI as part of its advancing whole system approach agenda. The emphasis is on supporting partners to integrate EEI with the implementation of the 2014 Act (including development of EEI practice to ensure consistency and appropriate involvement of the Named Person in advance of the implementation in

August 2017), to continue to support good practice, and promote an improvement culture among national and local partners. The strategy also emphasises the need to maximise the opportunities for and encourage greater use of diversion across the Criminal Justice System (CJS) and formal processes, to respond swiftly and bring action on offending much closer to the offence.

3. Back to basics

Knowledge about children's physical and emotional development and theories about the impact of this on their personalities, behaviour and ultimately their life chances has become more complex over the decades. Practitioners working with children and families with emotional and behavioural difficulties and/or offending behaviour seek to understand the reasons as to why some children from similar backgrounds appear to have no problems within family, school, and community settings while others struggle to cope. Children who struggle to cope at home, school and in the community often display difficult and challenging behaviour, which can impact negatively on themselves and others.

Awareness and understanding of different child development theories can provide practitioners with insight into the possible underlying roots of individual strengths and vulnerabilities. This in turn can help identify the most appropriate supports and services and assist the development of a constructive and pro-social professional relationship with individual children and families. Practitioners involved in EEI should be familiar with a range of social work theories including resilience, attachment, brain development and desistance.

4. General Principles

EEI focuses on the wellbeing needs of children and young people aged eight to 18 years using the principles of GIRFEC:

- Assessments and supports offered should take account of the age and developmental stage of each individual, building up the young person's protective factors, and where appropriate promoting supports for young people and their families that can be universally accessed.
- Children and young people who start to offend come from a range of social backgrounds and cultures, and possess a wide range of both personal difficulties and individual strengths requiring a range of responses.
- The majority of anti-social behaviour and youth offending takes place in areas of economic and social deprivation, where there are fewer opportunities for pro-social activity than in wealthier areas, and where social controls are frequently poor.
- What can sometimes be described as anti-social behaviour by a young person may fall within the parameters of normal adolescent behaviour, rather than intentional criminal behaviour.
- Many young people who are charged with an offence never commit any further offences. This can be due to family's parenting skills, emotional support, pro-social values, and maturation of the young person.

- Unnecessary involvement in formal systems such as the Children's Hearings System, Court System and social work can result in continued anti-social behaviour through labelling and stigmatisation
- Some children and young people who start to offend will, without the appropriate intervention and services, continue to offend

5. Messages from Research

Predictive Factors:
Many research studies stress the importance of age and stage in determining likelihood of future serious offending. There may be significant offending trajectories for children who start to offend at the pre/early adolescence stage, and those who start in their teenage years. Moffitt (1993) differentiates between: early onset, life course, persistent and adolescent limited anti-social behaviour.

Features of the early onset group include neuro-cognitive deficits, adverse parenting, family and environment and uncontrolled temperament. Significant features of those who start offending in adolescence are social factors including the influence of deviant peers. It is not always easy to distinguish between the two types in adolescence, but their histories and adult outcomes are different.

Lipsey and Derzon (1998) rank predictive characteristics of violent or serious offending. For six to 11 year olds, the highest predictors are general offences, substance use, being male, family socio-economic status and anti-social behaviour. For 12 to 14 year olds the highest ranking is social ties and anti-social peers, followed by general offences. Slightly weaker predictors include aggression, school related issues, IQ and psychological conditions.

McAra and McVie (2010) note both similarities and differences in respect of early and late onset of offending. In particular, early onset children are more likely to live in a broken home, in a deprived area. They are more likely to be known to agencies by age five. They are eventually more likely to truant or be excluded from school and become more frequent serious offenders.

Early onset of offending:
Children who start offending or demonstrating significant emotional and behavioural difficulties under 12 years are two or three times more likely to become involved in long term persistent and serious or violent offending than their peers (McGarrell 2001). Clusters of risk factors have significance: a 10 year old exposed to six or more risk factors is 10 times more likely to commit a violent act by age 18 than a 10 year old exposed to one risk factor (Herrenkohl et al 2000).

Findings indicate that children under 12 who possess a cluster of risk factors are much more likely to go on to become serious, persistent, violent or sexual offenders than those who start offending later on in adolescence. Not all however will go on to offend in adulthood, and support in identified areas of vulnerability can increase the likelihood of a positive adulthood.

Exposure to early trauma can predispose children to future violent offending. Ford et al (2007) specifically consider children and young people's exposure to traumatic events in respect of levels of subsequent offending. They note a strong link between the witnessing of trauma in early childhood, internal problems (e.g. depression and anxiety) and externalised difficulties (e.g. aggression, conduct problems, oppositional defiant behaviour). This is linked with increased risk of involvement in child welfare and juvenile justice systems. It suggests an early onset trajectory for offending.

Fraser et al (2010) provide a comprehensive consideration of factors that predispose towards violent offending. Research with adult offenders with a long-term pattern of serious and violent offending frequently highlights: a background of childhood abuse or neglect, domestic abuse, poor parental attachments, a higher than average experience of being in the care system, behavioural problems, truancy and poor educational outcomes.

Late Onset Offending:
Young people who start offending later in adolescence fall into different groups in terms of risk factors, offending patterns and desistance. Some will be involved in relatively minor offending over a few years and stop around 16 or 17. Others may continue, often into their early 20s, committing serious or violent offences. The Edinburgh Study of Youth Transitions in Scotland provides a Scottish perspective on predictive factors, outcomes in respect of offending and recommends keeping young people out of formal systems, thereby using EEI and diversion.

Aspects of parenting are good predictors of juvenile delinquency at age 13. Important factors include parents' tracking and monitoring behaviour, the child's willingness to disclose information to their parent, parental consistency, reduced parent/child conflict and excessive punishment. There is an overall correlation between levels of offending and poor neighbourhoods (Smith 2004). Offending at age 15 to 16 is associated with school truancy and exclusion at age 13 and 14 (Smith 2006). Ford et al (2007) found an association between children and adolescents who witness or become victims of violence, experience traumatic stress and are involved in offending. They consider how the stress of the juvenile justice system, court hearings, detention and imprisonment can exacerbate an already underlying trauma and thereby increase the risks of violent offending.

Based on this evidence the premise of EEI is that earlier and more coordinated information sharing will be able to effectively identify with needs and deeds as they arise, in order for them to be dealt with in an appropriate setting which does not have the potential to up tariff.

6. Models of EEI

The majority of local authorities have developed multi-agency EEI processes as an early intervention response to offence charges that might otherwise have automatically resulted in a referral to the Children's Reporter. There are two main EEI models across the country:

- A multi-agency group decision making forum
- A lead contact who screens referrals, making some individual decisions and referring other young people to an EEI group

Some local authorities predominantly use the latter, reserving the option to hold a multi-agency group meeting for cases that are more complex.

The models across the country vary with respect to the nature of the referrals that are discussed. In some areas the multi-agency group considers antisocial behaviour referrals alongside offending, and in other areas low level wellbeing concerns are also discussed.

The most important feature in any EEI model is that decisions are made on the basis of all available and appropriate information, from a range of agencies, and are timely and proportionate to the wellbeing need identified. Wherever appropriate young people are diverted away from formal processes and supported within their community.

The agencies involved in EEI models tend to vary depending on local arrangements although most have representatives from social work, police and education. Many areas also have representatives from health, community safety, housing and third sector partners (e.g. Sacro, YMCA, Action for Children, Barnardo's).

EEI disposal include:

- Police direct measures
- Current support is appropriate, no additional measures are required
- Single agency support - through social work, education, health
- Referral for a targeted intervention - e.g. restorative justice, substance misuse work
- No further action - for a number of reasons it may be appropriate to take no further action in response to an offence
- Referral to Scottish Children's Reporter Administration (SCRA) – although this should not be an alternative to offering support through EEI if appropriate and timely, but an option where compulsory measures of care may be considered necessary.
- In exceptional circumstances it may be appropriate to refer a young person to COPFS, however, this is unlikely if agencies are working together to identify the right young people for EEI.

The specific agency providing support is not as important as the ability for all areas to have access to appropriate support for young people when required. A full report on options available, written by the 'menu of options' short life working group, can be found on the CYCJ website.

7. Core Elements

For EEI to be effective it needs to be aligned with the principles of GIRFEC. It should enable timely and proportionate responses to offending behaviour by children and young people that places this behaviour in the holistic context of the child or young person's world. It should complement the statutory responsibilities of the Named Person when these come into effect, and provide an effective multi-agency information sharing, assessment, and decision-making forum, that focuses primarily on the needs of the child or young person.

Sufficiency of evidence: Police Scotland is responsible for the examination of the evidence in each case and ensuring that there is sufficient evidence to proceed with a case. This does not mean that there must be an admission from the child. However, it must be remembered that EEI is a voluntary process where the young person agrees to participate in whichever form of intervention is identified to meet their needs, although this does not preclude them being discussed in the first instance.

Suitability of Offence for EEI: It is the responsibility of Police Scotland to identify cases suitable for discussion/ referral to EEI. All offences should be considered for EEI unless they are excluded under:

- Lord Advocate's Guidelines to the Chief Constable on the Reporting to Procurators Fiscal of Offences Alleged to Have Been Committed by Children for under 16s
- Crown Office Framework on the Use of Police Direct Measures and Early and Effective Intervention for 16 & 17 Year Olds; or
- Police deem a referral to SCRA is necessary

Decisions made as to the suitability for EEI are primarily based on the gravity of offence.

Notification: The police should explain to a young person and their parent (where appropriate) that cases may be referred to appropriate local partners, what this involves, how long it should take and what information may be shared:

- If under 16 parent/carer must be notified
- Consent to an EEI referral is not required but is preferable
- Initial denial of the offence should not prevent the offence being referred to EEI
- Attitude of the child to police/parents should be recorded where possible
- The young person should understand what EEI entails
- If the young person is subject to a compulsory supervision order (CSO) or has a Child's Plan, the **lead professional** must be notified of the EEI referral
- As part of the Recorded Police Warning process

SCRA check: The police will confirm with SCRA if the young person is on a CSO or if there is an open referral being investigated. If the child or young person is the subject of an open referral the police have no option but to submit the referral to SCRA.

Multi-Agency Group: Where multi-agency meetings are in operation, these should be held at minimum fortnightly in order to fulfil the aims and objectives of EEI (15 working days from the young person being charged to meeting). Each local EEI arrangement should ensure that a range of core agencies are represented at the multi-agency meeting stage. Those in

attendance at these meetings should have the necessary level of authority to both provide agency information to the meeting and to receive referrals from the meeting.

Practitioners: Must use their professional judgement when sharing information between agencies and ensure that the information shared is proportionate and relevant to the identified wellbeing concern.

Examples of information which can be shared per agency are detailed below:

- Police
- Details of alleged offending incident including relevant information regarding the victim and whether the young person was under the influence of alcohol/substances
- Response from child/young person and their family
- History of previous offending and disposals
- Outstanding charges
- Relevant intelligence
- Any other relevant concerns

Social Work

- Whether the child or young person is currently an open case and, if so, on what statutory basis
- Details of current Child's Plan, if relevant
- Family background and current caring arrangements
- Previous support provided and its effectiveness
- Previous/current concerns and areas of risk
- Previous level of engagement from the child/ young person and their family
- Response to any previous EEI interventions

Education

- Current level of attendance, and any previous attendance issues
- Number/nature of exclusions
- Additional support needs
- Previous/current concerns
- Knowledge of family/carers and any concerns over attitudes or engagement with school staff
- Response to any previous EEI interventions
- Details of current Child's Plan if there is one

Health

- Any relevant mental or physical health diagnoses
- Details of any previous or current treatment or support required – in particular relating to mental health or substance use

Community Safety/ Antisocial behaviour services

- Any historical concerns regarding child or young person
- Response by child/young person and their family to services
- Any current and relevant intelligence re. community issues
- Response to any previous EEI interventions

Decision Making: Decisions regarding children who offend should be made timeously if they are to be effective. The assessment of the child/young person needs to be based on the GIRFEC national practice model. It should be holistic and needs led, while also being proportionate to the gravity of the alleged offence and level of concerns over the child/young person.

If compulsory measures of supervision may be required for a young person, a referral to SCRA should be made within five working days. A decision to refer to SCRA does not preclude EEI support being offered, if appropriate.

A young person should not be re-referred to the multi-agency group for the same alleged offence, even if they have refused to engage with services offered. If the relevant agency has concerns over the wellbeing of the child or young person then these should be reported to the Named Person, who can decide if compulsory measures of care may be necessary, and therefore refer to SCRA

Communication: The young person and their parents should be notified in person or in writing of the EEI referral outcome within five working days of the decision. The outcome of the EEI process should also be reported to the victim, unless the provision of the information would be detrimental to the best interests of the child concerned (or any other child connected in any way with the case). This requires timely information being fed back to the Reporting Officer.

8. Sixteen and 17 year olds

Given the complexity of the legal system in Scotland, which provides that young people aged 16 and 17 can be legally defined as children or as adults depending on which system they are in, the following section deals with those defined as children under the Children's Hearings (Scotland) Act 2011 and the Children (Scotland) Act 1995 and those defined as adults under Criminal Procedure (Scotland) Act 1995 separately.

Sixteen and 17 year old children

A sixteen or seventeen year old may be considered by either the Children's Hearing System or the adult criminal justice system depending on whether or not they are subject to a compulsory supervision order (CSO). If a young person is not subject to a CSO and they are charged with a crime after their 16th birthday, but are under 17.5 years, the Sheriff can request advice from the Children's Hearing System regarding the most appropriate disposal for the young person and if minded to do so, can remit the young person to the Children's Hearing System for disposal of the case. In these circumstances, good practice would be that the young person is placed on a CSO to support their wellbeing needs. The Sheriff can however choose to deal with the young person in the adult Criminal Justice System.

The principles of the Whole System Approach (WSA) encourage social workers and panel members to keep young people on a CSO for as long as the young person requires support to make positive life decisions. The approach emphasises that non-compliance with the young person's care plan does not suggest that they are making good decisions; therefore termination of the young person's CSO would not be considered in their best interests.

For 16 and 17 year olds who are subject to a CSO and commit offences outwith the COPFS guidelines for EEI, there will be communication between the Procurator Fiscal and Children's Reporter. Taking into account the overall circumstances of the case and the available evidence, the Procurator Fiscal (PF) will decide whether to retain the case or whether to pass it to the Children's Reporter.

Sixteen and 17 year old children defined as adults

Sixteen and 17 year olds who are involved in offending behaviour that is not dealt with via the Children's Hearing System or through a formal Court appearance will generally be dealt with as part of EEI, by a Recorded Police Warning (RPW) or through the Diversion from Prosecution process.

Police direct measures, which include RPW and EEI, are intended to address minor offending behaviour, particularly offences that if reported to the Procurator Fiscal may result in a non-Court disposal.

With regard to EEI for this age group there is a significantly smaller number of offences than those considered for the under 16 age group and this may go some way to explaining the low numbers of 16 and 17 year olds being referred to EEI.

The present RPW Scheme was implemented in January 2016. RPWs can be issued to all adults, which include young people aged 16 and 17. The scheme aims to address in a more proportionate and effective manner minor offending behaviour that previously was reported to COPFS and resulted in either a non-court disposal or no action being taken due to the minor nature of the offence and circumstances. A RPW is only available as a disposal for 16 and 17 year olds who are not subject to a CSO. Each time a RPW is issued it will be accompanied by the submission of a wellbeing concern form to relevant partners (and from August 31, 2017, the Named Person Service) who may consider any wellbeing concerns that may not have been directly addressed by the administration of a RPW. It will be the decision of local partners as to whether any further intervention is required to address any wellbeing concerns identified.

For 16 and 17 year olds who are not subject to CSO and commit an offence outwith the COPFS guidelines for RPW and EEI, these young people will be referred directly to the PF where Diversion from Prosecution may be an option.

9. Diversion

There can be confusion between the terms **early intervention** and **diversion**. In this guidance the term diversion means diversion from prosecution.

In Scotland the decision to prosecute an individual for a criminal offence rests with COPFS. Decisions on how to respond to any allegation reported for consideration to the PF are taken on the basis of the overall circumstances of the case. Where the nature of an offence does not demand prosecution in court the PF has the option to utilise diversion from prosecution schemes in order that a meaningful intervention can be delivered to address the identified

concerns for that young person. The COPFS Prosecution Code stipulates the factors to be taken into account when making any decision in relation to prosecution.

There is now a national structure for the consideration (Initial Case Processing) of cases by the PF. The national unit is responsible for marking all reported cases (i.e. those on summons), which form a significant part of the diversion workload. The national Initial Case Processes Structure deals with all undertakings and custodies. Diversion from prosecution constitutes a form of early intervention which aims to address unmet needs and reduce the prospect of further offending behaviour. Diversion is a 'direct measure' as an alternative to prosecution, available to the PF in all areas where there are diversion schemes[1]. PFs are responsible for identifying which of the accused reported to them by the police are potentially suitable for diversion into social work interventions. Police and social work can highlight to the PF the cases they feel could be diverted. Procurators make the decision by anticipating that this will have an impact that is more beneficial on future offending behaviour than a prosecution. The evaluation of the WSA (Murray et al, 2015) recommended that diversion from prosecution should be the default position rather than prosecution for 16 and 17 year olds.

Diversion can be a useful intervention with positive outcomes in respect of reoffending. Most current youth justice diversion schemes adopt a deferred prosecution model and prosecution is suspended until the young person has successfully completed the diversion programme. An agency such as social work, addiction services or restorative justice manages the diversion programme. Normally a young person is involved in individual and /or group work sessions which cover a range of areas such as offending behaviour, alcohol and drug use, social skills, education, employment and training and problem solving. A report on progress is then submitted to the PF.

In terms of the process of diversion, there appears to be three distinct models in Scotland:

1. Diversion referrals are sent from the PF to social work with no interim process of highlighting appropriate/suitable cases. Social work complete a suitability assessment and where appropriate, offer a diversion intervention. The intervention is normally provided by someone in the youth justice/young people team.

2. Police and or social work highlight suitable referrals to the PF. The PF sends the diversion referrals to the social work team (throughcare, young people's service, youth justice team, criminal justice). Social work completes an assessment and where appropriate offer a diversion programme.

3. Social work highlight appropriate diversion cases to the PF. Diversion referrals are sent from PF to social work. Initial information is gathered and a referral is made to a third sector organisation who undertake the suitability/intervention assessment. A diversion programme is provided by the third sector organisation.

The Diversion from Prosecution Toolkit (being updated to Diversion from Prosecution Guidance) offers guidance to service providers and decision makers on what they need to do to provide a more effective, tailored and appropriate intervention for young people who

[1] The CYCJ scoping study (2016) identified that 31 out of 32 local authorities offered diversion to 16 and 17 year olds

offend. It offers detailed guidance on establishing and maintaining a youth justice diversion scheme.

Where a young person has a Child's Plan, any referrals for services, like diversion, need to be documented.

10. The Children and Young People (Scotland) Act 2014

Parts 4 and 5 of the 2014 Act are expected to come into force on August 31, 2017. Part 4 of the Act concerns the provision of the Named Person service, which may add additional options to the EEI process. The Named Person service aims to provide a point of contact for information about a child's wellbeing, for children, families, professionals and others. The Named Person has a key role in promoting, supporting and safeguarding the wellbeing of the child or young person. This support comes into play if the child or parent seeks advice or support, if the Named Person identifies a wellbeing need, or if others provide information or raise concerns about the child's wellbeing.

Where a child is involved in offending behaviour which comes to the attention of the police, this information is likely to be relevant to the Named Person functions under the 2014 Act, and is therefore required to be shared with the Named Person service. The duty to share relevant information with the Named Person service immediately challenges many of the current models and processes of EEI where the main partner has been social work. The legislation does not restrict the police from sharing offence-related information with other agencies in addition to the Named Person service, for example where there are child protection concerns. On those occasions the police will also send the referral to social work, and children that require to be jointly reported will be referred to SCRA and COPFS. However, it is anticipated that the majority of referrals will go directly to the Named Person service.

Some children will need more intensive interventions, which may represent a 'targeted intervention' in terms of Part 5 of the 2014 Act, depending on the services generally available in a local authority area. EEI and diversion from prosecution themselves are not targeted interventions. However a referral to additional services from these processes may be a targeted intervention. A service that is generally available to children and young people from a universal service in one area may be a targeted intervention in another area. So, for example specific youth justice services including some EEI services are likely to be targeted interventions. Universal services can also provide targeted interventions if the child's needs are such that they require targeted support that is not generally available to children.
A Child's Plan will usually be required if a targeted intervention is involved. However, if the view is that this is the only targeted intervention, and it is expected to be a very short intervention, and to prepare a Child's Plan would take longer than to deliver the intervention itself, then a Child's Plan might not be required. There is a degree of professional judgement to be used here.

Where agencies or third sector organisations provide targeted interventions to support the wellbeing needs of the child, an evaluation of the support based on the SHANARRI wellbeing indicators is required as part of the review of the Child's Plan. If the worker has concerns about the wellbeing of the child which is different to the need they were

supporting, this information should be shared with the Named Person. Where there is a child protection concern local child protection procedures should be followed and any actions to support the child in relation to the child protection concern should be included in the Child's Plan. Under Part 5 of the 2014 Act, the Child's Plan is to be reviewed and amended as appropriate in line with the child's developing needs. This is one of the functions of the Lead Professional, whose role is to manage and co-ordinate support when more than one agency is involved with a young person. This should replace practice in areas where ongoing concerns, failure to engage and evaluations of the intervention are referred back to the EEI multi-agency group for consideration.

It is the responsible authority's role to consider the views of the child, parent, the child's Named Person and anybody else they consider appropriate within all Child's Plans. Currently children and their parent/carers are informed of the possibility of the offence being referred to EEI by the police. In most areas the child and family are sent a letter advising that an EEI meeting will be taking place and then the decision of the meeting. Under the 2014 Act, their views will need to be considered and included within all Child's Plans.

The process of referring a child to the Children's Reporter is unchanged by the 2014 Act. If a wellbeing assessment indicates that a child is in need of protection, guidance, treatment or control, and that it might be necessary for a compulsory supervision order to be made to ensure that the child's wellbeing needs are met, as specified in the 2011 Act, a referral should be made to the Children's Reporter.

Future Changes

With the introduction of the 2014 Act, there will need to be changes to current EEI processes. Partners will need to work together to revise their process in line with the 2014 Act.

The COPFS makes the decision as to whether a young person is suitable for diversion from prosecution. Until the commencement of Parts 4 and 5, we will not know exactly how the 2014 Act will impact upon diversion, but currently, we can envisage that the police will forward wellbeing information to the Named Person service and the SPR2 to the PF. The Named Person and diversion co-ordinator/lead should discuss the young person's wellbeing and assess their suitability for diversion. The ultimate decision lies with the PF who does not have a duty to inform the Named Person of the outcome of their decision. Where diversion coordinators are from social work or Police Scotland, under Part 4 of the 2014 Act if they have information (relating to the diversion) that is likely to be relevant to the Named Person functions, they are required to share this information, subject to the tests set out in section 26 of the 2014 Act.

As many of these processes will be new to the majority of Named Persons, training will be required and information given with regards to the different schemes in place and the evidence for their effectiveness.

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

Section 5: Managing Risk of Serious Harm

June 2017

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Contents

1. Introduction

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

This group is considered to present a high risk because their behaviour has already caused serious harm to someone or has potential to do so. “Risk of serious harm is defined as the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible” (RMA, 2011, p24).

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

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

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

Violence

Violence is a broad term that has proven difficult to define precisely and distinctions are often made between various types of violence for example: youth violence, gang violence, domestic violence, sexual violence, stalking and knife crime. The World Health Organization defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”, and identifies four means by which violence may be inflicted: ‘physical, sexual, psychological attack, and deprivation’ (WHO, 1996). According to this definition, the key elements contributing to violence are the level of intent, whether coercion or force is used, and the potential for harm to the person, whether this is realised or not (RMA, 2011).

There is an overlap between violent behaviour and insofar as some abusive incidents may be acts of sexual aggression (e.g. rape). However, there are also clear differences in that not

all violent behaviour has a sexual component and some sexually abusive acts do not use force or coercion (e.g. when a victim has been groomed).

Key Messages from Research: Violence

- **Physical aggression** has been shown to increase from age 11 approximately peaking around age 13 years to 15 years (Kirsh, 2003). Gallarin and Alonso- Aribol (2012) highlighted within their paper on parental attachment that it is not just behavioural elements that must be considered but also the cognitive and emotional aspects of aggression as cited in Working with young people who offend (2015).

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

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

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

- **Persistent violent offending in adolescence is associated with victimisation and social adversity.** The Edinburgh Study of Youth Transitions and Crime (2010) found that the key predictors of violent behaviour for boys at age 15 are:

    - self-harm,
    - crime victimisation,
    - family crises,
    - adult harassment,
    - bullying,
    - alcohol and drug use,
    - early initiation of violence by age 12,
    - poor parental monitoring,
    - weak school attachment
    - Peer offending

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

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

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

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

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

Harmful Sexual Behaviour (HSB)

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

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

Considering the scope of HSB by young people within the UK, between one fifth and one quarter of all cases of this nature are perpetrated by young people, with the most common age of referral being 15 (Hackett, 2013). The University of Edinburgh/ NSPCC study (Radford et al; 2012) into service provision for young people involved in harmful sexual behaviour highlighted that two thirds (65.9%) of contact sexual abuse experienced by children under 18 years was carried out by someone aged under 18; four out of five children aged 11-17 (82.7%) who experienced contact sexual abuse from a peer did not tell anyone

else about it. Adolescent, white males continue to form the largest group of those who exhibit harmful sexual behaviour. However those from minority ethnic groups, younger children, females and those with a learning disability are to a lesser extent included in any statistical figures[2].

Child development and HSB

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

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

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

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

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

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

[2] THE UNIVERSITY OF EDINBURGH/NSPCC Provision for young people who have displayed harmful sexual behaviour **CHILD PROTECTION RESEARCH CENTRE** REPORT: April, 2013 Page 6 of 47 ; (Erooga and Masson 2006).

Key Messages from Research:

- **Work with young people who display HSB requires a child protection approach.** In all cases where a child or young person presents HSB, immediate consideration should be given to whether child protection measures are required, either to protect the individual harmed or because there is concern about what has caused the child or young person to behave in this way. This is covered in Part 4 of the National Guidance for Child Protection of Scotland.

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

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

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

- **Denial of involvement is not an indicator of increased risk** (Hanson and Bussiere, 1999). Many young people involved will display some form of denial, this can range from full denial of their behaviour to minimising or justifying their behaviour. This is unsurprising; behaviour of this nature is highly stigmatised in society and accepting responsibility is likely to have negative implications for the child. Considering justifying behaviour, many young people will display some form of distorted thinking to justify their actions. Overcoming denial should therefore not be considered as a key treatment goal (Marshall, et al 2001)

- **Sexual abuse often takes place in a secretive context and can involve targeting, coercion or bribery.** Young people who display HSB will often be known

to the victim, and will sometimes be related. The victim is likely to be young and vulnerable and maybe deemed not to be a 'credible witness'. When working with adolescents, HSB can often be difficult evidentially to prove and we will not always have a clear legal mandate for assessment and intervention work. Motivation and engagement skills are necessary along with careful consideration of ethical reasons for whether we should or should not intervene.

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

HSB and Technology

Children access the internet via phones, tablets and computers for a range of diverse reasons and most offer them positive learning and development opportunities. Technology use is now thoroughly embedded in children's daily lives with 65% of 12-15 years olds in the UK having access to a smart phone and 20% of 8-11 years olds also reportedly having access to this technology (Palmer, 2015).

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

- There are some views that with the increased availability of high-speed internet access and ease of access to pornography, pornography can become addictive in nature (Wilson, 2014). Others contest that young people viewing pornography (and specifically child pornography) require targeted interventions focussed on dysregulated internet use and deviant sexual arousal (Aebi, 2013).

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

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

- Downloading, trading and production of child abuse images: Children and young people are estimated to be responsible for downloading between three and 15% of child pornography (Aebi, 2013).

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

Working with young people who offend (2015) examines the literature regarding violence, substance misuse and harmful sexual behaviour presenting an overview of effective practice with such young people. It explores the literature in relation to a range of interventions and risk assessment tools highlighting that no one risk assessment instrument or intervention is advocated at the expense of others and highlights the benefits that a combined structured professional judgement and actuarial approach provide.

3. The policy context

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

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

Getting it Right for Every Child (GIRFEC)

National Risk Framework (NRF, Calder 2012)

Care and Risk Management (CARM) Appendix 1 to Framework for Assessment, Management and Evaluation (FRAME, SG 2014)

In working with young people who pose a risk of serious harm, in accordance with GIRFEC practitioners should:

- Put the child or young person at the centre and develop a shared understanding within and across agencies
- Use common tools, language and processes, consider the child or young person as a whole, and promote closer working where necessary with other practitioners

Considering the role of NRF in working with young people who display risk of serious harm, this tool is designed to assess wider welfare and child protection concerns and may need to be applied in line with GIRFEC national practice guidance where such concerns are present.

Practice with young people is also governed by CARM, which was developed to promote a child focussed multi-agency practice that values the diversity of the roles, skills and knowledge of the various agencies and is underpinned by GIRFEC and a shared understanding of the language, principles and processes of risk management practice.

Decision making processes

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

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

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

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

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

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

4. Applying a Risk Assessment process

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

Where a young person poses a risk of serious harm, the risk assessment should be comprehensive enough to provide a *scrutiny* of the risk. This will involve developing an understanding of the young person in terms of their development, attitudes, beliefs, coping strategies, behavioural patterns, relationships, goals and environment. If an appropriate and effective risk management and risk reduction plan is to be developed with the young person, it is essential to establish a good understanding of what needs to change in the young person's life, what might motivate that change and how the change process can best be supported over time.

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

Identification

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

- Historical and current factors about the young person, understanding his or her life circumstances and behaviour as to how this impacts and influences further offending (risk factors) or desistance (strengths). The application of appropriate risk assessment tools assists and is integral to assessment and a structured professional judgement approach should be utilised.
- Nature of previous and current offences
- Seriousness of previous and current offences

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

Risk Assessment Tools

The analysis of the information you have gathered, from a range of sources, and the identification of the type of harmful and concerning behaviour should inform which risk tool is appropriate. It is the responsibility of the practitioner and the agency to be clear about which risk assessments they utilise within their Local Authority area, and this may be guided by criteria outlined by the Risk Management Authority in the Risk Assessment Tools Evaluation Directory (RATED). An appropriate instrument is one that is suitable for the individual and in its application, practitioners should be aware of the impact of age, gender, race, mental health and cognitive ability. To ensure that decision-making is responsible, ethical and defensible, risk assessment tools must be applied in line with the guidance provided by the

authors and should only be undertaken by practitioners who are qualified in the use of the instrument.

Direct Work with the Young Person

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

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

Involving Families in the Assessment Process

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

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

Analysis

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

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

Formulation

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

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

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

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

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

Scenario Planning

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

A scenario planning element exists in a number of structured professional judgement instruments and can prove useful when considering what actions are required to manage the

risk. It involves a series of steps:

- Consideration should be given to identifying the nature, seriousness, victims, circumstances, context and time frame of offending behaviour in a number of different scenarios including:
  - **A similar scenario (repeat)**, e.g. a repeat of previous behaviours resulting in the same or similar offence
  - **A more serious scenario (escalation)**, e.g. an escalation in offending such as a shift from low level violence to the use of a weapon
  - **A more positive scenario (improvement)**, e.g. desistance from offending or a reduction in the frequency, seriousness or type of offending
  - **A somewhat different scenario (twist)**, e.g. evidence of a change in the pattern or circumstances of offending, such as variance in location or victim targeting.

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

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

Evaluation

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

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

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

Secure Care

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

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

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

However s83 (5) of the Children's Hearing Scotland Act 2011 also states "having considered all other options including a movement and restriction condition, secure accommodation is considered necessary". The wording in the 2011 Act reinforces the gravity of removing a young person's liberty and that such a decision must be **necessary** and not merely an option.

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

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

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

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

Movement Restriction Condition (MRC) and Intensive Supports

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

MRCs can be used in a variety of ways:

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

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

Intensive Support and Monitoring Service (ISMS)

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

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

- Holistic assessment: in line with GIRFEC practice and the use of appropriate risk assessment and management process

- Partnership working: to ensure that supports are effective and consistent

- Corporate parenting: providing young people who are looked after with opportunities as highlighted within the alternatives to secure care and custody guidance (2011) and in line with the "staying put" and continuing care philosophies in parts 10 and 11 of the Children and Young People (Scotland) Act (2014)

- Family work: Should focus on criminogenic factors relevant to the family dynamics considered within risk instruments and consideration given to specific interventions that address systemic family issues, such as Multi-systemic family therapy (MST) or Function Family Therapy (FFT).

- Accommodation options/supports: There are many examples e.g. Kevin Rooney significant case review by Gachagan (2013) that cites unstable living arrangements as contributing factors to offending behaviour. Whilst the provision of stable accommodation is crucial for all young people there has been recognition of the particular impact for care leavers with the Staying Put (2013) and Housing Options for Care Leavers (2013) highlighting the need for transitional support into adulthood and improving accommodation options for such vulnerable groups.

- Immediate provision of support: Speedy responses such as attending court with the young person help them to connect responses to their behaviour.

- Intensive support /crisis support: Should be flexible and responsive to the needs of young people and those who care for them and assessed risks. Consideration should be given to options such as, respite, the provision and intensity of 24/7 support. Frequent reviews of Child's Plan and services provided is crucial, with the need being to strike the right balance between supports, which attend to the risks, yet do not overwhelm the young person or carers, which could contribute to breakdown.

- Monitoring/surveillance: (see point 5 of this Section on risk management)

- Development of community opportunities: Should be made available to young people where required, this can be in the form of exploring personal interests and identifying pro-social activities for them to become involved in or addressing negative social learning through mentoring and role modelling approaches (Mulholland et al 2016).

- Exit strategies/continued support: (see point 5 of this Section on risk management)

Communication

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

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

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

- A description of the problem (summarising the nature of the offending behaviour and the likely risk scenarios that need to be managed).
- The process of assessment that has been followed (i.e. details of the sources that have informed the report, any risk instruments that have been used, and any particular methodology that has been applied).

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

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

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

Additional Considerations

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

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

5. Risk Management planning and practice

Where aspects of a young person's behaviour poses a risk of serious harm, a plan should be developed which clearly outlines how those risks will be managed and reduced. This plan

needs to specify the nature, frequency, severity and imminence of risk. In accordance with GIRFEC principles and the Children and Young Person (Scotland) Act (2014), the key areas of this plan should be integrated with the Child's Plan and communicated to the Named Person.

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

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

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

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

Arranging an initial CARM meeting: This is the responsibility of the referral co-ordinator and should be done within 21 calendar days from receipts of the referral. Typically, an initial meeting will involve named person, social work, police, health and education. At this point the parents/carers and young people should also be informed of the decision to arrange the meeting and the referral co-ordinator should consider whether it is appropriate to include them in all or part of the meeting. The involvement and engagement of the young person and their family is critical to the implementation of any risk management and reduction plan. Where there is an ongoing police investigation, this should not prevent the meeting taking place and splitting the meeting would allow for sub-judice information to be shared between professionals, as well as, ensure the inclusion of the young person and family in the process.

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

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

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

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

Risk Management Plans

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

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

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

Monitoring

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

Examples of monitoring activities include:

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

- Monitoring of use of social networking sites
- Drug testing

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

Supervision

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

Examples include:

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

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

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

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

Victim Safety Planning

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

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

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

Risk Management Protocols

Local authorities should have in place a risk management protocol for young people who display violent or Harmful Sexual Behaviours. Whilst CARM is proposed as the Scottish Government's best practice framework for assessing, managing and reducing risk not all local authorities have adopted it in its entirety. It may be adopted by local authorities as a protocol with adequate alterations to represent local needs. Local protocols should be signed off by Child Protection Committees (CPCs) and grounded within broader public protection structures and processes (e.g. Community Planning partnerships). Additionally local authorities should be cognisant of areas of overlap and the need for care and risk management processes to complement rather than conflict with existing arrangements (e.g. secure screening panels).

Other Agency Measures

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

Police Scotland are able, under the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, to apply for Risk of Sexual Harm Orders (RSHOs), which are civil preventative orders. An application for a RSHO can be made by the police in respect of any person of any age if it appears to the chief constable that that person has, on at least two occasions, engaged in certain inappropriate sexual conduct or communication with a child or children (under 16), and as a result there is reasonable cause to believe that it is

necessary for the order to be made. To obtain a RSHO, it is not necessary for the individual to have a conviction for a sexual (or any) offence. Guidance on the 2005 Act has been published to assist practitioners.

Interventions and treatments

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

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

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

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

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

Dominant Theoretical Approaches

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

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

The **Good Lives Model** (GLM, Ward 2003), referred to in Scotland as the Safer Lives Model, is a strengths-based approach to offender rehabilitation, and is premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of reoffending. The authors of the Good Lives Model describe offending behaviour as a way of meeting everyday human needs by inappropriate means. By identifying the person's needs and offering appropriate activities that meet those needs, this might prevent a repeat of negative behaviours.

In terms of other approaches, increasingly **solution focused approaches** have been employed with young people with HSB. The signs of safety approach (Turnell and Edwards, 1997; Myers, 2005) is employed by some services in Scotland, and supporters of the solution focused approach stress the importance of collaborative, interactive and motivational methods for working with this client group (Jenkins, 1990). There is little research on the effectiveness of this method as yet.

Placements and Transitions

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

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

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

Placement through Children's Hearings

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

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

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

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

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

Placement through the Courts

Many secure placements come via the Criminal Procedure (Scotland) Act 1995 despite the current drive of the Whole System Approach to divert children (including 16 and 17 year olds) from the adult Criminal Justice System. Children awaiting trial can be held in secure accommodation on remand under Section 51 (1). This allows a court to remand children under 16 years to the care of the local authority and this may (although need not be) in secure accommodation. Remands are generally for an initial seven days and may extend to 140 days. Serious offences involving juveniles are dealt with under solemn procedure. Children convicted of murder may be sentenced under section 205 of the 1995 Act, which

carries a mandatory life sentence. Those convicted of other cases heard on indictment can receive a determinate length of sentence under section 208. Children convicted of an offence under summary procedure may be sentenced to residential accommodation under Section 44 (1) of the Act for a period of up to a year, although they can only be kept in secure accommodation if the legal criteria above are met.

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

Transitions and Endings

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

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

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

6. Additional Considerations

Information sharing

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

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

2. It ought to be provided for that purpose, and;

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

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

- advising, informing or supporting ;
- helping to access a service or support, or;
- discussing, or raising, a matter with a service provider or relevant authority

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

Staff supervision and support

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

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

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

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

7. Conclusion

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

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Section 6: Reintegration and Transitions

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Contents

1. Introduction

'Reintegration and Transitions' is an umbrella term frequently used to describe policy and practice in respect of children and young people who are at the interface between services, systems and processes. In this section 'transitions' refers to children and young people:

- Moving from children to adult services;
- Moving from school to employment, training and further/higher education;
- Moving from childhood into adolescence in developmental terms;
- Moving from the Children's Hearings System (CHS) to the Criminal Justice System (CJS);
- Moving from the community to secure care or custody and vice versa; from secure care to custody; and Young Offenders Institutions to adult establishments

Likewise, 'reintegration' means:

- Children and young people moving from having a legal order in place, for example a Community Payback Order or Compulsory Supervision Order, to having no such order;
- Young people returning from secure care or custody to their community.

In this section, the transitions from the Children's Hearings System to the Criminal Justice System, to and from secure care or custody and reintegrating back to the community will be focused upon to provide information on the importance of good practice and how this can be achieved to deliver the best possible outcomes for young people.

Reintegration and Transitions practice has been one of the areas prioritised under the Whole System Approach (WSA) (see Section 1) and this section should be read in conjunction with the Scottish Government suites of guidance to support implementation of the WSA, in particular the Reintegration and Transitions Guidance (Scottish Government, 2011a) with updated guidance due to be published in 2017, and Youth and Criminal Justice in Scotland: the young person's journey (CYCJ/Iriss, 2017).

2. Transitions from Children's Hearings System to the Criminal Justice System

In Scotland's Choice: Report of the Scottish Prisons Commission (2008, p. 30), McLeish et al. noted that:

"….unlike in most other countries, at the age of 16, many young people who commit offences face a very abrupt transition from the Hearings System, where the emphasis is on

helping them to develop and change, to the adult courts, where the emphasis is on punishing them".

While efforts have been made under the WSA to improve on this position, Dyer (2016) has highlighted that although Scotland prides itself on the welfare-based Children's Hearings System, the majority of young people who end up in court could have had their behaviour addressed through the CHS. Too many young people aged under 18 are still being prosecuted as adults, in adult courts with this bringing lifelong consequences (Dyer, 2016). Moreover, the Scottish Prisons Commission (2008) noted that young people can have a series of unmet needs on entry to the CJS, which if not met, and the young person not supported through the criminal justice process, can lock them into a cycle of reoffending. There are various situations which can result in failure to maximise the use of the CHS to manage assessed needs and risks in a child-friendly, age appropriate forum, highlighted below.

2.1 Premature termination of Compulsory Supervision Orders (CSOs)

While a CSO may be continued until a young person reaches the age of 18, it remains the case that many CSOs are terminated on or around a young person's 16th birthday, with the retention of young people on CSOs more often the exception rather the norm. The implications of such decisions are significant, in terms of limiting the future ability of children to be supported through the welfare-based CHS, where most could have their behaviour addressed while having their needs, age and stage of development taken into account (Dyer, 2016). Moreover, this will often accelerate entry to the adult CJS in dealing with new or subsequent offending, with the raft of negative outcomes this can bring, as well as contributing to the failure to uphold children's rights as per the UNCRC (Dyer and Nolan, forthcoming; Dyer, 2016). Likewise, such a decision can increase the vulnerability of young people by constraining access to childcare legislative entitlements. Legislative and policy change has recognised the particular developmental issues and needs experienced by looked after children, aiming to ensure that any transitions for these young people are graduated and extended. This has been through the introduction of the Staying Put Scotland guidance (Scottish Government, 2013) and the new duties on local authorities under Parts 10 (Aftercare) and Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014). However, the premature termination of orders can constrain access to such entitlements.

In responding to these concerns, the Association of Directors of Social Work (ADSW), now Social Work Scotland, in conjunction with the Scottish Government issued the Position Statement Young People aged between 15 and 17 in the CHS. It stresses the following underlying principles ought to influence decision-making:

- Action must include a consideration of a young person's wider emotional, developmental and family needs;
- Alternatives to custody must be considered in each case by the report writer and court social worker;
- Young people should continue to be supported on a CSO between the ages of 16 and 18 when this is in their best interests

Moreover, it states that it is not appropriate to base a recommendation for termination of a CSO solely on the basis of:

- The young person's outstanding offences;
- The age of the person (unless approaching 18);
- The young person's failure to engage with services that are assessed as necessary;
- The fact that the young person is in the adult court system or has been given a custodial sentence.

Likewise, the Supporting Young People Leaving Care in Scotland Guidance (Scottish Executive, 2004) states that young people should remain looked after up until the age of eighteen years if that is in their best interest. This general principle applies regardless of care setting and includes those looked after at home, with the early termination for CSOs based on factors such as age, or levels of engagement, to be avoided.

In spite of this, various arguments continue on occasion to be cited as the basis for terminating CSOs, which should be avoided and countered where evident by all parties working with the young person, including:

- The young person is not engaging with services. However, to be placed on a CSO, the test for compulsion outlined in the Framework for Decision Making By Reporters requires to be met, which states: "The lesser the motivation to change, or the willingness to co-operate, the more likely that compulsory measures are required" (SCRA, 2011, p.8).

- Ultimately 16 and 17 year olds are adolescents, not mature adults. They are often vulnerable and have often already demonstrated their difficulty in making positive choices for themselves by being made subject to a CSO. By prematurely terminating this Order they may quickly reoffend and end up in the revolving door of remands and short sentences with limited opportunity for intervention within the custodial setting.

- The young person is more likely to engage if supervised under a Community Payback Order (CPO). Both CSOs and CPOs require that a young person has an allocated social worker with whom they meet regularly for purposeful contact. CSOs are extremely flexible in nature and it would be surprising if a young person with Offender Supervision Requirement as part of a CPO would be able to provide a form of service provision that was significantly different in focus or more robust.

- The young person has already been made subject to a CPO; therefore the CSO has become redundant. In fact this dual status may prove beneficial. Depending on the age of the young person and length of any CPO imposed, if the CSO is terminated and the young person subsequently breaches the CPO, or the Order ends before the young person is 18, they may lose the support services provided within the CHS,

including the possibility that further offences might be considered by a Hearing rather than the Court.

- The young person is in secure care or custody. However, the length of time for which they are detained will vary depending on whether they have been remanded or sentenced. The length of detention may be short and premature termination of a CSO would lead to a situation whereby instead of having a legal duty to provide a service to the young person, the local authority would simply have the power to do so. The argument could also be made that a young person who was "looked after" at the point of entering the custodial or secure environment becomes a "child in need" following the thinking of the Honourable Mr. Justice Munby in his judgement in the Howard League case on the Children Act 1989 in England and Wales.

- The young person will not be able to obtain supported accommodation if they are subject to a CSO but the ADSW position statement makes it explicitly clear that this should not be the case.

- The young person wants to be treated as an adult, believes he/she has outgrown the CHS and emphasises that his/her views must be given due consideration. While the young person's views should always be taken into consideration, their ability to manage risky situations during adolescence and to make wise decisions is likely to be as limited as that of young people who are not "looked after" and who rely on their parents and carers for support and advice for many years. In making any assessment and recommendation, all responsible Corporate Parents must weigh up the young person's desire to be treated as a "grown up" in the "adult system" with the negative consequences which may stem from the their non-compliance with Court.

2.2 The failure to utilise remittal to the Children's Hearings System

As detailed in Section 1, Scotland has legislative measures to enable young people aged under 18 years who appear in court to be remitted to the Children's Hearings System for advice or disposal. However, as highlighted by Dyer (2016), the number of young people who are remitted for advice and particularly disposal to the Children's Hearing is extremely low, with on average only 10% of those 16 and 17 year olds attending summary court referred to the CHS from the Sheriff Court for advice and 6% for disposal between 2009/10 and 2013/14. It is therefore imperative that all social workers are familiar with s.49 Criminal Procedure (Scotland) Act 1995 which outlines in detail the circumstances whereby young people found guilty of an offence in an adult court may have their cases remitted back to a Children's Hearing for advice and/or disposal (see Section 1). Moreover, all social workers should follow guidance as detailed in Section 1, which makes clear:

"The report writer must **always** comment on the option of remittal back to the Children's Hearing, (where the subject of the report meets the criteria of being under 17 years and six months) **but** it is critical to be clear that remittal is being considered with a view to work being undertaken which will address both the needs and risks already identified as well as

being tailored to the young person's stage of development" (Scottish Government, 2010, p.52).

Research indicates that this does not always happen in practice, with it being important that local methods are developed to ensure this is the case and workers are supported to provide the court and the CHS with good quality action plans to support decision-making in respect of remittal (Nolan, 2015). In addition, where a young person is nearing 16 and has outstanding offences, consideration should be given to referring young people to the Children's Reporter (Dyer, 2016). While further legislative change could support the aim of ensuring attendance at court is the option of last resort for all under 18s in Scotland, it is imperative that the current measures detailed above are maximised if we are to prevent the trend of too many young people appearing in court continuing (Dyer, 2016).

3. Young People in transition to and from secure care and custody and reintegrating to their community

As part of the WSA, alternatives to secure care and custody should be utilised wherever possible and appropriate (Scottish Government, 2011b). For those young people whose needs and risk cannot be managed in the community, secure care should be utilised rather than custody (CYCJ/IRISS, 2017). This is because secure care is deemed to provide more age-appropriate facilities, offering more relationship-based and therapeutic, trauma and attachment informed support, and a greater ratio of staff to young people (Gough, 2016; Lightowler, Vaswani and Orr, 2014).

Young people in secure care and custody are some of our most vulnerable, disadvantaged and excluded in society. The transition to and from secure care or custody are major, often traumatic, life events for young people, which in addition to the negative effects this experience in itself can bring, may exacerbate pre-existing vulnerabilities and disadvantage, rendering young people susceptible to a range of (further) negative outcomes on release (Hollingsworth, 2013; Bateman, Hazel and Wright, 2013). Moreover, it is recognised that the removal of young people from their families and communities to secure care or custody interferes with processes and factors generally thought to promote desistance, including developmental processes, positive links with the community, family ties, employment and housing (Rutherford, as cited by Bateman et al., 2013; Bateman et al., 2013) (See Section 3 for more on desistance). It is however important that the stability a period in secure care or custody can provide is utilised as an opportunity for intervention (Vaswani, Paul and Papadodimitraki, 2016).

Throughcare (sometimes called resettlement) refers to a range of supports provided by social work and other services, both from within and outside the criminal justice system, the statutory and third sector, to young people entering secure care or custody and their families from the point of sentence or remand, during their period of detention and subsequent return and reintegration to the community (Malloch, 2013a; Scottish Government, 2011a). The dual aims of throughcare support are (Malloch, 2013a; Griffiths, Daudurand and Murdoch, 2007):

- To reduce the likelihood of reoffending and ultimately to support desistance, which can be defined as

"...the long-term abstinence from criminal behaviour among those for whom offending had become a pattern of behaviour" (McNeill et al., as cited by Smith, Dyer and Connelly, 2014, p.7); and

- To support the transition for young people returning and reintegrating to their community from secure care or custody

It should be noted throughcare is distinct from aftercare for care leavers (as defined in the Children and Young People (Scotland) Act 2014). In reality many young people in secure care and custody will also have aftercare entitlements, with Broderick and Carnie (2016) finding a quarter of the youth offender institution population sampled were care leavers. It is good practice that any young person who is sentenced prior to their 16th birthday is treated as a looked after child and receives such benefits (see Celcis (2014) for more information). It is important workers understand and are able to communicate to young people these entitlements, as research has shown young people are often unaware of, or do not identify with, their care leaver status and do not know about these entitlements (Dyer and Nolan, forthcoming; Scottish Care Leavers Covenant, 2015). In seeking to address this, a protocol for the identification of looked after young people and care leavers by justice agencies has been developed, which all practitioners should be familiar with and utilise (CYCJ, 2016). It is also important all practitioners can support young people to have these entitlements fulfilled (Celcis, 2014; Scottish Care Leavers Covenant, 2015).

While there has been a lack of research specifically focused on the throughcare needs of, and effective practice with, young people aged under 18 (Bateman et al., 2013), a number of principles of, and pathways for, effective throughcare practice have been identified which will be highlighted below, prior to exploring some of the practical arrangements for supporting these young people and the importance of overcoming practice challenges.

3.1 Principles of effective throughcare practice

A number of principles should underpin and be implemented in practice to support effective throughcare (see Scottish Government (2017) for a summary). These include:

- **Child-centred and rights-based practice:** Young people in and leaving secure care and custody should be primarily recognised as children, rather than "young offenders" (Gray, 2011). Gray (2011) has argued this recognition has important implications for the focus of throughcare support and this is an area of practice where less attention has been accredited to the rights and entitlements of young people.

- **Ensuring and sustaining engagement in the throughcare process:** Engagement of young people throughout the throughcare process is one of the prerequisites for effective intervention (Bateman et al., 2013). Moreover, engagement brings a number of wider benefits, each of which are linked to desistance including cognitive and emotional change; supporting reflection on who the young person would like to be; enhanced self-confidence and self-esteem; and fostering agency and empowerment (Bateman and Hazel, 2013; Wright and Francis, 2014). However, gaining and sustaining engagement can be difficult for various reasons including resistance; the chaotic lives of young people; previous negative involvement with services; adverse effects of labelling; negative self-perception; and lack of motivation (Bateman and

Hazel, 2013). Therefore key factors in achieving and sustaining engagement include early involvement in planning; persistence, patience and perseverance from staff; boosting motivation by making supports appeal to young people, relevant to their perception of needs, goals and future, and persuading of the benefits of engagement; flexibility to respond to the young person's needs; the ability to share creatively information with young people about the systems and processes they are in to increase their understanding; and recognising needs and risks but also strengths (Bateman and Hazel, 2013; Wright, Hazel and Bateman, 2014; see also Wright and Francis, 2014; Dyer and Nolan, forthcoming; Gough, 2016).

- **Importance of relationships:** Relationships between young people and service providers make a vital contribution to young people's engagement and Healy (as cited by Malloch, 2013a, p.24) has stated:

  "…desistance is more likely to be achieved when a 'working alliance' between service user and service provider is developed".

  Moreover, for looked after young people and care leavers, the importance of consistent relationships and continuity of such relationships is well-acknowledged (Care Inquiry, 2013; IRISS, 2015). As young people transition into and out of secure care and custody, an inherently new and challenging period of their lives, it is vitally important they are supported to maintain positive relationships with professionals and carers:

  The importance of relationship continuity should not be forgotten….as they are likely to be key to successful transitions'" (Scottish Government, 2016, p.32).

  Factors identified in research to support such relationships include staff:
  - Being empathic; non-judgemental; interested; genuine; committed; consistent; caring; warm; hopeful and optimistic;
  - Promoting individual responsibility but being committed to social justice and recognise the experiences young people have been through; their stage of development; start where the young person is; and focus on what the young person can be rather than solely what they have been or done;
  - Managing expectations and legitimate exercising of authority;
  - Being credible and getting things done (Trevithick; McNeill, as cited by Bateman and Hazel, 2013; Mason and Prior, as cited by Bateman et al., 2013; Malloch et al., 2013; Gough, 2016).

- **Ensuring a continuous service:** Throughcare support should form part of a seamless sentence, starting at the point of sentence or remand, that builds upon plans and supports prior to entering custody, progress made during the period of sentence or remand, and continues post-release (Bateman et al., 2013). Moreover, to support continuity and in recognition of the importance of relationships, contact from staff within the community should continue during the young person's period of detention and any new services who will work with the young person on release should make contact early in the young person's sentence (Bateman et al., 2013; Malloch, 2013a). This is illustrated by Smith et al. (2014, p.5) in stating:

"Having continuity of support from a social worker for the duration of the sentence should be an important part of the rehabilitative process."

- **Preparation for release:** Preparation of the young person and planning for release should commence at the point of entry to custody or secure care. A forward looking, long-term perspective should be adopted, with services accessible at the point of need and progressing at the young person's pace (Malloch, 2013a; Bateman et al., 2013). Young people should be fully involved in planning for their release and know what support will provided and by whom (Gough, 2016). It is essential that this information is provided in as accessible a form as possible.

- **Holistic, comprehensive and individualised support:** Young people entering and leaving secure care or custody will often have multiple and complex needs (Beyond Youth Custody, 2015). In achieving its dual aims, throughcare support needs to address offending behaviour as well as practical, social, emotional and welfare needs, with the key pathways for effective reintegration discussed below (Bateman et al., 2013). It is therefore important that support is individually tailored; proportionate to need and risk; wrap around and appropriately sequenced; addresses those concerns of greatest priority to the individual, which if not addressed may impact on other supports and areas of intervention for example offence-focused work; and is realistic about short and long-term goals (Beyond Youth Custody, 2015; Malloch, 2013a). It is also important that supports take into account, develop and build upon strengths and resources; resilience is promoted; narratives of desistance are encouraged; and strategies are built to help young people face and tackle obstacles that they may face in accessing and utilising opportunities (Raynor, as cited by Bateman et al., 2013).

- **Effective partnership working:** In light of what has been said above, it is impossible for one agency to provide effective throughcare support, instead requiring a range of service providers both within the secure care/custody environment and the community and across sectors (Bateman et al., 2013). To be effective this requires:

    - Adequate coordination of services, to prevent fragmentation and duplication;
    - Appropriate and ongoing communication and information sharing;
    - Clearly defined roles and responsibilities, which are communicated to young people in understandable ways;
    - Values underpinning partnership working including respect, appreciation and understanding of each agency's roles, trust, openness, and working towards a common goal;
    - Third sector organisations can often be key partners, with McLaughlin (as cited by Malloch, 2013a) citing the benefits that can be provided by this sector as including: flexibility; responsivity; often being rooted in the community the young person is returning to; perceived as not being aligned to any statutory agency; and in gaining trust and building relationships with service users;
    - Partnerships should extend beyond services to the young person's family, representatives of the community, and potential future

employers (Malloch, 2013a; Hazel et al., as cited by Bateman et al., 2013).

- **Support in transition and post-release:** Transitions into and out of custody and secure care can be stressful, overwhelming and disorientating experiences for young people, with readjusting to a new life regime, becoming familiar with an new environment and renegotiating relationships, to the extent:

  "…Children's related experiences [in the weeks post-release] are consistent with symptoms of adjustment disorders which carry increased risks of long-term psychiatric illnesses and suicide" (Bateman and Hazel, 2015, p.3).

  It is therefore unsurprising that the period immediately following release is associated with increased risk of breach, reoffending and other negative outcomes, with Bateman and Hazel (2015, p.7) concluding:

  "The period immediately after release has been identified as a window of opportunity during which young people may be committed to giving up offending (Bateman et al., 2013). The shock of leaving custody, however, if not addressed, might tend to undermine that commitment, thereby reducing the prospects for desistance."

  It is therefore important that:
  - Young people are prepared early in their sentence for release, how this may feel and difficulties that may be faced. Periods of mobility or temporary release may be beneficial;
  - Support is established pre-release, young people understand post-release plans and contact arrangements;
  - Enhanced support is provided and planned support is available at the point of transitions;
  - Young people are given time and flexibility in this adjustment period and a reasonable, structured timetable and activities for the initial period is considered;
  - Supports are provided not just in the initial days and weeks but in the longer-term based on the needs of the young person;
  - Supports are premised on positive and well developed relationships (Hazel, as cited by Bateman et al., 2013; Malloch, 2013a; Bateman and Hazel, 2015).

3.2 Pathways for effective reintegration

There is general agreement in the research that five pathways underpin effective reintegration: accommodation; education, training and employment; health and substance misuse; involvement of families; and financial stability (Youth Justice Board, 2005). Who is best placed to provide support under each of these pathways will vary on a case-by-case basis and as detailed above a range of service providers are likely to be involved. It is however fundamental that all professionals involved with a young person proactively inquire about the young person's position in each of these areas; share this information with the Lead Professional; provide any supports they can from their own organisation as well as any information about other appropriate supports that may be available to address identified

needs; and that the Lead Professional coordinates any such supports. It is also essential to recognise work in each of these pathway areas should be underpinned by the principles of effective throughcare practice highlighted above, and that opportunities and support provided under one pathway area will impact on other areas.

It is also important that professionals are aware of the duties of corporate parents and are able to advocate on behalf of looked after children and care leavers up to their 26th birthday to ensure these duties are fulfilled. The Children & Young People (Scotland) Act 2014 identifies new corporate parents and places new duties on them and on local authorities (under Part 9). Regardless of, or in addition to, any release and reintegration plan, care leavers leaving secure care or custody can request an assessment of need (Part 10, Aftercare). If requested, local authorities **must** undertake a needs assessment and if eligible needs are identified, **must** ensure that these needs are met up to the young person 26th birthday. This may be directly or in collaboration with other named corporate parents or other agencies.

Accommodation

Housing problems may pre-date and be exacerbated by, or may be the result of, entry to secure care or custody, with accommodation consistently identified as a key concern for young people leaving secure care and custody (Scottish Government, 2015a). For example, in Duncalf's (2010) research, having to return to live with difficult/problematic/abusive families; poor accommodation; and becoming homeless were three of the five most cited negative outcomes experienced by care leavers, while in the 2015 Scottish Prison Service (SPS) prisoner survey (Carnie and Broderick, 2015) 45% of respondents reported losing their tenancy or accommodation when they entered custody, with this figure 27% for young people and 33% reported not knowing where they would live on release (Broderick and Carnie, 2016).

While loss of accommodation and homelessness are the most obvious concerns, Shelter Scotland (2015) and Scottish Government (2015a) have highlighted wider issues such as loss of possessions; accrual of arrears; in some areas inability to make homeless applications or gaining appointments with homeless teams prior to or for the day of release; shortage of appropriate, secure and supported accommodation on release; and lack of skills in managing a tenancy. There is also evidence that accommodation is a particular issue for women (Commission on Women Offenders as cited by Malloch, 2013a). While returning to their family of origin or previous household on return to the community may be an option for some, this is not always the most suitable place for young people, can be unstable and quickly break down which may result in the young person being placed in risky situations and/or experiencing further trauma-related harm (The Big Step as cited by Sapouna et al., 2015; Who Cares? Scotland, 2014; Bateman et al., 2013). Housing is however a key component of throughcare, intersecting with a range of the other pathways for effective reintegration including physical and mental health and accessing of education, training and employment, with those who experience accommodation difficulties on release significantly more likely to reoffend than those who have stable accommodation (Bateman et al., 2013; Malloch et al., 2013; Shelter Scotland, 2015; Scottish Government, 2015a).

At a practice level, housing-related service provision across Scotland during the throughcare process is inconsistent and varies by area (Scottish Government, 2015a). It is however

essential supports are provided to young people, both while in secure care and custody and on release, from a range of providers including public, third sector and specialist housing services, including:

- All those involved with the young person proactively inquiring about their housing situation and providing informed housing advice and support;
- Supporting the young person to/and as necessary informing appropriate agencies of changes of circumstances when a young person enters custody, towards the aim of maintaining the tenancy where possible (e.g. landlord, Department of Work and Pensions (DWP), mortgage provider);
- Making arrangements for securing existing accommodation and retrieving and storing possessions;
- Accessing support from specialist services, such as Shelter Scotland, who work within many prisons to enable the provision of specialist advice, support, and guidance;
- Making accommodation-related arrangements for dependents;
- Contacting and supporting relatives who may provide accommodation on release;
- Identifying and accessing safe, suitable and sustainable accommodation for release by providing information about processes; starting early any necessary assessments and applications (homeless legislation enables an application to be made eight weeks prior to leaving custody - if the local authority fails to accept or act on this they are also failing to uphold that individual's legislative rights); advocating on the young person's behalf; making arrangements for moving into accommodation; and coordinating of post-release appointments;
- Support to develop independent living skills and in tenancy management;
- Responding promptly to changes to housing circumstances (Shelter Scotland, 2015; Scottish Government, 2015a; Dore, 2015; Nolan, 2016).

Education, training and employment

Disengagement from education and poor educational experiences are all too common for young people in secure care and custody, with persistent truancy, school exclusion and lack of attainment strongly associated with offending, and in the 2015 Prisoner Survey young people were more likely than adults to report issues with writing, reading and numbers (Scottish Government, 2011b; McCoard, Broderick and Carnie, 2013). These experiences, when coupled with the stigma of having a criminal record; the requirement to disclose unspent convictions (and the complexities surrounding disclosure); and structural conditions which may impact more heavily on those with convictions, render the accessing of education, training and employment for those leaving secure care and custody more complex (Malloch, 2013a; McGuiness, McNeill and Armstrong, 2013; Nugent and Schinkel, 2016). Yet lack of employment and issues accessing education on return to the community have been identified in research by Duncalf (2010) and Glover et al. (as cited by Bateman et al., 2013) as key concerns, with 78% of male young people in the 2013 Prisoner Survey (McCoard et al., 2013) reporting getting a job was the most likely factor to stop them offending in the future.

Moreover, education, training and employment is linked to reduced offending and desistance for a variety of reasons including helping to establish financial stability; reducing unstructured

time; providing a daily routine, positive social relationships, basis of identity, and goals; and promoting self-esteem (Farrall, as cited by McGuiness et al., 2013). However, Kendrick et al. (2008) found for young people leaving secure care, education, training and employment was often the weakest part of throughcare support and this had a significant impact on other parts of the reintegration process. Thus while this should not be the sole focus of reintegration support, this should include:

- Ensuring information about any additional support needs are shared when a young person enters secure care or custody (see Scottish Transitions Forum (2017) for the principles of good transitions for young people with additional support needs);
- The provision of creative and individually tailored approaches to support learning and encouraging and supporting young people to utilise education, training and employability support and opportunities while in secure care and custody;
- Taking training, the pursuit of qualifications, timings of exams etc. into account in determining the most appropriate time for transitions, where possible;
- Providing good quality information and support regarding the disclosure of criminal records including the periods of disclosure, what requires to be disclosed, how this can be managed etc;
- Making efforts to have education, training and employment in place pre-release;
- Recognising the importance of the right course/job, at the right time, with the right, ongoing support to sustain this (Who Cares? Scotland, 2014; Smith et al., 2014; Bateman et al., 2013; Youth Justice Board, 2005).

Health and substance misuse

Young people involved in offending and particularly those in secure care and custody are more likely than the general population to experience a range of health related issues. This includes mental health issues; experiences of trauma such as abuse, neglect and witnessing violence; and loss and bereavement (see Section 10); Youth Justice Board, 2005; Vaswani 2014; 2015; Vaswani et al., 2016; Gough, 2016). Mental health issues, self-harm, suicidal behaviour, and trauma are particular issues for girls and young women in secure care and custody (see Section 7; Malloch, 2013a; Wright and Liddle, 2014).

Moreover, many young people in this population experience physical health needs, often which have not been assessed or addressed; speech, language and communication needs; experiences of brain injury; and have substance misuse problems for which support has often not been accessed (see Section 9; Youth Justice Board, 2005; Broderick and Carnie, 2016). The experience of secure care or custody and the trauma of return to the community may exacerbate these difficulties, which can present additional challenges to successful reintegration, as well as physical and mental health issues and substance misuse adversely impacting other reintegration pathways such as sustaining accommodation and employment, education or training (Malloch, 2013a; Youth Justice Board, 2005). However, the period where a young person is in secure care or custody can provide an opportunity for these needs to be addressed, with secure care and Young Offenders Institutions (YOI) having their own processes, procedures and responsibilities for ensuring health and wellbeing needs are met (CYCJ/Iriss, 2017).

Throughcare support should therefore include:

- Young people having their health needs assessed on arrival to secure care and custody, with any relevant information shared by community-based staff and needs met throughout;
- Access to both basic and specialist assessment and treatment as required;
- The provision of health promotion and health education as through non-school attendance this may have been missed;
- Prior to return to the community, making any necessary referrals to, and registration and appointments with, community-based services and pre-empting potential issues and developing contingency plans where possible;
- All staff should practice in a trauma informed manner, requiring an understanding of the prevalence of trauma for young people involved in offending behaviour and the effects of trauma;
- Staff should be alert to the potential for undiagnosed health issues with the young people they are working with and the impact this may have on their understanding of processes, compliance with the expectations placed on them and tailor their approaches to most effectively support and meet the young person's needs (see Section 10; Wright and Liddle, 2014; Scottish Government, 2011b; Youth Justice Board, 2005; McClafferty, 2016).

Involvement of families

As highlighted in the literature reviewed by Weaver and Nolan (2015) the role of the family in supporting reintegration and reducing reoffending is well established and has been highlighted in a variety of policy documents, including the National Parenting Strategy in stating:

"Family involvement can make a huge difference, both to the ease of transition and to building on any gains made while in secure care or custody" (Scottish Government, 2012, p.42).

However, such generalisations can obscure the complexities of experiences and the impact on families of a child's removal to custody or secure care, which may impinge on the abilities of families to do so (Weaver and Nolan, 2015). Moreover, young people leaving secure care and custody may be estranged from family members or such contact may neither be productive or beneficial to them (Sapouna et al., 2015; Hazel et al., 2016). Again for young women this can be even more problematic with the family context, family conflict and poor family relationships often a precursor to offending and issues of sporadic and infrequent family contact and isolation on return to the community common (Bateman and Hazel, 2014; Sharpe, as cited by Bateman and Hazel, 2014; Burman and Imlah, as cited by Malloch, 2013b). In spite of this the importance of the involvement of families in assessment, planning and information sharing and necessity to take parents' views into account has again been enshrined in the Children and Young People (Scotland) Act 2014. Furthermore, only 6% of young people responding to the 2015 Prisoner Survey (Broderick and Carnie, 2016) reported no regular contact with family and friends; within the sample of Smith et al. (2014) 34% of

the young men in custody reported their mothers were the main source of support, 20% had support from both parents, 6% from fathers only, and 6% from a wider network of relatives, leading the authors to conclude:

"Given the importance of families as the main source of support for proportion of the young people, their needs should also be taken into account" (p.5).

This support can also be important as in achieving and sustaining desistance young people may require to separate from previous associates, with the resulting pain of isolation and loneliness (Nugent and Schinkel, 2016). Likewise Who Cares? Scotland research (cited by Malloch, 2013b) identified contact as the biggest advocacy issue requested by looked after children in Scotland and young people in secure care felt contact time was restricted, with Malloch (2013b) highlighting that the families of young people in secure care have been accredited less focus than those in custody. It is also recognised family members can have a unique position, in fulfilling a number of the characteristics associated with effective throughcare support in being continuous (including providing familiar support in times of uncertainty and after formal support has ceased); consistent; offering individualised, wide ranging support based on their knowledge of the young person; promoting engagement with plans and services; and being a vital part of partnership working (Hazel et al., 2016).

In practice working with families should involve:

- The adoption of a whole families approach which takes into account family members' views and assesses and builds upon their needs and strengths by all professionals involved;
- Preparation of young people and family members for a young person's entry to secure care or custody, or on entry providing as much information as possible;
- Involvement and engagement of families as appropriate early on and throughout throughcare planning and support, and motivating family members to participate in this;
- Family work and involvement in interventions, although there is often no legal requirement to do so. This is however good practice and in particular should be included as part of the Child's Plan when the young person is subject to a Compulsory Supervision Order; is entitled to aftercare support; intends to return to reside with their family on return to the community; or will be released on licence;
- Promoting, supporting and seeking to address barriers to family contact where appropriate. This may include the need to undertake reparative work both between the young person and their family, as well as with professionals, and being able to support responses to family crises or relationship breakdowns;
- Support families, including siblings, in their own right, for example through the provision of advice, information, practical assistance and emotional support;
- Support to young people in secure care or custody who are parents;
- Fulfilling corporate parenting duties to young people in situations where the state remains or has been the young person's parent (Weaver and Nolan, 2015; Youth Justice Board, 2005; Malloch, 2013b; Criminal Justice Family Support Network, 2015; Hazel et al., 2016).

Financial stability

In research by Glover et al. (as cited by Bateman et al., 2013), 54% of young people reported concern about having sufficient income to survive on release, with the provision of financial support and legitimate income amongst the most common responses on what could be done to support young people leaving custody. Likewise, in Duncalf's (2010) research, financial issues were cited as one of the top five issues affecting current care leavers. The Scottish Government (2015a) has highlighted issues such as housing benefit rules, delays in payments following liberation and sanctions as areas of difficulty for people leaving custody, all of which underline the importance of support in this area to young people as part of throughcare support, which should include:

- Developing financial management skills;
- Providing high quality information on entitlement and arranging appointments with organisations such as DWP and Job Centre Plus where possible to ensure financial arrangements are made prior to release. Where delays in financial payments are likely, consideration should be given to how basic needs will be met;
- Applying to Scottish Welfare Fund pre-release for example for clothing or household goods (if accommodation has been arranged);
- Arranging access to forms of identification and bank accounts pre-release;
- Local authorities and other corporate parents take positive and proactive action to ensure that young people leaving secure care or custody and who qualify for aftercare support under Part 10 of the 2014 Act are aware of their entitlements to support and are able to access this (Scottish Government, 2015a).

3.3 Gender

The above principles of and pathways for effective throughcare and reintegration practice are gender neutral (Bateman and Hazel, 2014). While even less is known about the needs of vulnerable girls and young women, it has been suggested in throughcare support particular attention should be paid to (Bateman and Hazel, 2014):

- **Vulnerabilities:** Girls and young women in custody tend to be more vulnerable than their male counterparts and to have greater unmet support needs. Professionals should recognise and seek to address the vulnerabilities that for young women are particularly linked to offending such as relationship difficulties; experiences of abuse, victimisation and trauma; mental health issues; and alcohol and drug use;
- **Relationships:** Due to the links between relationships and offending, it is important girls are supported to explore and understand how past and present relationships impact on their behaviours and how alternative relationships can be developed and maintained in the future;
- **Empowerment:** Given the lives of young females in secure care and custody will often have been marked by vulnerability and subordination, empowering interventions are important in promoting self-esteem and optimism. This can be structural, for example in supporting gaining employment, and activities that seek to

build agency, such as in participation in planning, addressing past trauma, and building positive relationships.

See Section 7: Vulnerable Girls and Young Women.

3.4 Practical arrangements

The following section details the practical arrangements which should be fulfilled when a young person enters secure care or custody, during this period, and on release (see Youth and Criminal Justice in Scotland: the young person's journey for more information on the processes young people go through). At the time of writing, parts 4 and 5 of the Children and Young People (Scotland) Act 2014 have not been commenced (see Section 1). The updated WSA Reintegration and Transition's Guidance (Scottish Government, 2017) will provide further information in respect of Child's Plans and the role of the Named Person, as will specific practice materials regarding young people in secure care and custody, due to be published prior to implementation.

Entry to secure care or custody

Young people entering secure care or custody should have a Child's Plan or this should be developed as soon as possible. This Plan should be based on a comprehensive assessment of need and risk, guided by GIRFEC principles and informed by appropriate structured risk assessment tool(s) (an ASSET/YLS-CMI risk assessment and any other necessary specialist risk assessment tools) (see the Risk Management Authority Risk Assessment Tools Evaluation Directory (RATED) for an overview; CYCJ, 2012). This Plan should move with the young person and be shared with the receiving secure unit or YOI. The aim is to share information; support the provision of a continuous service by enabling pre-custody plans to be built upon; and assist in the provision of comprehensive, holistic and individualised support.

Where a CJSWR has been completed, it is the responsibility of the Scottish Court Service to share this with the receiving establishment but the local authority should confirm this has taken place (Nolan, 2015; CYCJ, 2016a). Other relevant information should be shared with the receiving establishment with reference to the principle of proportionality, information sharing protocols and legislation (CYCJ, 2016a). These documents should be shared on the day a young person is sentenced or remanded and if not previously shared they should be brought to the initial custody review (CYCJ, 2016a).

Reviews

Reviews are an essential part of the assessment, planning and support process and in achieving each of the principles of effective throughcare practice. Reviews should start early and be undertaken throughout a young person's time in secure care or custody, although the frequency and type of, and arrangements for, reviews will vary dependent on whether the young person is in secure care or custody; their legal status (including if they remain subject to a Compulsory Supervision Order; are remanded or sentenced; and what section of legislation they are sentenced under); and sentence length (see CYCJ/Iriss, 2017; Scottish Government, 2017). However, all young people should have:

- An initial custody review, which SPS establishments will notify WSA leads in local authorities of the need for, within 10 working days (although the timescales and arrangements for meetings vary-see CYCJ, 2016a);
- Subsequent review meetings at a frequency determined by the length of sentence and young person's needs;
- A pre-release meeting at least 10 days prior to liberation (CYCJ, 2016a)

The CYCJ (2016a) Information Sheet Reviews for young people aged under 18 in custody provides further information on who should attend reviews and the responsibilities of the local authorities for organising, chairing and recording reviews. Moreover, to support consistency, a template for the chairing and recording of reviews has been developed (CYCJ, 2016b).

During the young person's time in secure care or custody

During the young person's time in secure care or custody, work should be undertaken to meet needs and risks identified in the Child's Plan, via the provision of comprehensive, holistic and individualised support from a range of services. Most young people entering secure care or custody will already have a Lead Professional in the local authority where they normally reside, a role which should be maintained while the young person is in secure care or custody to ensure the local authority fulfils their responsibilities to these young people. The Lead Professional has a range of roles and responsibilities which include:

- Ensuring that the Child's Plan is implemented, managed and reviewed properly and to co-ordinate the support described in the Plan. This includes updating and sharing the Plan after each review; ensuring any reintegration and transition planning is incorporated into the Child's Plan; and this is reviewed in accordance with legislation;
- Ensuring the child or young person and family understand what is happening at each point so that they can be involved in the decisions that affect them;
- Promoting partnership working between agencies and with the child and family;
- Ensuring the child or young person is supported through key transition points (Scottish Government, 2011b; 2015b).

Pre and post-release support

While the legislative basis for post-release support varies (see Section 1), all young people should be prepared for and supported on release. This support is fundamental to improving outcomes for young people and includes those released without statutory requirements and on Home Detention Curfews (HDCs) with the risk of breaching HDCs particularly high for young people bringing significant consequences (see CYCJ, 2016c HDC Information Sheet for more details).

At a minimum all young people should have a pre-release meeting as detailed above and leave secure care or custody with a plan covering a period of at least three months to support them in the community (CYCJ, 2012). The plan should include information on

supports under each of the pathways underpinning effective reintegration and contingency plans that can be triggered as necessary. This plan should include support from local authorities and community planning partners, who have a responsibility to ensure resources are available for young people retuning to the community from secure care and custody, and can include third sector organisations (Scottish Government, 2016). It should also include details on how any aftercare entitlements will be met.

Support beyond custody can also be provided by Through-care Support Officers (TSO), who can provide time-limited support to enable and ensure young people are engaged with community-based support (CYCJ/Iriss, 2017). It is important post-release support begins immediately with the young person being met at the gate by a trusted and known professional if family support is not available; is regularly reviewed; and continues for as long as the young person requires it (Nolan, 2015).

A number of other transitions which young people may experience warrant attention.

Moving from Secure Care to YOI

The WSA ethos is that young people should serve as much of their time in secure care rather than custody as far as possible (CYCJ/Iriss, 2017). However, the transition from secure care to custody can be unsettling and it is important:

- This is planned and scheduled for the most appropriate time for the young person;
- The young person is given information about where they are going, what will happen when they get there and changes to structures and routines;
- The identified hall manager or Personal Officer from Scottish Prison Service (SPS) attends the young person's reviews prior to moving to provide and receive information;
- Where appropriate, a visit for the young person and family members to the YOI should be facilitated before moving;
- The secure unit should provide the YOI with full information and documentation about the young person including the Child's Plan;
- After transition, staff from the secure unit should be invited to the young person's initial custody review meeting and any other meetings as appropriate (Scottish Government, 2011a).

Where a young person enters custody from the community but discloses they have previously been in secure care, YOI staff should, with the young person's consent, contact the relevant secure unit for information to aid assessment and planning (Scottish Government, 2011a).

Moving from YOI to SPS adult establishments

As with the move from secure care to YOI, many of the same principles will apply:

- The move should be planned and scheduled for the most appropriate time for the young person (young people can on a case-by-case basis remain in YOI until they are 23 years of age if decided by SPS staff);

- The young person should be given information as detailed above;
- The young person's future Personal Officer should make contact and attend any meetings prior to the young person's move;
- Any relevant plans should be shared in advance to support young people continuing in training, qualifications and employment that they have started;
- Post transition meetings should be arranged for within the first month of transfer and be attended by staff from the YOI, who should withdraw when necessary and in agreement with the young person (Scottish Government, 2011a).

Child to adult services

Where necessary children's and criminal justice services should be co-ordinated and agreements reached about who is the best person to complete CJSWRs, supervise any orders made and support young people in custody (Scottish Government, 2011a). It may be that practitioners across child and adult services work together with the young person to allow a continuity of support and resources or that flexibility in enabling a service to work beyond typical age limits is appropriate. Any transition between services should be planned and ensure that critical information, assessments and the Child's Plan are shared (Scottish Government, 2011a). At a service level, young people who offend should be included in integrated children service plans and those from community justice, community planning partnerships, and child and adult protection committees to ensure partnership working, communication and coordination of policy and strategy (Scottish Government, 2011a).

Research on practice

Research findings on the extent to which these arrangements are implemented in practice vary. For example, Smith et al. (2014) found in 91% of cases reports did not make clear whether social work support was being provided while the young person was in custody and there was no specific reference to throughcare support being in place in 59% of cases. The 2016 review of secure care in Scotland (Gough, 2016) found that the support and preparation received by young people in moving on from secure care was often inadequate. Similarly, in research by Gray and Hazel et al. (as cited by Bateman et al., 2013) in England and Wales, young people reported post-release support was often irrelevant, repetitive and risk focused, as well as being let down by support that had been promised not being available, which resulted in a range of negative outcomes.

By contrast, in research by Nolan (2015) 65% of Scottish local authorities surveyed advised an initial custody review was always held for young people in secure care and custody; 70% that community based social work staff were always involved with the young person during their period in secure care or custody; and all advised post-release support was available, with 77% reporting that young people always had a three month throughcare plan. Similarly, research by Dyer and Nolan (forthcoming) found 64% of the young people sampled were receiving support from community-based social work, over half of whom reported this was the same worker they had engaged with prior to entering custody, although the level of contact and purpose of this involvement varied, as did reports on the quality of information sharing and provision. Although each of these figures could be higher, they are more positive than those found by Smith et al. (2014).

Challenges

It is acknowledged providing effective throughcare support is a complex task for various reasons including (Griffiths et al., 2007):

- The high level and range of complex needs presented by many young people leaving custody or secure care, many of whom will never previously have been really 'settled' (HM Inspectorates of Prisons and Probation as cited by Bateman et al., 2013);
- Young people may not have developed strategies to cope with transitions and are likely to be trying to renegotiate new identities for themselves (Bateman and Hazel, 2015);
- Challenges of partnership working, particularly with a 'constantly changing landscape' of service provision, funding arrangements, and varying availability of services across local authorities (Malloch, 2013a);
- Difficulties in measuring effectiveness, limitations of relying on reconviction rates, and importance but also difficulty of measuring broader outcomes and the specific impact of interventions (Malloch, 2013a; Griffiths et al., 2007; Factor, 2016). This has led Hagell (as cited by Scottish Government, 2011a) to suggest successful reintegration is evidenced by a range of outcomes including ceasing or reducing the frequency or severity of offending and positive outcomes in each of the key pathway areas highlighted above;
- Sustaining engagement (Bateman et al., 2013);
- Wider system issues which although crucial to supporting young people are outwith the criminal justice system (such as accessing employment, benefits, health services and housing) (Malloch, 2013a);
- The impact of "broader structural constraints arising from poverty and socio-economic disadvantage" which can impact on young people's actions and limit their choices and ability to change (Gray, 2011, p.235). Failure to recognise this results in the individualisation of social need and while challenging such structural constraints is difficult, practitioners need to be aware of their impact on young people and continue to raise awareness of this (Gray, 2011);
- Differential policy and legislative framework and service provision for those young people who turn 18 while in custody and increased recognition of the distinct needs of 18-25 year olds in the justice system (House of Commons Justice Committee, 2016; T2A, 2015).

It is however, imperative that these challenges are addressed, with good practice in transitions and effective throughcare being crucial if positive outcomes are to be achieved for young people (Scottish Government, 2011b). In respect of young people leaving secure care, successful reintegration is essential if re-admission to secure care and relapsing into negative behaviours is to be avoided (SIRCC, 2009; Gough, 2016). Likewise, for young people leaving custody, when support is either not provided, or is insufficient or lacks coordination, and factors which contributed to the young person's offending are not addressed, unsurprisingly, the risk of returning to custody is higher (Griffiths et al., 2007;

Smith et al., 2014). In 2011-12, the one year reconviction rate for young people leaving custody was 47.5% (Scottish Prison Service, 2014).

While the financial costs of not getting practice in respect of reintegration and transitions right are significant, the individual and social costs are even higher, with Renshaw (as cited by Bateman et al., 2013) in undertaking cost benefit analysis of one youth justice initiative estimating that good quality throughcare support could result in a 35% reduction in reoffending and 10% reduction in the seriousness of the offences.

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

Section 7: Vulnerable Girls and Young Women

June 2017

centre for youth & criminal justice

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1. Introduction

Why guidance for girls?

GIRLS ARE DIFFERENT AND ALL DIFFERENT

“Effective working with girls and young women who have been drawn into the criminal justice system is considerably hampered by a set of interrelated problems” (Batchelor, S and Burman, M, 2004 pg 2).

There has historically been a tendency to group girls and young women’s offending and risk taking behaviours alongside those of boys and young men. This is due in part to the relatively low numbers of girls and young women and their invisibility within systems predominantly designed for males. Literature and evidence on offending behaviour in young people has tended to be presented under the assumption that girls and boys are the same, however, it is now generally accepted that although there are similarities in some risk factors associated with offending behaviour in both boys and girls, some are more strongly associated with girls.

Girls and young women can present challenging behaviour which is unpredictable, violent and manipulative, and prevalent themes within this are substance misuse, negative peer association, absconding and sexually risky behaviours (Batchelor and Burman, 2004).

The general perception of girls and young women involved in the system is of a group which is extremely troublesome and difficult to engage. Despite this, until recently, little priority has been given to the development of services and gender specific interventions for girls and young women. Most current services available to address offending and other risk taking behaviours are derived from the principles of ‘What Works?’ which stem from theories of male offending and often do not meet the needs of females.

Girls and boys respond differently to external pressures in that girls are more likely to internalise difficulties whereas boys may tend to “act out” in the form of more delinquent and antisocial behaviour (Merone, 2010). See Appendix 1 for more information on ‘What Girls Want’. Relationship issues feature strongly in girls’ offending and it is no longer accepted that girls’ needs are simplified to discreet criminogenic factors as some of their needs are not necessarily “treatable” by generic programmes. Interventions are required which are holistic, reflect the complexity of girls’ and young women’s experiences and address the multiple factors relating to offending behaviour.

There is also still a marked difference in societal attitudes towards girls and boys - girls continue to have a tendency to be regarded as being in greater need of moral protection, due in part to the nature of their risk-taking behaviours. It is acknowledged that some girls are placed in secure care due to the impact of sexually risky behaviours, victimisation and a range of mental and emotional disorders. To date, in Scotland, there remains little in the way of suitable alternative services, particularly in the community, which protect vulnerable girls and young women, and manage high risk whilst addressing complex needs.

In June 2011, following the publication of the report by Her Majesty's Inspectorate of Prisons on Cornton Vale Prison and Young Offenders Institute, the Scottish Government announced the establishment of a new Commission to improve outcomes for female offenders by examining how they are dealt with in the criminal justice system. Of particular concern was the number of women in prison which had more than doubled over the last decade, problems compounded by overcrowding, and the wider issues of alcohol and drug abuse and mental health problems. The Commission's remit was to find a more effective way of dealing with women offenders with a view to reducing offending. They were tasked to take forward a focused piece of work to review the evidence, identify what works to reduce re-offending and report back to the Scottish Government. The Commission published its report and recommendations on April 17, 2012, and emphasised from the outset were the numbers of:

> *"deeply vulnerable people for whom offending is a result of chaotic lifestyles, mental health difficulties and severe addiction problems. Many (women in prison) will have been the victims of abuse – physical, sexual or mental - in their childhoods"* (RT Hon Dame Elish Angiolini, June 2012).

- The report acknowledges the complex needs of women in prison particularly in relation to addiction, mental health, and abuse in childhood; the ineffectiveness of short custodial sentences; and high reconviction rates.

- The report states that many of the women imprisoned could be better dealt with out of the prison environment and it acknowledges the impact of parental imprisonment on children.

- Recommendations also include intervention in early years, and parenting programmes and intensive family support to reduce conduct disorders in children.

- The Scottish Government published its response to the report on June 25, 2012, which agreed with the aims of all of the Commission's recommendations, and accepted immediately 33 of the 37 proposed. The remaining four in respect of sentencing options, mental health services, and leadership and delivery of adult offender services in the community, are subject to further consideration and examination in more detail.

Aims of the Good Practice Guidance for Girls and Young Women

This section attempts to draw on some of the literature and evidence and suggests how outcomes for girls and young women might be improved by applying good practice principles more holistically and more tailored to the individual needs of girls and young women. Research completed by McNeish and Scott (2014) highlights that girls exhibit the behavioural manifestations of early childhood experiences and unresolved trauma in different ways to boys.

It is aimed at practitioners with direct responsibility for providing services to girls and young women, but it is also relevant for managers and other professionals who may be involved in

service design, commissioning and procurement. It aims to provide an understanding of what approaches are effective with vulnerable females for practitioners and other professionals involved in service delivery and decision making processes which may have a long-term impact on the lives of girls and young women and into adulthood.

This section should be read in conjunction with other sections in 'Youth Justice in Scotland: a guide to policy, practice and legislation' which outlines the overarching legislative and theoretical context in which youth justice sits, and details principles and best practice with specific reference to Getting It Right For Every Child' (GIRFEC), Preventing Offending: Getting it Right for Children and young people and the Whole System Approach (WSA).

The ethos of the WSA suggests that many young people could and should be diverted from statutory measures of care, prosecution and custody through early intervention and robust community alternatives. This section aims to support the ethos and principles of the WSA.

2. Background

Development

In April 2008, a number of individuals came together who were concerned about the lack of research and evidence of effective practice with girls and young women assessed as being "high risk" and who were committed to raising the profile of this group. The Vulnerable Girls and Young Women's Champions Group, supported by the Scottish Government, was established as a direct response to concerns raised by practitioners and managers in the field about young women with complex needs and high levels of vulnerability, and raised a number of issues:

- The proportionally high numbers of girls and young women in secure placements due to welfare and vulnerability grounds as opposed to offending behaviour
- A culture of risk aversion, particularly in community based interventions, for girls and young women leading to secure placement decisions
- A gap in skills in working with high levels of vulnerability in girls and young women and the ability to meet needs while managing risks in the community
- A lack of acknowledgement that girls and young women require different methods and approaches to interventions than boys and young men
- Difficulties in transition from secure care and custody back to the community
- Existence of pockets of good practice across Scotland but no mechanism to share or develop this.

The big question was asked: *"Why are we locking up girls and young women who are not a risk to members of the public?"*

The formation of the group was welcomed as an important contributor to the discussion of the place of girls in youth justice (Batchelor, 2009) and initial data collected by the group began to inform the debate.

In 2008/9 the group sought to establish baseline figures for girls and young women who were involved in serious or persistent offending and those who were identified as a risk to themselves due to a range of behaviours including substance misuse and self-harm. The sample taken at the time of over 300 young girls/women aged 12 to 18 year olds from across Scotland confirmed that whilst a range of vulnerabilities were present, the majority were not involved in serious or persistent offending.

The Scottish Government also provided funding to the Champions Group for a short life piece of work to provide a clearer picture of pathways into secure care and prison for girls and young women in Scotland, their needs and the availability of alternative specialist service provision (Mitchell, Roesch-Marsh and Robb, 2012).

In June 2015, the VGYW Champions Group was disbanded to make way for the new Youth Justice Strategy Implementation groups. It is important to emphasise that although the girls/young woman's agenda no longer has a specific group it will continue to build on the work of the Champions Group as well as new key priorities being identified and actioned. The VGYW agenda is now placed within the Improving Life Chances Implementation Group that will feed back to the Youth Justice Improvement Board.

For more information on the Implementation Groups and their remit, please read the Youth Justice Strategy which will provide more in-depth detail on the vision for youth justice in Scotland. Furthermore, notes of the meeting are published on the CYCJ web site at www.cycj.org.uk.

3. Risks and needs

Working with young people who participate in risk taking behaviours poses challenges and opportunities for professionals. There not only lies the challenge of determining who or what is ' a risk' or 'at risk' and how these should be managed but professionals must also be accountable for the decisions they make and this is particularly apparent in cases when things have gone wrong (Warner and Sharland, 2010). Care planning that places risk within a contextual and 'real' framework is fundamental in effectively intervening in the lives of this group of young people. When understanding risk, it is important to take into consideration maturational developments i.e. are the risk taking behaviours part of adolescent female development, and consider the development stage the young person is at which may not coincide with their chronological age.

The Edinburgh Study of Youth Transitions and Crime identified four key facts:

- Persistent and serious offending is associated with victimisation and social adversity
- Early identification of at-risk children is not a water tight process and may be iatrogenic
- Critical moments in the early teenage years are key to pathways out of offending
- Diversionary strategies facilitate the desistance process

(McAra L. and McVie S, 2010)

The study argues that the key challenge is to develop a national youth justice policy which is "holistic in orientation, proportionate to need and maximises diversion from criminal justice".

It is important when assessing risk and managing risk that there is an understanding of the type of risk that is influencing behaviour. Different types of risk factors are relevant for different types of risk decisions:

- Static risk factors - those factors that are historical e.g. death of a parent, age when first offence was committed, abused as a child. Although static risk factors may give some indication of the risk of recidivism, the residual effects of some historical events should be taken into account when assessing level of risk.
- Dynamic risk factors - those factors that are changeable e.g. drug use, unemployment, anti-social peer group

(Bonta, 1999).

Risk assessment should take into account both static and dynamic factors, therefore knowledge of both types of factors and how they contribute to vulnerability as well as the risk of recidivism is crucial if effective intervention strategies are to be employed (Bonta and Andrews, 1999).

Many girls who are placed in residential/secure care have histories of being sexually abused. The residual effects of trauma can often manifest in high risk behaviours including sexual exploitation and perceived promiscuity, and understanding the relationship that exists between both is imperative in formulating risk management plans.

Some gender issues

For youth offending there are similar criminogenic risk factors which apply to both boys and girls, i.e. anti-social attitudes, pro-criminal families and associates, lack of parental supervision and unstructured leisure time. Girls are less likely to be referred to a Children's Hearing on offence grounds and are more likely to have originally come to the attention of the Children's Hearing System (CHS) as a result of being the victim of an offence, such as neglect or sexual abuse.

There are clear gender differences in why Children's Hearings make secure authorisations and SCRA data highlighted the difference in the use of the secure criteria to action a secure warrant:

- Girls tended to present a high risk to themselves, particularly due to sexually risky behaviour
- Boys present risks to themselves and others, particularly due to violence, offending and road traffic offences

Girls are often placed in secure care as a result of risk of harm to themselves. Changes to the criteria for admission to secure care, as stipulated in the Children's Hearing (Scotland) Act 2011, has seen the introduction of:
"...likely to engage in self-harming conduct" (Section 83(6)(b)).

There is a concern that this may impact on girls in terms of increased admission to secure care and children's panel members will need support in understanding and interpretation of self-harming conduct and the context within a risk management framework.

It is suggested that due to societal attitudes and expectations, girls and young women can be pushed higher up the sentencing tariff:

"Traditionally troublesome behaviour was viewed through a prism of paternalistic concern in relation to the moral welfare of girls who engaged in it, and understood as a breach of expectations of conduct derived from gender stereotyping" (CfBT Education Trust pg 7).

It could be suggested therefore that girls and young woman who offend present to society a challenging dichotomy of views. They may be treated more harshly based on the view that they should not be involved in behaviour that is more affiliated with that of young boys and young men.

Some questions need to be raised in respect of this:

- At what stage does risk to self and/or an accumulation of concerns necessitate the need for punitive measures of control?
- Who or what determines this, and how can this be influenced?
- How can we as a society ensure that girls and young women get the help they need when they need it, without criminalising their behaviour?

Consensus within literature suggests that some level of involvement in risk taking and offending behaviour in adolescence should be attributed to developmental age and stage, in that a degree of experimentation within this age group is the norm. After the age of 14 years, however, the gender gap widens and boys are more likely than girls to progress to more serious offending and criminal careers. Girls' problematic behaviours can be more difficult to recognise due to the nature of their behaviour and their emotional coping mechanisms. Girls display higher rates of mental and emotional difficulties than boys with a prevalence of post-traumatic stress disorder, depression and low self-esteem, and often this is not recognised until girls and young women enter secure care or custody.

In Scotland, young women involved in offending behaviour are more likely to have convictions relating to miscellaneous offences such as 'Simple Assault' or 'Breach of the Peace' or for crimes involved with dishonesty, the most common being shoplifting. A study in England and Wales noted a growth in the numbers of violent offending by 14 to 18 year old females; however, the figures merely reflected an increase in the numbers of those charged with minor, non-sexual assaults, rather than serious acts of violence which remain in the domain of men. What was not evident in this study was whether this increase was in the actual number of crimes committed, or more attributed to a shift in attitudes and responses to crime committed by young women (Batchelor S. and Burman M, 2004).

Despite evidence which indicates that girls' offending, vulnerability and desistence follows a different pathway from that of boys, and that focusing on male criminogenic factors is less likely to impact on girls' behaviours, there remains a lack of gender appropriate services which address girls' complex needs. Girls are less likely to be referred to existing services as the actual numbers are relatively low in comparison to boys and they are more likely to fail to engage as these services have been designed primarily around the needs of boys. Where services or programmes for girls do exist, they tend to have a focus around sexuality and sexual health, which, while useful in addressing one aspect of problematic behaviour, is

restrictive in meeting a wide range of complex needs. The different gendered and individual experiences of young women need interventions and strategies which are different, innovative and based on a comprehensive assessment of individual risks and needs.

Girls require a more individualised and gender specific assessment process as risk factors related to recidivism in females are more associated with poor parenting, dysfunctional family environment and absconding. Girls and young women respond to relationship-based support and the use of strength-based holistic models of intervention (Wilson, 2016). Offending and risk taking behaviour is frequently a result of family breakdown where girls may have been thrown out of, or left the family home and do not have appropriate or stable accommodation. Poor relationships within the family home, bullying, bereavement and loss, and experience of the care system are just some pre-disposing static and dynamic risk factors that may contribute to girls offending and at times affiliating themselves, albeit in a very small number, with the gang culture (Batchelor S, 2012). Furthermore, high levels of abuse experienced by young women who offend may contribute to truancy from school and absconding. This in turn may also be a pathway to drug and alcohol misuse and sexual exploitation. A correlation exists between the victimisation and abuse of young women and high risk behaviours such as substance misuse, self-harm and suicide - one explanation being the ability of self-medication and self-injury to block out traumatic and distressing experiences, albeit only temporarily.

Violence and Relational Aggression

Longitudinal studies have shown that aggression is one of the best known predictors of future social, psychological and behavioural problems including delinquency, peer rejection, depression, poor achievement and victimisation. There have, however, been limitations within studies - in that aggressive boys have been the dominant subject. Forms of male aggression have been emphasised and those more prevalent to girls have had less attention. Because of this, the knowledge base regarding girls who are aggressive is also limited (Crick N. Ostrov J. and Werner N, 2006).

What is known, however, is that young women who do go on to offend into adulthood generally do so for different reasons than their male counterparts. Studies in England and Wales reported that where violence has occurred, girls' accountability for their behaviour included the need to be self-reliant and to protect others they cared about. Violent behaviours were also linked to issues around control, self-respect, self-protection and victimisation (Youth Justice Board, 2009).

Although exposure to and fear of violence are common amongst young women, this could be perceived as a reflection of the disproportionate experience of violence in their own lives at the hands of families, peers and other associates. Many studies attribute these poor quality attachments and social bonds as a driver for gang affiliation and feature in those young girls/women involved in acquisitive crime, sex work and drug related offences (Batchelor S. 2009. Khan L. et al, 2013). Verbal abuse, gossiping and name calling, however, along with the more recent phenomenon of cyber bullying via text and social network sites, are the most common precursors to physical violence in young women.

A study undertaken in HMPYOI Cornton Vale in 2005 looking at the evidence of young women's involvement in violent offending highlighted a prevalence of past abuse in their

lives (Batchelor, 2005). Two-fifths of the young women were reported to have been sexually abused, generally by someone in their family. A similar number reported witnessing serious physical violence between their parents, or being the victim of serious violence from their parents predominantly as a result of alcohol abuse. Despite their conviction for violent offending, the young women did not describe themselves as violent but made a distinction to have the potential for violence through becoming angry when mistreated or let down by others and being denied respect.

Research undertaken by the University of Bristol and the NSPCC in 2010 focused on disadvantaged young people's experience of violence and control in their intimate relationships. Twice as many girls than boys reported both physical and sexual violence in their relationships and many of the girls did not recognise, or normalised, the seriousness of their experiences of sexual violence and were less likely to seek help. The majority of the female participants in the study had relationships with older adult men and those with older partners were more likely to report higher levels of violence than those with same age partners.

The growing 'problem' of violent girls and girl gangs has been perpetuated in the media since the mid-1990s, suggesting that violence amongst girls is increasing due to a 'ladette' binge drinking culture, where young women are mimicking the masculine behaviour of their male counterparts. An exploratory study, however, of the views and experiences of violence by young women in Scotland found little evidence neither of a rise in physical violence by girls nor of girl gangs (Batchelor S, 2009).

Across the UK research on violent youth gangs typically focuses on the experiences of young men and studies emphasise gangs as a male phenomenon with little attention paid to girls and young women. While many youth gangs are recognised as having some mixed gender membership, the majority of participants are male, and the gang has therefore been conceived of as a masculine resource. Young men living in areas of extreme deprivation and in places with a tradition of gangs have been encouraged to engage with gangs and their violent practices as a means of securing masculine identities. Where attention has been given to the role of young women in gangs, and of gender relations, young women have generally been depicted as accessories, girlfriends or referenced in terms of their sexual activity and as victims of male violence.

For many young people in general, being part of a gang or group of friends is seen as a normal way to spend time and build friendships. Most gangs continue to be male-dominated but do include girls whose role may be more complex than previously understood. More recent studies about young women and gang related crime seeks to dispel the myth that girls join gangs simply because they are either violent tomboys or "put-upon" victims. The motivation for girls joining gangs is to achieve a much sought after emotional connection and to ultimately feel a sense of belonging, perhaps not in society as a whole but certainly within the gang itself (Khan et al, 2013).

Young women and young men report membership of a gang as delivering physical protection from others and the study on gangs undertaken by the University of Glasgow, concludes that girls are not just passive members but that, like boys, will spend time with groups from the same territory to achieve both status and a sense of belonging (Batchelor S, 2012). Many young women view gang membership as an inevitable part of growing up in certain areas and in some instances, young women will use the power acquired by being part of a gang to explore their sexuality. In other instances, however, young women may

indeed be at risk of sexual exploitation and assaults by male gang members. Young women have also reported of being directly involved in gang fights and in instigating and encouraging violence. Some admit to carrying or concealing weapons or drugs on behalf of boys, however, boys are still twice as likely to carry knives as girls (McAra L. and McVie S, 2010).

Both boys and girls can have the intent to inflict harm on others but there are differences in how this is expressed, particularly in early adolescence when much value is placed on friendships and social connections. Relationships are particularly important for girls, reflecting the difference in how they socialise and develop their sense of identity. Boys develop their identities by differentiating themselves from others and are more likely to target their aggression towards victims unknown to them. Girls develop their identities and sense of self-worth more through connection with others. Most behaviour problems girls experience are due to dysfunctional and unhealthy interpersonal relationships and their aggression is much more associated with relationships with others.

While girls do engage in some direct and physical forms of aggression, relational aggression is more prevalent in girls. Relational aggression is generally described as any behaviour which is intended to harm someone by damaging or manipulating relationships with others. It is the use of exploitative, exclusionary or hurtful behaviours to undermine status, self-esteem or inclusion. Unlike other forms of aggression and bullying, relational aggression is not as overt and can therefore be more difficult to identify; however, it is equally as damaging. It should be noted that relational aggression is not social or class specific. Raising awareness amongst more universal providers might lead to more effective early and effective interventions.

Relational aggression can take many forms but can include ignoring, exclusion, negative body language or facial expressions, sabotaging the relationships of others, gossip and rumour spreading, name calling taunts and insults, intimidation, manipulative affection and alliance building. There are two types of relational aggression – proactive and reactive. Proactive is when behaviours are designed as a means to achieving a goal and reactive is behaviours in response to provocation with the intent to retaliate. Relational aggression can occur in person and increasingly through use of the media including text messaging, YouTube, and social networking sites.

Relational aggression has been on occasion regarded and condoned as part of adolescent development; however, it is neither normal nor acceptable, and should be challenged. The presence of relational aggression dispels the old adage of ‘sticks and stones will break your bones but names will never hurt you’. Relational aggression causes distress, impacts on self-esteem and victims can suffer depression, anxiety and isolation. Young girls can begin to demonstrate traits of being relational aggressors from as young as three years old and it is a behaviour that should be challenged in the early years to prevent its development (Crick et al, 2006).

For some individuals who have used relational aggression it can be a way of establishing social positions or power, or to get the attention of males, but it is not always about this type of attention or popularity. Motives will vary and it can also be due to a lack of skills in managing conflict appropriately where girls will often “bad mouth” or exclude others instead of using assertive communication to deal with an issue or a problem.

The importance of relationship based work with girls and young women cannot be overestimated. Relationships are central to effectiveness and good practice throughout both

the assessment process and service delivery, and should be used as the foundation for capacity building, empowerment and developing potential. Attitudes, knowledge and abilities required by workers can be described in terms of the following principles:

- individuation
- purposeful expression of emotion
- controlled emotional environment
- acceptance
- non-judgemental attitude
- client self determination
- confidentiality

(Cited in Trevithick P. 2003)

Trauma

The word 'trauma' is derived from the Greek term for wound. Emotional and psychological trauma is the result of extremely frightening or distressing events which causes difficulty in coping or functioning normally after such experiences. Traumatic experiences often involve a threat to life or safety; however, any situation which leaves a victim feeling overwhelmed, helpless and vulnerable can be traumatic, even if there is no physical harm. Emotional and psychological trauma can be caused by both one-off events such as a violent attack, or by ongoing stress, for example, living in abusive or threatening circumstances, or witnessing violence.

Not all potentially traumatic events necessarily lead to lasting psychological or emotional damage. Yet there are a number of risk factors which make certain individuals more susceptible to this. An event will most likely lead to trauma if it happened unexpectedly; the individual was unprepared for it; powerless to prevent it happening; it happened repeatedly; someone was intentionally abusive; or it happened in childhood (Royal College of Psychiatrists, 2006). Individuals are also more likely to be traumatised if they are already under significant stress or have recently suffered a series of losses.

Those who have strong support networks and healthy relationships with family and peers are less likely to suffer long-term damage. Girls and young women in the youth justice system, however, are often alienated and have unhealthy relationships with family, peers and partners and therefore are more likely to develop more serious conditions such as depression, post-traumatic stress disorder, anxiety disorders, or alcohol and drug problems. This is often linked to a background of sustained physical, sexual or emotional abuse and parental neglect. Girls and young women may become involved in substance misuse as a form of self-medication in response to stress and feelings of depression, which can in turn increase the risk of becoming involved in offending behaviour.

Female substance abusers also tend to have severe family and social problems and some may use substances to maintain relationships with partners who are users, to fill the void of what is missing in a relationship, or mask the pain of being abused (Covington S, 2007).

A study undertaken by Oregon Social Learning Center between 1997 and 2006 examining girls with conduct problems highlighted significant gender differences in exposure to trauma. It found that girls were approximately twice as likely as boys to have been exposed to physical and sexual abuse, domestic violence, parental incarceration, parental transitions

and multiple out of home care placements. It also found that the link between trauma and "delinquent" behaviour was of particular concern once girls reached adolescence in terms of their choice of antisocial partners, early pregnancy and intergenerational transmission of emotional and behavioural problems.

In order for services and interventions to be effective, they need to become trauma-informed. Trauma-informed services need to deal with problems and symptoms other than the trauma directly, whilst possessing the knowledge and expertise regarding the impact of the trauma.

Trauma informed services should:

- Take account of the trauma
- Seek to understand the causation of behaviour and its relationship with the residual effects of trauma
- Avoid triggering reactions or exacerbating the trauma
- Support girls and young women's coping capacity
- Enable girls and young women to manage their symptoms successfully

In addition, a therapeutic environment needs to be created which is safe, supportive, and involves and empowers girls and young women to develop and sustain change in the longer term.

Sexually harmful behaviour

Young women who display sexual behaviour that is harmful to others (as opposed to behaviour that is harmful to them) are relatively rare. One study found that only 6% of referrals to Scottish services working with children and young people who display sexually harmful behaviour were in relation to girls or young women (Hutton & Whyte, 2006).

Adolescents who display sexually harmful behaviours have been defined as: "young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation" (Hutton &Whyte, 2006).

Professionals involved with girls or young women who act in a sexually harmful manner need to be mindful that proportionate assessment, risk management and interventions are necessary when behaviours of this nature are identified. Section 5 of this guidance on Managing Risk of Serious Harm provides a comprehensive overview of approaches to working with young people with sexually harmful behaviour. Research suggests that girls who display such behaviours are often slightly younger than boys and have often experienced considerable trauma in their lives (Hendriks & Bijleveld, 2006). A combination of holistic and targeted approaches that help young people move forward in their lives and make sense of past experiences while assisting them in modifying behaviour have been found to be the most beneficial (Halstenson, Bumby & Bumby, 2004).

More recent concern has been focused on young people, particularly the impact on girls, in relation to "sexting" - a terminology used in the media and by researchers over the last few years to refer to sexual communications with content that includes pictures and text messages, sent using cell phones and other electronic media. Although some studies have indicated that this behaviour is prevalent amongst adults, of particular concern is youth

produced sexual images defined as “images of minors, created by minors, qualifying as pornography under criminal statutes” (Wolak and Finkelhor, 2011).

Sexting can cover a range of behaviours from consensual and experimental activities between peers who are romantically involved through to aggravated behaviours that are clearly criminal. Aggravated sexting would be when an adult coerces a child online to take sexual photographs, or which involves abusive behaviour by other minors such as threats, malicious conduct, sexual abuse, or sending images without the consent of the individual concerned. Some behaviour involves a movement from experimental to aggravated, for example, a boy showing friends sexual images of an ex-girlfriend that were obtained at the time through consent but which are now being circulated to cause distress. Wolak and Finkelhor (2011) provide a useful typology of sexting involving young people, which can help practitioners in scaling the seriousness of ‘self-victimising’ behaviour involving new technologies.

Risks and needs: Some key points to note

Girls are more likely to have been known to Social Work Services from an early age due to welfare and/or child protection issues. The numbers of children referred to the Children’s Reporter have decreased and are at their lowest level since 2003/4 (SCRA, 2009). This coincides with an increase in more effective partnership working and early intervention initiatives for children who do not require compulsory measures of supervision.

There are proportionally higher numbers of young women in prison with significant care histories. Some evidence exists that girls experience multiple care placement breakdown resulting in a number of placement moves. Girls rely on relationships to work through key areas in their lives, and this level of disruption and chaos may impact on their emotional development and contribute to the decisions and choices to engage in offending and anti-social behaviours (Khan, 2013).

Girls are more vulnerable to self-exclusion from school. Pregnancy, sexual exploitation and parental aspirations affect girls disproportionately or exclusively. Differences in experiences and outcomes of education can be explained by differences in the ways boys and girls learn and wider gender expectations (Merone L, 2009). Education plays a role in the perpetuation of gender stereotypes, but can also be a focus for change:

“Gender bias in educational processes, including curricula, educational materials and practices, teachers’ attitudes, and classroom interaction, reinforce existing gender bias. It has been demonstrated that boys participate more readily in class, and are listened to more attentively by educators” (World Health Organisation 2007)

There are major differences in the developmental and psychosocial makeup of boys and girls. Boys tend to develop their identities by differentiating themselves from others whereas girls develop a sense of self-worth through connection with others. Many behaviour problems experienced by girls are related to dysfunctional interpersonal relationships, in many instances family relationships. In contrast to boys’ aggression, which is more likely to be directed towards strangers, girls’ aggression during adolescence is more often the result of breakdown of significant relationships or associated issues.

Gender differences exist in the strategies and mechanisms to cope with anxiety and stress. Boys generally act out frustrations and problems via overt physical aggression and self-serving rationalisation, while girls will internalise problems and display negative emotional behaviours such as self-blame, self-harm, risky sexual behaviour and low mood.

Vulnerable girls display highly chaotic behaviours, have complex needs and display higher rates of mental health and emotional problems than their male counterparts. High levels of sexual vulnerability linked to substance misuse and lack of supportive and nurturing relationships highlights the need for effective community based measures to manage risk and reduce vulnerability. There is a need for support and services to address anger issues and emotional distress often exhibited through self-harm (Batchelor and Burman, 2004).

Support and services for girls should be based on a therapeutic approach addressing problems in a holistic way with a focus on addressing behaviour problems within an interpersonal context. Consistency in contact with motivated, trained workers is crucial in the engagement of girls, and staff should be trained in gender identity and development.

4. Assessment and Intervention

Early and Effective Intervention

Girls may first come to the attention of police and other services for both offence and non-offence reasons. Police may also become involved due to incidents of running away from the family home; incidents where the girl is considered to have placed herself at risk in the community; as a victim of abusive behaviour or neglect directly or indirectly. Other agencies may identify escalating concerns in terms of behaviour or vulnerability.

Local authority multi-agency Early and Effective Intervention (EEI) processes have been developed to identify and provide support and diversion wherever possible on a voluntary basis - see Section 4 of this guidance for more information. Information sharing at this level provides a basis for early identification of vulnerability, and to signpost or refer to the agency most appropriate to provide support or undertake a more comprehensive multi-agency assessment of need or risk.

It is essential that workers involved in EEI have an awareness of the needs of vulnerable girls and young women, including an understanding that for the majority of girls an offending episode is potentially symptomatic of a range of underlying difficulties. Assessment and decision making processes should always take this into consideration and appropriate supports should be available to girls to divert them from statutory measures of care whenever possible.

The Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014, referred to as the 2014 Act, was due to be fully implemented in August 2016. Following a Supreme Court ruling parts 4 and 5 of the Act could not commence. Amendments are required in relation to the information sharing provisions within the Act to ensure compatibility with Article 8 of the European Convention of Human Rights. The Scottish Government are currently working towards an implementation

date of August 31, 2017. It is important that professionals working with girls understand the role of lead professional and Named Person. See Section 1 of this guidance for more information on the 2014 Act.

Intensive Community Supports

Evaluation of Intensive Community Support and Monitoring Services commissioned by the Scottish Government has evidenced success in reducing the frequency, severity and risk of offending in young people. The application of key principles can further increase the likelihood of success of intensive community supports, and services should be flexible and responsive whilst maintaining the highest quality and standards, have access to community resources and support from management. See Appendix 1 for a list of community services aimed at working with vulnerable and high risk girls/young women.

Effective intensive services should contain the following elements:

- identified key people in the lives of the young person and their family
- strong partnership approach at all levels within organisations
- ability to produce a 24/7 Single Plan with objectives and interventions based on a comprehensive assessment of needs and risks
- risk management strategies and contingency plans
- monitoring and supervision including the use of electronic monitoring (MRC) where appropriate
- review arrangements and evaluation of progress
- transition and aftercare plans
- attention to staff support, supervision and training requirements

Despite the relative success of such schemes, the evaluation also identified differences in how boys and girls responded to the services. It was found that compliance rates for boys were much higher than those for girls, particularly in relation to the MRC, in that boys were more likely to adhere to the rules, possibly more mindful of the need to avoid the consequences. Boys also responded to the often large numbers of workers involved in an ISMS package; however, girls were found to comply more with a holistic care plan but with fewer workers providing direct intervention.

Custody

Following a period of dialogue with national and international experts and local engagement across Scotland, in June 2015 the Cabinet Secretary for Justice announced plans for a new small national prison for women on the current site of HMP&YOI Cornton Vale and up to five small community-based custodial units across Scotland which will each provide around 20 places. The new units will provide accommodation and support appropriate to the needs of women offenders and help them maintain links with their families and be accommodated close to their communities.

This reflects recommendations made by the Commission on Women Offenders in 2011 regarding female custody – to keep more women prisoners closer to their families and engaged with wider services in the community, and keeping a national prison for those who need greater support or security.

The proposals being taken forward involve the design and construction of a new small national facility for women on the site of HMP&YOI Cornton Vale. This facility will be run using therapeutic community principles and will incorporate gender-specific and trauma informed practice. Construction on the new national prison is expected to begin in mid-2018 subject to financial and planning approvals. The design and development of up to five Community Custody Units (CCUs) located across Scotland are sited to ensure that women are held in facilities as close as possible to their own communities. The CCUs will focus on rehabilitation and reintegration and will ensure women are held in conditions of appropriate security.

What works for girls and young women

There are core principles which apply to effective practice with both boys and girls. Effective practice with young people involved in anti-social, offending or other risk taking behaviours should always be rooted in the principles governing GIRFEC. Where two or more agencies need to work together, a lead professional should co-ordinate and sustain the Child's Plan through a network of supports and activities designed to positively contribute to the functioning and wellbeing of the young person. Where offending behaviour is a significant factor, the Child's Plan should flow from an analysis of criminogenic needs which underpin the behaviour and detail all necessary interventions and risk management processes.

The effectiveness of work with young people involved in anti-social, offending or other risk taking behaviours is maximised only when the elements of assessment, planning, intervention and review are integrated seamlessly into the Child's Plan.

Effective practice should be holistic and integrated into the young person's lifestyle and social circumstances, support resilience and positive personal identity, and assist the young person to acquire skills, capacity and knowledge to move towards desistance. Support should be flexible, able to respond quickly to significant changes in circumstance or in times of crisis, and involve a network of post intervention protective factors.

All young people, irrespective of gender, need a suitable and stable placement and access to effective aftercare and intensive support services which meet their assessed needs. This should include:

- Appropriate and sustainable supported accommodation
- Parental/family support
- Support with independent living
- Access to real education, training and employment
- Addressing substance misuse.
- Pro-social relationships and activities

Structured programmes to address the issue of youth offending are now widely used and vary in intensity and outcomes. Although there is a wide range of interventions available, core characteristics have been defined which may make particular programmes more effective than others:

- derived from a theoretical model or robust evidence-base

- delivered in close proximity to the home environment to facilitate transferable learning
- delivered with appropriate intensity based on a comprehensive risk and needs assessment
- directly addresses criminogenic needs
- incorporates behaviour and interpersonal skills training
- maintains programme integrity
- provides aftercare and relapse prevention support

While there is commonality across genders, there are certain factors in offending and risk taking behaviours by girls which have stronger correlations than for boys. They include victimisation (including physical, emotional and sexual abuse), weak support networks (including school and low parental supervision), peer influence of boys and male associates involved in offending behaviour, unsupervised and unstructured leisure time, low self-esteem, mental and emotional health and material deprivation.

The profile of girls in literature and as experienced by practitioners, suggests that interventions directed towards females should:

- **Ensure that girls are not disadvantaged in avoidable ways relative to boys**. Girls' problems can sometimes be more difficult to recognise due to the often covert nature of their behaviour. In addition, relatively low numbers in comparison to boys can lead to them becoming marginalised as services specifically for girls are often viewed as not viable in terms of economy or scale. Because most existing interventions are derived from male theories of offending, they are less likely to impact on the problems experienced by girls.

- **Be based on a therapeutic model which is evidenced based.** Interventions should be holistic in nature, derived from robust theoretical perspectives and address multiple and complex needs, including criminogenic needs, in a continuum of care. Programmes should not only be specific to gender, but also to age and stage of development, ethnicity and culture. Although interventions should be holistic in nature, the number of professionals directly involved in delivering services should be kept to a minimum to allow relationships to be built founded on mutual trust and respect.

- **Take proper account of the circumstances contributing to girls' behaviour and the associated risks of recidivism**. The nature and severity of risk taking behaviours in many girls and young women can be attributable to trauma and neglect experienced in childhood and/or throughout their lives. Because of the history and entrenched nature of some of these behaviours, a pragmatic approach needs to be taken to the reality of recidivism when attempting to address underlying problems. For many girls and young women, life will have been focused on the need to survive. They may have developed specific coping mechanisms and strategies in order to achieve this, for example, self-medication and self-harm. In cases such as this, recidivism is almost inevitable as part of a change process as young women learn new skills and develop more self confidence in putting these skills into practice.

- **Recognise the importance of relationships in girls' lives and use these to construct alternative attitudes and lifestyles**.
  Girls and young women are more likely to engage with services which are supportive in nature, recognise the value of individuals and where relationships with staff are based on mutual respect and trust. Relationships are paramount to how young women construct their identity and relate to the outside world and they report their relationships, particularly with female peers, as the most significant. Peer support programmes which focus on supportive relationships are being developed in the US to combat physical violence and bullying (Batchelor S. and Burman M, 2004) and there is potential for similar developments in Scotland.

- **Promote the constructive use of networks of support - family, professional and social**.
  Young women can have a tendency to become isolated in the community, particularly following a period of care or custody where they may have lost traditional family and social support networks. Relationships forged prior to, and whilst in care or custody, may be founded on anti-social or pro-criminal attitudes and associations. Even if young women are not returning to the family home due to internal conflict, the importance of support from immediate family, where appropriate, and significant others needs to be recognised and should be mobilised. Stable and appropriate professional support should be provided and other pro-social relationships which are stimulating and bring stability should also be encouraged. Interventions should target practical, educational and health needs including mental and emotional wellbeing. Much emphasis is placed on the need to deal with the effects of trauma and mental health; however, other needs such as physical health and access to education, training and employment should not be underestimated in terms of promoting emotional and mental wellbeing.

- **Be trauma informed**.
  Have the ability to deal with a range of problems and symptoms whilst being mindful of the impact of trauma.

- **Recognise the significance of mental health issues in girls**
  It is important that the increasing number of girls and young women involved in the criminal justice system who are experiencing mental health issues is recognised. Often these issues are undiagnosed and young women are unable to access the appropriate services (Wilson, 2014).

- **Encourage girls to become more self-reliant and independent**.
  Often girls and young women have not had the opportunity, ability or encouragement to think or do things for themselves. Knowledge and skills required to develop into successful adults should be imparted in a manner which is empowering and allows young women to become self-sufficient and less dependent on others.

- **Provide access to female staff.**
  Ensure they are trained and skilled in dealing with sensitive emotional issues, and are familiar with issues regarding gender identity and female development.

- **Create a female friendly environment.**
  It is not always viable to provide a physical space which is reserved exclusively for females; however an environment can be created which allows time for girls and young women to be with other females, which is supportive, positive and non-stressful.

- **Acknowledge that girls need support systems which are sustainable in the long term and plan accordingly**.
  In order for girls and young women to be maintained in the community and lead successful and productive lives, support needs to be provided on a longer term basis including into adulthood if necessary. According to individual needs, strengths and aspirations, this can be met through a combination of universal services such as health and parenting support, and specialist services including mentoring and those which promote mental and emotional wellbeing. Crucial in any continuum of support is that individuals have a clear focus and have realistic objectives and targets they wish to achieve. A recent consultation with young women in Glasgow identified education as a key area with a strong desire for access to real training and educational opportunities (Merone L, 2010).

Making our services work

Overarching principles should underpin all work with girls who have been involved in offending and risk taking behaviours:

- Give recognition to girls' violent lives - take account of the reality of girls' experiences
- Play to girls' strengths - a strength rather than a deficit approach will provide positive models for girls to restructure their lives and resolve conflicts
- Talk and listen to girls - relationships are key to effective practice and girls' insights should be incorporated into all work with them

5. Supporting the Workforce

Working with vulnerable and high risk young girls can present many challenges for workers as they grasp to understand the causation of presenting behaviours. One of the tasks from the VGYW Champions Group was to develop a robust programme for staff that would cover key themes and issues that impact on effectively working with girls and young woman. The programme consists of three levels: foundation, intermediate and advanced. Each level has six modules.

'Improving Practice for Girls' – 'To Cut A Long Story Short'

1. What Society Thinks!!
2. What is Risk?
3. Managing Risk
4. What Works in Theory?
5. What Works in Practice?
6. Professional Resilience

In October 2015, the then Minister for Children and Young People, Aileen Campbell MSP, launched the foundation level of the programme and has given a ministerial foreword endorsing her support for the programme.

A training the trainers approach will be used to ensure that the programme can reach as many professionals as possible. The training the trainers programme commenced in April 2016 and around 50 individuals from across Scotland are now trained to deliver the programme. More information on this programme, as well as a database of trained 'trainers', is available here.

Additionally, an SQA accredited course is currently being written with completion scheduled for summer 2017.

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Appendix 1

'WHAT GIRLS WANT' – Youth Justice Research and Development Team, Glasgow City Council

STRATEGIES for WORKING with GIRLS
Findings from a Consultation with Vulnerable Young Women in Glasgow

In October 2010, 22 vulnerable and high risk young women in receipt of intensive social work services from Glasgow City Council were consulted by the council's Youth Justice Research Team in order to explore how the service can better support young women. As part of the process, young women aged between 14 and 21 years were asked to describe what an ideal service for girls would look like and what kinds of things would encourage engagement with services. Findings and suggestions for maximising young women's engagement with services, as recommended by the young women themselves are outlined as follows:

***Girls say:* 'Provide us with a safe and nurturing environment';**

Consider separate service provisions for girls:

Young women were asked to identify the main worries or concerns for girls as well as the main worries or concerns for boys. Whilst acknowledging that girls and boys generally have a similar range of needs, young women identify girls' main concerns as being related to **sexual health, relationships, self-esteem, unwanted pregnancy and avoiding 'risky' situations whilst under the influence of alcohol.** Whilst boy's main concerns are identified as: **substance misuse, fighting with peers and being able to acquire sexual relationships**. Young women also feel there are significant differences between the way girls and boys cope with their problems, with girls preferring to talk more. As such they generally feel that this warrants consideration for separate service provisions for the genders.

> *"Services should be separate, in two different places because some lassies wouldn't like to talk in front of boys"*
>
> *"Boys and girls have similar things but need different type of help. Girls like to talk more about it"*
>
> *"All need to be separate because the kind of problems they have are about the same, but lassies worry more than boys day to day, boys don't worry as much which is why we do need to keep it separate"*

Provide services in aesthetically pleasing environments:

The consistent message throughout young women's feedback is that girls will be more likely to engage with services and interventions if they feel comfortable in their surroundings. Décor that is aesthetically pleasing to females and has an ambiance of feeling 'homely and safe' is particularly recommended. Suggestions from young women include:

> *"You should get the lassies that are going to be going to this and get them to decide how it is going to look, what colour to paint it etc. That will make them want to come because then it makes it more theirs"*
>
> *"Decorate the place so it feels homely. People need to care about stuff, feel they own it. Have a nice floor, rugs and a couch"*
>
> *"Make it more comfortable so they get used to each other, like have places to sit and talk with others, more informal settings…."*
>
> *"Have soft colours so it's more relaxed"*

Remove any barriers to attendance:

Young women say that practical difficulties such as childcare arrangements and lack of transport can hinder girl's ability to engage with services and recommend provisions are readily available to girls to overcome these barriers. It is also felt that providing basics such as meals and beauty care provisions (such as shower facilities, toiletries and makeup) would be incentives for girls to want to attend.

> *"For those that have babies bring them in but have someone that can keep an eye out"*
>
> *"Have women (staff). Women might be easier to talk to but it depends on the lassie and what problems, some have issues with having a man around them"*
>
> *"Should start later. Start about 10am so you are fully wakened up"*
>
> *"Putting on breakfast and lunch is a good idea. If the breakfast is good people will want to go"*

***Girls say:* 'We need interventions that are responsive to our needs':**

Provide crisis support

Young women say that they are most receptive to services that are flexible about meeting their needs. The consensus amongst young women is that girls need somebody to talk to on a daily basis about their problems, with a drop-in crisis support type of service being viewed as most desirable.

For example girls say:

"You (should) have someone to talk to daily about problems because some girls don't have anyone around that they can just talk to… need a crisis team who help for alcohol problems, someone to get close to lassies…."

"Don't force people just have it like, it's here to use if you want, someone always there to talk to, you just go"

"The help should be there, an addictions worker should be there if you need it, but lassies won't go unless they want to. You could have it like a drop in"

Offer interventions that are tailored to the specific needs and concerns of females

Young women identified the need for a range of focused interventions that will equip them with the knowledge and skills to address problems in their everyday life. The types of structured interventions that young women say they need include:

- Education around female sexual health, including contraception & pregnancy
- Strategies for staying safe in the community; including avoiding being drawn into prostitution and exploited whilst under the influence of alcohol
- Counselling or interventions to address feelings of trauma and bereavement
- Addictions support and information around the impact of substance misuse on the appearance and relationships
- Supports to increase family functioning; communication skills to reduce conflict in relationships and skills to establish appropriate boundaries
- Anger management skills focused around 'relational violence'
- General parenting skills including activities to inform decision making about becoming a parent and activities to promote bonding between young mums and their babies
- Confidence building activities to promote positive self-esteem

"We need more sex education. I don't think they get much in school these days and also if they don't go to school. This would be best by people coming in to talk to them about issues"

"I had underlying anger about my mum and family for 4 or 5 months we talked and did activities like learning anger management skills, it was useful"

"Needs to be about getting lassies more confident about themselves because you get pure paranoid about yourself, your appearance and whether people like you, you can get their confidence up by taking them places and doing team building…making them aware"

"*Have that baby doll that cries and you do budgets…A class where you get to push prams and see if that's what you would want"*

"Don't just have classes in, take them out, educate them to be streetwise. Show them how people's lives have gone downhill. Make it more real"

Provide opportunities to achieve academically:

All young women in the sample had experience of alternative education provisions as their emotional and behavioural problems were unable to be contained within the mainstream school environment. In the main, young women say they feel it is important for girls to be afforded the opportunity for a 'fresh start' or a 'second chance' to re-address the gaps in their education and achieve their full academic potential. With regards to education young women say they would like:

- The opportunity to undertake academic qualifications and vocational training within a different type of learning environment that feels nurturing and supportive and 'doesn't feel like mainstream school'
- Additional educational support for those young women over the age of 16 who still need extra help with basic numeracy, literacy and developing life/ employment skills. In particular there is an identified need for supports to bridge the gap and prepare girls for the transition between leaving school and entering college placements or employment.

"I don't want to go to school just for the sake of attendance, want to go so I'm getting something out of it, not just to please everyone else"

"A chance to do qualifications and give people that didn't get the chance to do it. People should get chance to re-sit qualifications. Should do standard grades and Access 2 & 3.Should sell it as a chance to relearn again and get better at things"

"In school I was too chaotic to sit in a classroom for a long time. I just can't keep my attention which is why I need to be able to learn at my own pace, you need more help. You should be asked how you would like it done (lessons) and not be forced into it"

"Post 16's will need support and encouragement to go into education and training. Like girls will need help with what to write on a CV because they didn't go [to school] and they will

need support to find jobs"

"Need something for those people that are not ready for college. Some people still need help with reading and writing…Need more support education wise and physically and mentally so they don't mess up. Like I'm not ready to go to college. I'm not mature enough, not being able to read, it's embarrassing, what can I ever do?"

***Girls say:* 'Our potential for positive change is underpinned by the quality of the relationships we establish'**

Girls respond to workers that are caring and nurturing:

- Young women are more likely to engage positively with services if they have good relationships with staff. Characteristics of a good worker as identified by young women include:
    - having a good sense of humour;
    - a respectful attitude;
    - a general enthusiasm for working with young people; and
    - the ability to talk to and relate to young people

Above all girls say they are more likely to engage with services that promote a sentiment of positive self-regard for others. Young women feel that girls will engage more positively with workers if they feel their participation is valued. In particular, where care planning is done in collaboration with the young person to ensure it is meaningful, and where the young person is given some choice; where workers show commitment to young people by always following through contacts; where behaviour management strategies adopted by workers are always fair and don't exclude the young person.

"You need to have good workers that you can trust. Have good personalities. Know how to work with young people. A sense of humour. No judging, no eyeing you up like they're better than you. Good talking skills to young people. Acts yourself around you so you feel you can act yourself"

"How young people get on with staff depends on the bond. You should get to choose the keyworker. Have an allocated one for a wee while until we can choose who we get on with"

"I don't like having too many people to work with…You ask them to do one thing and they do the complete opposite, things have not been carried out … Some workers don't do a lot with you, they just sit and talk to you and bore you. I recommend you avoid that"

"They can make it more fun by having compromise, don't tell you what you're doing, have a choice what you are doing"

"Like have a quiet (room) to themselves so when (the young person's) angry they can get on with their work and not be put out or suspended"

Provide activities that promote learning and support through shared experiences:

- Young women feel that enabling girls to support each other through their shared experiences can have significant benefits; providing an incentive to engage with services and widening girls social support networks. Young women recommend;
- The use of peer support groups and facilitation of group working to empower girls to help each other to make positive changes
- The use of recreational and self-development activities to promote social cohesion and foster good group dynamics between peers and reduce the risk of conflict

"You should have group-work, a group where anything you want to improve or change, you have like a talking session where you get people's opinions and help"

"Have all the girls together and have counselling, group sessions where you do like what can be made better from this weekend to last weekend? and they talk through it with you"

"Get young people to talk about their experiences, like an AA group for alcohol. Instead of tea and coffee have ginger"

"I was pure worried about not knowing anyone when I first came to XXX. You should explain to girls that everyone is in the same boat and can help each other. That will make them more likely to feel not that bad about coming"

"Should do stuff to help with confidence, working with other people. Do team building like outdoor stuff and quizzes. Learning to work as a team. That will also help lassies get on so there's no bullying going on"

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Appendix 2

SERVICES and CONTACTS

Up-2-US TIME FOR CHANGE PROGRAMME

Up-2-Us's Time for Change programme focuses on very high risk young women (aged 15-21) who are at risk of entering secure care or prison, or who are making their transition back into the community from these settings. Up-2-Us has found that young women's routes into challenging situations are very different from those of young men, and therefore need a more 'gendered' and individual programme of support which recognises the trauma they have experienced in their lives – often including rejection and disadvantage from an early age, histories of abuse, and long involvement in the fostering and care systems. Time for Change's approaches include a 24-hour crisis response service, respite accommodation and intensive (including daily) support for the young women.

Time for Change aims to unpick how the whole system responds to young women and girls who are in trouble with the law, and alter attitudes and responses to their needs and behaviour. The project has a strong focus on learning and transfer, aiming to improve knowledge about the key elements of effective support for these young women. Through such learning, systems can be changed so that more girls benefit from effective support at an earlier stage, and expensive and unhelpful statutory interventions like secure placements and criminalisation can be avoided.

Up-2-Us have also published a report on their work with High Risk Girls and Young Women 2010-2015.

YOUNG WOMEN'S CENTRE, Glasgow City Council Social Work Services.

The centre works with young girls aged between 12 and 18 years old residing across the range of accommodation options, including in a family setting, LAAC provision, and homeless and care leavers accommodation. This encompasses young women involved in or at risk of sexual abuse or exploitation, or abused through prostitution and presenting behaviours causing concern due to the frequency, gravity and impact on safety. The centre also works with young girls at risk of becoming accommodated, progressing through the care system or becoming involved in the criminal justice system as a result of their chaotic lifestyles. Due to the complexity of young women's needs, the service offers an intensive, flexible and individually tailored response to need by establishing a safe, nurturing ethos and approach through the environment and relationships.

MENTORING for FEMALE OFFENDERS, Dundee City Council

In Dundee, Criminal Justice Social Work established a dedicated team to work with female offenders in April 2011. The team comprises social workers, support workers and a dedicated National Health Service nurse. The age group is aimed at 16+. Those girls/young women referred can have chronic substance misuse, history of trauma linked to offending

(abuse; loss; victimisation), emotional/mental health issues and previous exclusion and/or non-compliance with the Court.

One of the ways that Dundee work with female offenders is by offering the Court an intensive support service as an alternative to remand or as a requirement of a Community Payback Order or condition of Probation. This is provided by Tayside Counsel on Alcohol (TCA) who allocates mentors to female offenders. The mentor will agree a mentoring 'contract' with the client which aims to tackle the identified criminogenic needs. In addition, the mentor will provide a pro-social role model and will work with the client to explore goals and aspirations.

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

Section 8: Residential Child Care

June 2017

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Contents

1. Introduction

This section has been included in 'A Guide to Youth Justice in Scotland: policy, practice and legislation' in order to provide information to those working with young people in residential child care (RCC). This includes those working within establishments, social workers intending to place or support a young person in RCC and the wider team around the child. This section explores the role of RCC as a vital part of the continuum of care and the key concepts, models and programmes, and practice challenges in RCC, which should be referred to alongside the statement of function and purpose that each residential unit is required to have. When reading this, it should be borne in mind that in October 2016, the Scottish First Minister announced a "root and branch" review which will explore the underpinning legislation, practices, culture and ethos of the care system, including in RCC. This will be driven and shaped by the evidence of care experienced young people and propose changes to the care system to improve the quality of life and outcomes of young people in care.

The Children and Young People (Scotland) Act 2014

As detailed in section one, commencement of Parts 4 and 5 of the Children and Young People (Scotland) Act 2014, referred to as the 2014 Act, has been delayed. Further guidance on these sections of the Act is awaited but it is important that residential workers understand the role of all professionals involved with a child and particularly the role of the Lead Professional.

The Lead Professional has a range of roles and responsibilities, which include:

- Ensuring that the Child's Plan is implemented, managed and reviewed properly and to co-ordinate the support described in the plan. This includes updating and sharing the plan after each review; ensuring any other plans for the young person are informed by, and incorporated into, the Child's Plan; and reviews are integrated as far as possible
- Maintaining contact with and ensuring the child or young person and family understand what is happening at each point so that they can be involved in the decisions that affect them
- Promoting partnership working between agencies and with the child and family

The Child's Plan should hold detailed assessment information and identify the outcomes that need to be met in order for the young person to attain the Getting it Right for Every Child (GIRFEC) wellbeing indicators, which the young person and their family should contribute to. It is important that these outcomes are communicated to the residential placement and discussions are held to consider how the placement can support the achievement of the identified outcomes. Moreover, consideration should be afforded to the role of other agencies and how the network of support will be coordinated and managed. The young person will not live in residential care forever, they may return to their families, live independently or move to adult services and a clear plan to manage this transition needs to be considered (for more information please see the Reintegration and Transitions Section 6 of this guidance).

2. The Role of Residential Child Care (RCC)

Children who require support and intervention present a range of needs, meaning a range of possible services and types of care placements must be available. RCC should be recognised as being an important, valued and integral part of children's services, that can offer the best possible care and protection for those children and young people who need intensive care and support, whatever their age, and which builds their resilience and prepares them for the future. There are now a greater number and range of RCC providers looking after and accommodating children and young people on a full-time basis or as part of respite and crisis care. Generally speaking there are three types: children's houses/units; residential schools; and secure units. Children's houses provide accommodation and support for children, in small units, usually not accommodating more than six children. These establishments differ from residential schools, where education is also provided on site. Most children's houses and residential schools are run by local authorities, although some are provided by the voluntary and independent sector. Currently, secure care, accommodation and education in Scotland can be provided for 84 young people aged 10-18 through four independent charitable services and Edinburgh City Council (see Secure Accommodation Network Scotland and Youth and Criminal Justice in Scotland: the young person's journey for more information). "Secure care is the most intensive and restrictive form of alternative care in Scotland" (Gough, 2016, p.3), with the secure care national project having recently presented a number of key messages and recommendations (see Gough (2016) for more information). The secure care contract stipulates clearly the roles and responsibilities of stakeholders as well as service providers and social workers accessing secure care. Many RCC services and all secure care providers have in place an outcome framework to support the identification and meeting of outcomes for young people in their care.

All RCC services are inspected by the Care Inspectorate on an annual basis and inspection reports, including grading against quality indicators, can be accessed. No two services are the same, so care standards and inspection regimes can be seen as a helpful reference point for comparison. The inspection visit is only one part of the process and services complete an annual return and a comprehensive self-assessment document to inform the overall inspection process.

RCC has been the subject of various inquiries and investigations into concerns about the role of RCC and abuse in care (the Scottish Child Abuse Inquiry is ongoing) with this form of care often being perceived as the 'last resort' for children whom other placements have not worked out for and/or as the 'safety net' for the rest of the child care system (Skinner, 1992; NRCCI, 2009). However, numerous national enquires have reached the conclusion that RCC is a "positive choice" for some young people (Kent; Utting; Shaw, as cited by Kendrick, 2013). The critical factor is the quality and persistence of the caring relationships and the culture of the establishment rather than the configuration or structure of the household or the building:

"Contemporary residential child care does not pretend that it is a 'family' and full recognition is always given to children's heritage and birth family, yet care is intended to be 'family-like' in the sense that it aims to provide children with a secure, nurturing and stimulating environment where they experience warm, authentic care relationships with residential

workers. Interestingly, some children report that their residential experience has been a family one, or 'it feels like a family" (Happer, McCreadie, & Aldgate, 2006, p. 11).
Many young people will need more than basic care in order to address some of the early psychological, emotional and physical harm, which requires support from a range of agencies (NRCCI, 2009). The reparative purpose of RCC sits alongside a concern for the personal growth and wellbeing of the young people requiring to be looked after away from home. This concept of growth has been linked to character development, which is promoted by environments where moral choices are made, and staff are important role models (Jones, 2010). Central to the creation and maintenance of these environments are the reciprocal and interdependent relationships of those living and working there, with a number of the key concepts in RCC discussed below (Smith and Steckley, 2011).

3. Key concepts

Group Living Environment

The extra familial living environment is one of the key psychosocial processes central to understanding RCC and groups of unrelated young people living together, away from home, gives a unique dynamic to RCC services (Anglin, 2002). Relationships as a therapeutic process is a basic and well defined concept in child care: it is the forming of human bonds via trust, empathy, and communication skills and the using of these bonds to facilitate behaviour change (Brendtro, 1969). The young people living in residential care must manage, in addition to often complex familial relationships, usually four or five close living relationships with other young people. Much is made of the negative impact of peers, including that these can increase the likelihood of offending, but there are alternative narratives to the relationships formed in RCC (Barry, 2008; TACT, 2008). Young people can form close relationships with their fellow residents which can be a powerful source of support and such group living a "positive, developmentally appropriate, growth producing experience" (Barnes, 1991, p.123; Emond, 2002). Regrettably, placement decisions do not always consider the potential of relationships between young people and how these will be monitored (Hayden, 2010).

Although not necessarily unique to RCC, young people also have to manage relationships with multiple adults – usually between 10 and 20. These relationships include those with the staff team, with RCC a 24-hour service and staff work across all hours on a rota basis. Rotas can be seen as mechanistic and it is important the needs of staff and the best interests of the child are balanced as far as possible (Burton, 1993). Young people will almost always be allocated a keyworker. In its best form keyworking will be guided by the principle of ensuring that young people's individual needs are championed within the service and beyond. Key workers usually need to be identified before young people are accommodated but it is good practice to review this and consider who is the right person to take on this role after admission. Having a named worker within the RCC team can be helpful for establishing good working relationships with other agencies, families and the young person themselves. The role of other staff in the group living environment is often overlooked; however, cleaners, cooks, administrative workers and other ancillary staff often have a significant role in the daily lives of the children and young people who are looked after. What is unique to RCC is the intensity, and sometimes the intimacy, of each of these relationships related to the length and quality of time young people will spend with these adults (Kohlstaedt, 2010).

The group living dynamic presents challenges to all who work with young people in RCC. Risk management and control must be balanced with conscious, positive use of the social encounters. Equally staff must respond to pain-based behaviour (Anglin, 2003) recognising the existence of deep seated and long standing pain carried by the young people and the manifestation of this internalised pain. It is important that when staff are dealing with young people in crisis, they take into consideration the impact their response may have on the young person and other children residing in the establishment.

Life space intervention

The RCC environment is the life space of the young person: where they eat, sleep, relax, express emotions, have fun, test boundaries and learn. Moreover, almost unique to RCC, practitioners are based and conduct most of their work with young people in the space where they live. The life space is the "total physical, social, psychological and cultural space surrounding an individual at any point in time" (Whittaker, 1981). Life space intervention stems from the work of Redl in the 1950s. He developed specific interview techniques which recognised the need "to act when it is opportune to do so", in recognition of the inadequacy of interview by appointment (Redl and Wineman, 1957). Redl's 'Life Space Interview' has been further developed by others as a technique for dealing with crisis situations. This is generally seen as an alternative to over-controlling lecture type interventions and involves the selection of a specific incident, getting the young person's perspective, clarifying the distortions and coming up with a plan of action (Brendtro et al, 1992).

Life space intervention sees the group living environment as providing a context for opportunity led work by actively and thoughtfully engaging with young people, which is distinguished from planned or structured interventions, for example as is typical in social work practice (Ward, 2002; Smith, 2008). Such use of daily life and routine events requires an understanding of the importance of staff being able to develop and maintain positive relationships, noticing behaviours, understanding the context of these behaviours by making meaning and using insight and self-awareness in deciding the best way to intervene (Garfat, 2002). Of equal importance is the need for self-reflection to ensure that staff learn from the intervention experience and are able to use what is learned to apply to future situations (Smith, 2005).

The conscious use of everyday events for therapeutic purposes is of course not new, but applied to RCC it helps us consider the contribution the placement can make to build on the strengths of young people as well as meeting their needs. Arguably, alongside relationships, the potential and ability to consciously harness the everyday care and experiences to enhance development and promote healing is one of the most fundamental and powerful things that RCC can uniquely provide (Steckley, 2016).

The therapeutic role of Residential Child Care

Children and young people in residential care have - almost without exception - experienced trauma and loss, with previous experiences of maltreatment and placement breakdown common. Those working in residential care have to help minimise the damaging consequences of such traumatic pasts and support young people to regain or develop a sense of self-worth and self-efficacy, and develop the skills and competence to negotiate

and maintain interpersonal relationships and future roles and responsibilities. It is no easy task and is not something that can (or should) be done "intuitively" but is crucial:

> *"if we are to improve outcomes for looked-after children in residential care, the task has to be essentially therapeutic, and we have to make sure that staff can approach their work in this way"* (Macdonald et al., 2012, p53).

Therapeutic RCC is:

> *"…intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs"* (McLean et al., 2011, pg. 2)

'Therapeutic approaches' are defined as ways to help staff understand how trauma affects children and young people; how and why their ways of coping with this trauma might be maladaptive; how and why agencies and staff respond in the ways they do; and how they might change. While services in some other parts of the world are comfortable with the concept, RCC services in the UK have been reticent in the past decades to describe the service they give to young people as therapeutic (Milligan, 2007). This reticence may be linked to an anxiety about the greater skills or knowledge required to provide therapeutic care (Clough et al, 2006). Moreover, while evidence on outcomes for therapeutic residential care is limited, that which has been undertaken has found evidence of improved morale of staff and short term outcomes including less confrontational environments and fewer serious incidents (MacDonald et al, 2012). As a result, there is a growing confidence about the therapeutic possibilities of the RCC environment supported by the adoption of specific models of care or intervention.

4. Models and programmes

Models of intervention in RCC, although often developed from clinical models, are very seldom strictly clinical programmes. They are likely to permeate all aspects of the group living environment and provide shared frameworks of understanding hung on core principles, sometimes supported by toolkits or manuals. They are invariably consistent with the opportunities provided by the group living environment and life space intervention. Currently 'Trauma Informed', 'Attachment Promoting', 'Strengths Based,' and 'Social Pedagogy' are terms commonly used to describe models of intervention or ways of working. There are also various specific programmes for intervention that may be available within each establishment. There is not enough space to discuss each in full so below is a brief outline of these models and relevant references to further reading. In addition, it is important to note that these terms are often transposed to practice in different ways. Individual services should be able to direct others to their own reference materials.

a) Trauma Informed

The development of trauma informed practice over the last two decades has been informed by advances in understanding the impact of neglect and abuse on the developing brain

(CWIG, 2009) and concern about the re-traumatising of children in care services (Osofsky and Lieberman, 2011). Trauma informed models emphasise the importance of establishing and maintaining a safe, non-violent culture in which children can learn adaptive ways of coping with stress (McDonald and Millen, 2011):

> *"It is easy for caregivers to see these children as bad, mean, sick or crazy in response to their troubling behaviour. What is often missed, especially under stress, is that injured children repeatedly re-enact yesterday's traumatic experiences with today's caregivers. It is easy for staff who are inadequately trained, often overworked and thoroughly stressed to get pulled into these re-enactments. When we allow ourselves to be pulled into this recurring play, and we successfully act out our assigned role, we risk retraumatizing the children we have pledged to help"* (Farragher and Yanosy, 2005 pg.3).

Trauma informed models establish cultures of practice which recognise not only the impact of trauma on the individual but also the impact on staff and the organisations caring for these young people (Farragher and Yannosy, 2005; Rich et al, 2009; Barton, Gonzalez and Tomlinson, 2012). It is seen as a whole approach and developed by agreeing core principles and tasks referred to as:

- A Commitment to Nonviolence - helping to build safety skills and a commitment to higher purpose
- A Commitment to Emotional Intelligence - helping to teach emotional management skills
- A Commitment to Social Learning - helping to build cognitive skills
- A Commitment to Open Communication - helping to overcoming barriers to healthy communication, learn conflict management, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries
- A Commitment to Democracy - helping to create skills of self-control, self-discipline, and administration of healthy authority
- A Commitment to Social Responsibility - helping to rebuild social connection skills, establish healthy attachment relationships, establish sense of fair play and justice
- Commitment to Growth and Change - helping to work through loss and prepare for the future (Bloom, 2005)

b) Attachment Promoting

Attachment promoting models are based on an understanding of the early attachment experiences of the young people you are looking after and an awareness of the influence of practitioner's own experiences. There is an acceptance that, while family remains of prime importance as a source of enduring attachment figures, young people can form special relationships with caregivers and can describe these experiences as similar to being in a family, even using kin terms to describe these relationships (Furnivall, 2011; Kendrick, 2013). Staff need to recognise the importance of the enduring attachment figures and work to maintain these relationships throughout placements (Furnivall, 2011). They should also recognise the healing potential of their own relationship with the young person and how this can promote healthy development (Furnivall, 2011).

It is difficult to separate an attachment promoting model from one that is trauma informed but those working from an attachment promoting basis are specifically interested in avoiding unnecessarily controlling practices and promoting connections with young people (Moore et al., 1992; Barton, Gonzalez and Tomlinson, 2012). Understanding the early attachment experiences of young people is integral in influencing the young person's internal working model and their way of developing and maintaining relationships with others. This increased understanding of the young person positively affects the way caregivers frame and respond to their behaviours, encouraging more pro-social responses to stress and anxiety and helping young people make sense of interactions. Relationships are seen as the foundation for all interactions and interventions and it is impossible and undesirable to maintain the role of unaffected, uninvolved professional (Leaf, 1995).

While most staff will have received some input on attachment theory in their qualifying training, using attachment theory to inform practice requires greater understanding of the complexities of attachment styles and the development of an internal working model, learned through early relationships, which is a set of expectations and beliefs about the self, others and the relationship between the self and others. Applying this knowledge in the RCC environment is equally complex and staff members require support from colleagues, supervisory staff and external consultancy to ensure that they have opportunities individually and collectively to reflect and learn. In addition to making greater sense of young people's stories, attachment theories, combined with research on brain development, recognise adolescence as an opportunity to provide new relational experiences which have a chance of influencing the young person's internal working model, even if there is the recognition that earlier experiences cannot be erased (Moore et al., 1992). In the face of long-term difficulties and negative experiences and well established coping strategies, the pace of change can be slow, requiring patience, persistence, perseverance, the recognition of small steps, and repeated exposure to positive experiences.

Principles underpinning a trauma informed/attachment promoting approach are:

- All behaviour has meaning
- Attachment is for life
- Conflict is part of attachment and attachment allows trust in the relationship even during turbulent times
- Secure attachment: A balance between connection and independence
- Growth involves moving forward while understanding the past
- Understanding, growth and change begins with empathy
- Attachment brings joy and pain (Obsuth et al., 1992)

c) Strengths-based

Strength-based practice is an approach to guiding at-risk youth and their families that is exceptionally positive and inspiring. It begins with the belief that all individuals have or can develop strengths, assets, competencies and resources and can utilise past successes to mitigate problem behaviour and enhance functioning and happiness (Saleebey, 2000; Appelstein, 2008).

As it suggests, this is a collaborative approach focussed on helping individuals, families and communities to recognise and harness their strengths and capacities so they are co-producers of support, partners in their own healing, and in improving their outcomes and quality of life (Pattoni, 2012; Brendtro, 2004; Saleebey, 2000). It is consistent with resilience based approaches which more specifically focus on the talents and interests of young people to build self-esteem, improve mental health and open up new social networks (Gilligan, 1999). Similar to the development of attachment promoting models in the past two decades, strengths-based approaches have developed as an alternative to what were seen as coercive models of intervention (Brendtro, 2004).

In very simple terms the role of the practitioner is to identify and build on the strengths, interests and talents of young people with the expectation that these successes can be used to build esteem and help efficacy in the future. The strengths, capabilities and resources of the family are also actively identified and the worker must proactively seek to create opportunities for positive interactions with family. As well as building the resilience and improving the mental health of the young person, the approach increases positive attitudes towards young people and benefits practitioners' mental health and job satisfaction (Racco, 2009).

One element of the model is also the positive reframing of behaviours wherever possible, which is important in promoting positive feelings towards young people and enabling the healing process (Brendtro et al., 1992). The table below offers a brief example of reframing:

Decoding Problem Behaviour	
Pejorative Label	**Positive, Hope- Based Reframe**
Obnoxious	Good at pushing people away
Rude, arrogant	Good at affecting people, expressive
Resistant	Cautious
Lazy, un-invested	Good at protecting yourself from further hurts
Manipulative	Good at getting needs met
Just looking for attention	Good at caring about and loving yourself
Close-mouthed	Loyal to family or friends
Different, odd	Under appreciated
Stubborn and defiant	Good at standing up for yourself
Tantrum, fit, outburst	Big message
Learning disability	Road block

(Appelstein, 2008).

Principles of strengts-based practice:

- **Goal orientation:** The central and most crucial element of any approach is the extent to which people themselves set goals they would like to achieve in their lives
- **Strengths assessment:** The primary focus is not on problems or deficits, and the individual is supported to recognise the inherent resources they have at their disposal, which they can use in the face of any difficulty or condition.
- **Resources from the environment:** In every environment there are individuals, associations, groups and institutions who have something to give that others may

find useful, and that it may be the practitioner's role to enable links to these resources.

- **The relationship is hope-inducing:** A strengths-based approach aims to increase the hopefulness and hope can be realised through strengthened relationships with people and communities.
- **Meaningful choice:** People are experts in their own lives and the practitioner's role is to increase and explain choices and encourage people to make positive choices. (Pattoni, 2012).

d) Social Pedagogy

Social pedagogy is more a way of thinking than a set of practices (Smith, 2011). Expert, supervisory or counselling type relationships give way to socio-educational approaches. Workers and those they work with become co-constructors of meaning or 'fellow travellers' in journeys of growth. Petrie et al. (2006) identify features of a social pedagogical approach within a general rubric of promoting individual and community wellbeing and happiness; the thrust is to use and develop people's resourcefulness.

The articulation and expression of an ethical stance is foundational. Knowledge and skills are both informed by and feed into a practitioner's developing ethical stance. This notion is encapsulated in the concept of 'haltung', which is broadly translated as ethos, mind-set or attitude and describes the extent to which one's actions are congruent with one's values and fundamental beliefs (Eichsteller and Holthoff, 2010). This might be thought of as 'first practice' from which all else follows.

Practitioners utilise a combination of intellectual, practical and emotional qualities. Social pedagogues study a range of academic subjects but their training also involves learning recreational and cultural skills. The 'heart' aspect of the task underpins all of this work. Social pedagogy recognises the importance and inevitability of close personal/professional relationships between pedagogues and those they work with and the negotiation of appropriate boundaries within these. This requires practitioners who are self-aware and reflective. Social pedagogy identifies three 'selves' - the professional, the personal and the private. It is only the private self that is kept apart from those we work with. The professional and personal 'selves' combine to support the self-in-action endeavour at the heart of direct work with people.

Most social pedagogical practice does not take place in the one-to-one meeting or in a counselling session but in the everyday and through shared activity. Social pedagogues come together with those they work with around shared activities. This practice reality is encapsulated in the concept of the common third. The pedagogue and the client share and have a joint claim on an activity in all of its different stages, from idea to execution. This makes for greater equality and authenticity in relationships where professional hierarchies become dissipated through joint involvement in an activity within which expert and novice roles might be reversed, or at least rendered less pronounced. Every situation and the actors within it are inevitably different and therefore not amenable to any notion of a single best practice. What is best will be determined in the particular circumstances that pertain in any situation. Rights perspectives are central to social pedagogy. The kind of rights deemed to be important in social pedagogical traditions are broad social and cultural rights. Such rights

are rarely stand-alone or absolute but are negotiated and become realisable within respectful relationships.

Summary: Models and programmes

Longitudinal studies examining the effectiveness of models and programs in RCC are lacking but what we do know is that regardless of the model there are a number of elements which influence quality of care: the manager has a vision and is able to articulate it, the team have a shared sense of purpose and any model is orientated in the best interests of the young people (Sinclair and Gibbs, 1998; Anglin, 2003). It appears that the model of care is only significant if these measures are met. For those involved in making decisions about best resources or working in partnership with RCC staff it is essential that you know what model of intervention they are using and the underpinning theory. The models are complementary in nature and often more than one model will be drawn upon to inform policy and practice. What is important is that these models meaningfully support and inform practice rather than being tokenistic.

Some models have prescriptive structures and systems to support the programme but equally all residential services work within organisations, which direct, through policy and procedure, the day-to-day running of the service. Young people's systems and structures include routines, house rules and key working while those for staff include staff meetings, supervision, changeovers, rotas, recording and shift planning. The challenge for the service is to ensure that all systems are oriented in the best interests of the young people while at the same time ensuring that staff members feel valued and supported. The challenge to those professionals working in partnership with residential colleagues is making best use of these systems to support work with individual young people.

5. Practice challenges in Residential Child Care

Working within the life space of RCC is inherently challenging and complex. This section will explore briefly some of these challenges, including managing pain-based behaviour, physical restraint and police involvement, family work, mental health and gender, as well as what can support staff and young people in such situations.

Managing pain-based behaviour

> *"It is only staff who are able to demonstrate a clear commitment to young people, listen to them and understand and respect them, who are able to build relationships and who can therefore manage challenging situations and effectively defuse potentially disruptive behaviours" (SCIE, 2008, p.ix).*

Many young people in residential care have developed a repertoire of behaviours, often as a means of surviving and having their needs met in the face of the adversity and trauma they have been exposed to, that the adults who care for them may find challenging. These behaviours can include:

- Violence and aggression
- Problematic drug and alcohol use

- Self-harming
- Absconding
- Offending
- Withdrawal
- “Disgust” behaviours (such as spitting, smearing, urinating, or poor self-care)
- Frequent and unsubstantiated complaints against staff

Effectively understanding and managing pain-based behaviour is an integral part of the care that should be provided to children and young people in RCC. In this respect, what follows must be viewed in the context of the key concepts discussed above and the organisational policy and preferred crisis intervention training given to staff.

If we are serious about developing good practice in managing difficult behaviour, we must be clear about what we expect from staff when they are faced with it, how this fits in with the ethos and culture of the home, and acknowledge the challenges, tensions and dilemmas commonly faced in doing so (Moodie and Nolan, 2016). In addition, organisations need to reflect on how staff can be supported to respond to such behaviour, but also to understand why children behave in the way they do and what needs are being expressed and met through such behaviours.

Ethos and policies

Good practice in any aspect of residential child care should begin with agreeing an ethos or philosophy. Bringing a staff team together on a philosophy, which in some cases may challenge personal values and perspectives, is a demanding process. When agreeing an approach to managing behavior, including in respect of police involvement, it is important that staff are given the opportunity to reflect on their views on punishment or consequences for behaviour, how their behaviour was dealt with when they were children or adolescents and individual’s experiences/views of the police. There must also be recognition that approaches which question established practice can be viewed with suspicion.

Having policies or procedures to guide staff practice in responding to challenging behaviour, both generally and specifically, can be useful. However, specifically in respect of offending behaviour, Moodie and Nolan (2016) found the existence of such policies across Scotland and the familiarity of staff with them when in existence varied. Furthermore, this research highlighted that policies and procedures can only ever provide guidance and responses require to be individualised, depending on the circumstances of the incident, and a matter of professional judgement (Moodie and Nolan, 2016). It is however crucial such judgment is situated within and shaped by a positive, shared, supportive and respectful organisational culture and ethos, which has been developed through open debate, challenge and negotiation (Moodie and Nolan, 2016).

Cultures of practice

Research on cultures has shown that the development of delinquent cultures can be directly linked to inadequate or discordant staff responses. Effective practice requires the establishment of positive staff and young people cultures, which complement each other (Brown et al., 1998). Cultural responses specific to challenging and offending behaviour must be developed, which should be:

- Consistent with a philosophy which aims to understand pain-based behaviours
- Proportional, appropriate, non-punitive and responsive, not reactionary
- Discussed with colleagues on duty before acting, where possible
- Ensure police contact is the option of last resort
- Fully reflected on – learning from incidents is imperative

It is also crucial that recognition is given to the impact on staff of exposure, and responding, to pain-based behaviour. For example, Moodie and Nolan (2016) highlighted the complexity, dilemmas and tensions that residential workers grappled with in their decision-making in responding to offending. In supporting staff to manage this, cultures of practice require systems which embed regular opportunity to discuss approaches and reflect on events. Staff meetings are a valuable forum for thinking creatively about how to manage behaviour, establishing a shared philosophy and considering how this is applied in working with the group and specific individuals. Incident evaluation and debriefing are also essential elements of developing good practice and are a desired cultural response to significant events but it is important debriefing is undertaken in a manner that feels useful and supportive to staff (Moodie and Nolan, 2016). Informal opportunities for discussion and colleague support are helpful but should be available alongside managerial support and formal recognition of the significance of an event. Similarly, it is crucial that the organisational culture invests in and prioritises staff induction, training and professional development to enable staff to understand behaviour; provide a range of strategies and a toolbox of resources that can be drawn upon in responding appropriately to behaviour; and promotes self-awareness (Moodie and Nolan, 2016). What we actually do, what happens in reality, before during and after significant events such as those involving the police, will either reinforce or undermine any cultures of practice.

A relationship-based, partnership approach to managing behaviour should also be adopted. The young person's family and lead professional should be informed of incidents of challenging behaviour and be involved in discussions about how they were managed, and how to use the learning from the incident to shape future practice. This should be reflected and recorded in the Child's Plan.

Physical Restraint

Physical restraint is defined in Holding Safely (Davidson et al., 2013, p.viii) as "an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm." This definition implies the use of force, as it is a *restraining* hold which is being described which is the most serious of physical interventions.

Physical restraint should be seen as a significant event, only being used in situations of serious, imminent harm and when no other less intrusive means for ensuring or re-establishing safety are practicable. Each individual establishment will have an organisational policy on the use (or otherwise) of physical restraint, which all staff should be familiar with and be trained in the particular approach adopted. National Care Standards for Care Homes for Children and Young People (2005) must also be followed. It is essential that the parent and social worker contributes to the individual plan which needs to be in place before a physical restraint is used and that they are informed when a restraint has been used and included in discussions with regard to how best prevent the need for restraint in the future.

Police involvement

The vast majority of looked after children do not come to the attention of the police and in RCC when they do this can be for a range of reasons, including absconding, victimization, offending within the residential units such as assaults on staff or other young people, vandalism, breach of the peace/threatening behavior, or offending within the community (Moodie and Nolan, 2016). The data that is available in England and Wales suggests that looked after children come into contact with the youth justice system at a higher rate than the general population (NACRO, 2012; Department for Education, 2011; Zayed and Harker, 2015). The Howard League for Penal Reform (2016) found 13 to 14 year old looked after children in England and Wales were nearly 20 times more likely to be criminalised (convicted or subject to a final warning or reprimand) than a non-looked after peer. In Scotland, there is a lack of available data on offending but the small-scale study by Moodie and Nolan (2016) highlighted concerns, particularly regarding the high number of offences committed by the same young people and number of charges for breach of bail and vandalism. As a result it has been stated that multi-agency data gathering and monitoring on a local and national basis is essential, with RCC workers and social workers having a key role in clearly recording and capturing specific details of any police contact and subsequent charges or convictions (Moodie and Nolan, 2016).

There are some behaviours where, due to legislation and/or organisational policy, involving the police is largely non-negotiable e.g. child protection, missing persons, and drugs. However, RCC staff can exercise discretion over many other behaviours which would be deemed offences in other contexts e.g. violence towards others, threat of violence or harm, damage to property, theft of property and disorder offences. Police contact will often be made where staff feel they are unable to maintain the safety of those present (young people and staff) or to control the type or the severity of the behaviour being displayed (Moodie and Nolan, 2016). Having police attend who have no knowledge of the young people or the staff can often lead to avoidable charges or, on occasion, escalation of incidents. Therefore, efforts to build and maintain relationships between the police, RCC staff and young people are key in avoiding the criminalisation of young people (Schofield et al., 2012; Taylor, 2006; Moodie and Nolan, 2016). These relationships are often formalised through protocols and guidance but equally informal visits by the police to the establishment, outwith times of crisis, can have a crucial role (Hayden, 2010; Moodie and Nolan, 2016). Tact (2008) concluded that joined-up work was one of four key measures to be taken to ensure that being looked after and accommodated was not an accelerant into criminalisation, with other factors improving the quality of RCC and the knowledge-base and skills of residential staff, as well as introducing more use of restorative approaches (Tact, 2008; Mirsky, 2005).

Police involvement should be the option of last resort. However, where this is deemed necessary a number of factors should be considered to ensure this is done thoughtfully:

- What can the police bring to this situation that cannot otherwise be provided?
- What will the likely impact of police contact be (i.e. will it help to de-escalate the situation or not)?
- Should I discuss with colleagues, on or off shift, how best to proceed?
- Let the police know the story when they arrive as far as the situation permits

- Whether about charges or any other action, discussion between RCC and the police is essential, not only to take the best decisions but also in terms of developing and sustaining positive relationships.

- If a young person is charged, it is crucial this information is recorded as per organisational policy, shared with the Lead Professional and the young person is provided with accurate information about the implications of such a charge, as well as supported on any subsequent journey through the youth and criminal justice system (where this is the outcome).

- Post incident support and reflection must include an examination of why the police were called and what was learned from the experience.

Family work

Working with the families of young people accommodated in RCC is an inherent part of the role of residential staff. The types of work and how this is undertaken will be guided by legislation and policy, as well as the Child's Plan, but will often come down to the ethos of the service (Bullock, 2008; Gibbs and Sinclair, 1999). This work is crucial as the child and family are irrevocably linked, the child will often be having contact with their family and may well return to reside with them on leaving the establishment (Ainsworth, 1997). Moreover, the 2014 Act clearly states that wellbeing assessments should be completed in partnership with the child and parent and that seeking and considering the views of the child and parent should be a key part of the process. Practice however markedly varies, with Malloch (2013) finding that at times the needs of family members can often be overlooked (Brown et al., 1998).

Similar to the anxieties of residential staff about their therapeutic role, there is a historical nervousness about those undertaking family work requiring specialist or additional training, leaving practitioners feeling neither confident nor competent (Kelsom and McCullogh, 1988). Moreover, residential staff tend to downplay their role with families, which is contrary to the wider view of the role they can play in assessment and intervention during and beyond placement (NRCCI, 2009). Working effectively with families can be challenging and workers would benefit from training and support that will develop their confidence and skills in this area of intervention.

In practice, as much as the life space creates opportunities for direct work with the young person, the RCC environment is seen as a place of particular opportunity for engaging with families (Kelsal and McCullogh, 1988). Being a 24 hour service, staff are an accessible source of support and guidance at all times, and this can be conducive to the establishment of significant relationships with family members, usually parents. The range of activities undertaken as family work varies, necessary given the variation in need of the families involved, but can include the provision of practical and emotional support, phone contact, information sharing about the establishment and processes, keeping parents updated on their child's progress, involvement in programmes and interventions, and transition planning (Malloch, 2013).

Contact is a further area where staff will often be involved with families. Even where family difficulties may have contributed to accommodation, there is little argument about the importance of family contact to the young people looked after away from home. It is also

increasingly apparent that good outcomes for young people living in residential care can be affected by the ability to focus on family (Landsman et al., 2001; Knorth et al., 2012). More specifically, maintaining good contact and ensuring that families are involved in decision making processes are seen as important factors associated with successful services (Clough et al., 2006). This should however be based on robust assessment of the impact of such contact on young people's wellbeing and the views of the child, with it being crucial that decisions about contact are reflected in the Child's Plan.

Family work should be situated within a wider organisational ethos that is family centred, with such establishments found in comparative studies to be the more promising model of group care and provide better outcomes than other interventions, including treatment foster care (Lee et al., 2011). Family centred RCC services emphasise the partnership between staff and families and take an ecological view of the young person in the context of their family and community (Knorth et al., 2012). Ainsworth (1997) suggests the three areas which evidence the family centeredness of services are:

- Service availability (including cost of transportation for visits/contacts, parenting programmes)
- Parental involvement (including accessibility for parents and full participation in decision-making processes affecting the young person)
- Staff attitudes and expectations (especially related to contact, parental rights and reunification)

Essentially residential services should evidence commitment in all three areas to ensure they are family centred. However, the responsibility of other members of the team around the child cannot be understated. For example, post-placement support is a significant part of family support and while there is recognition that residential staff should be seen as major players in providing this support, local practice often precludes this role (Ainsworth, 1997). The placing social worker has a key role in determining roles and responsibilities in this area of work.

Mental Health

Looked after and accommodated children were found in a study by Lachlan and colleagues (2011) to have both a greater number and also more complex mental health problems than their non-looked after peers. The reasons for the complex mental health problems of young people living in RCC include their early childhood experiences, which often includes poor parenting, loss, separation, bereavement, parental illness and impact of the environment (poverty, deprivation, social exclusion) (Scott and Hill, 2009). Research in this area is summarised by Scott and Hill (2009), who concluded that:

> *"Many children who are looked after and accommodated do not receive the health assessments and treatments they need from conventional health services. The reasons include: frequent moves disrupting communication and records; professionals' low level of awareness of the particular circumstances of looked after children; stigma and fears associated with standardised examinations or visits to clinics; and the reluctance of some children and young people to engage with health professionals"* (p.32).

The NRCCI recommended:

> *"…building on best practice, it is important that multi-agency services are provided to support the mental health and well-being of children and young people in residential child care. CAMHS teams have a crucial role in offering direct help. All residential services should have access to specialist consultancies to find the best approaches to help individual young people. Residential staff should be equipped and supported to identify and assist with common, nonpsychotic mental health problems such as depression and anxiety, as well as addictions"* (National Residential Child Care Initiative, 2009, pg.24)

Some progress has been made in this area, with various examples of good practice evident. The role of residential staff in improving the emotional wellbeing of the young people they look after is embedded in therapeutic interventions (see above) and linked to establishing relationships which support the emotional development of young people (Smart, 2008). Other initiatives have also provided a more systematic approach to promoting good health such as role modelling and Health Promoting Units (Scott and Hill, 2009). Alongside this it is important that staff member's knowledge, understanding and skills continues to be developed and that they receive the necessary support to best look after the young people in their care (Millward et al., 2006). Further information on the mental health needs of young people can be found in the Section 10 of this guidance on Mental Health.

Gender

This section should be read in conjunction with the section of this guidance on Girls and Young Women. While many of the key principles of good quality RCC detailed elsewhere in this section are essential to supporting and promoting the development of all young people, differences between boys and girls suggest that therapeutic approaches may be improved if further consideration is given to relationships; identity; coping and expressing emotions; learning style; and the structure offered based on the gender of the particular young person. It should however be recognised these are general differences and each child will be different.

Relationships with staff

Girls generally prefer smaller numbers of staff delivering direct interventions as this allows them to develop closer working relationships based on trust and respect, often preferring access to female staff. Boys also need the opportunity to be able to express their feelings in an environment which is safe and supportive and in a mixed gender environment. It will be important to provide each young person with opportunities to socialise with peers and staff of the same gender. It may be advantageous to provide allocated, structured time to ensure that these opportunities are provided.

Relationships with peers

Girls emphasise the importance of the opportunity to spend time with other female peers which is positive, supportive, safe and non-stressful. This provides opportunities for girls to express themselves, explore their feelings, reflect on experiences and learn about how relationships are formed with peers. Boys tend to focus on dominance and social status, and

engage in more competitive activities, whilst girls tend to gather for social contact and place more importance on the relationships themselves rather than the activities.

Intimate Relationships

Research on adolescent relationships is more limited due to the difficulties associated with this research and that young people can be reluctant to discuss their relationships. Banister and Jakubee (2004) provided some understanding about the particular difficulties for girls based on interviews with female students aged 15 and 16 years. They found that girls blamed themselves for their boyfriends' abuse and lack of commitment, and that the girls were reluctant to affirm their own needs and interests within the relationship. The girls felt they were faced with a decision about whether to compromise their values and needs to maintain the relationship, or whether to risk the relationship in order to maintain their true self and beliefs. For looked after and accommodated young people, who are likely to have experienced family difficulties and therefore less belonging and connection to family members, romantic relationships may become more significant. A sense of self-worth, and the development of a positive personal identity allows individuals to develop healthy relationships, express their own needs within a relationship and reduce the likelihood of abuse or exploitation. Services need to consider how they can support the relationships of young people in residential care including exploring acceptable and unacceptable behaviours within relationships and how to remain safe in relationships. Work focusing on healthy and unhealthy relationships should be incorporated into the day to day living experience of young people in residential care, with a range of tools available to support this.

Identity

Early explanations about the stages of development theorised that the development of self-identity occurred in adolescence and was resolved through an acceptance of self, and in determining how one is different from others (Erickson, 1995). Young people will develop their identity around strengths, weaknesses, goals, occupations, sexual identity, gender roles and through relationships. Adolescents will also "try on" different identities, using their friends to reflect and feed back to them. Erikson's theory of development noted that the development of self-identity occurred before intimate relationships are explored. Gilligan (1979) suggested, however, that this sequence of development occurred in boys and not girls. She reported that for girls, these two stages occur simultaneously, because girls develop their self-identity through their intimate relationships with others. This suggests the importance of intimate relationships within the development of girls' self-identity, and why these relationships can be problematic for girls. Training to staff should include understanding of issues regarding gender identity and development.

Coping and expressing emotions

There are also differences in the way in which girls and boys process experiences, with girls being more likely to internalise problem behaviours and boys to act out externally. For example, boys are more likely to engage in overt criminal activity, physical aggression and behaviour difficulties compared to girls who present higher rates of depression, suicide ideation, self-harm, hopelessness, negative self-evaluation and eating disorders (Handwerk et al., 2006). However, girls will more readily express their emotions, show signs of depression and anxiety and attempt suicide, compared to boys who are less likely to report

negative feelings but are more likely to commit suicide (Eisenberg, Martin, and Fabes, 1996; Kindlon and Thompson, 2000). This research suggested that boys learn to bear their negative feelings alone, but fail to manage these feelings. There is evidence that girls self-disclose abuse more readily than boys and that self-disclosure can be a protective factor for wellbeing, social relationships and development (Leman and Tenenbaum, 2011). Those providing residential care need to become adept at recognising when boys may be in crisis, and in supporting boys to express and manage their feelings in a safe and supportive environment.

Whilst boys' use of aggression is generally more reactive, overt and they tend to respond impulsively with physical aggression or violence, for girls this is usually within the context of relationships, more covert and verbal, and they will seek to hurt others through relational aggression (Bjorkqvist, Lagerspetz and Kaukiainen, 1992; Serbin et al., 1994). Relational aggression can take many forms and includes name calling, bullying and the deliberate exclusion of another individual from the group or activity, which can be as damaging as physical aggression and should be addressed with the same degree of seriousness (Crick and Grotpeter, 1995). Relational aggression is also significant due to findings that young people who are relationally aggressive have an additional increased risk of adjustment difficulties, such as rejection, loneliness and depression (Crick and Grotpeter, 1995; Rys and Bear, 1997*).* It is important staff are trained and supported in understanding and managing different types of aggression.

Learning styles

Research has indicated that boys' brains have more areas for spatial-mechanical functioning, than for verbal-emotional functioning in comparison to girls, and that they will experience words and feelings differently (Blum, 1997; Moir and Jessel, 1989). Boys are more linear in their approach to learning and respond more positively to clear structure and learning objectives in comparison to girls, who prefer a less formal and more flexible approach to their learning, with time and space for thinking and reflection.

Another noted difference is girls' preference for real life context when learning and that providing background information about the history of a particular subject increases girls' interest. Boys seem to show less interest in this additional information and can quickly become restless, preferring shorter instructions and problem focused learning (Chadwell, 1997). Within the context of formal education, there is evidence that girls tend to have higher aspirations than boys (Feingold, 1994) and that they can be excessively critical in evaluating their own academic performance (Pomerantz, Altermatt and Saxon, 2002). Evidence also suggests that girls are often more concerned about pleasing teachers (Pomerantz Altermatt, and Saxon, 2002), compared to boys who may be more focused on whether a subject is of interest to them.

Responses to restrictions and the environment

In terms of restrictions, girls are less responsive and less likely to comply with physical restrictions placed upon them. Research has shown that girls are more likely to abscond, with stress, lack of structure, opportunity and whether behaviour is left unchallenged identified as features in this (Clarke and Martin, 1972; Thompson and Pillai, 2006).

A high standard of physical environment is important and girls should also have access to relevant materials such as books, magazines, DVDs, and images which promote positive and healthy images of women. Contributing to the physical environment, for example choosing décor and furnishings, also increases feelings of security, safety and ownership, with girls noted to respond better in a safe, comfortable, welcoming space (Chadwell, 2007). Within a mixed gender environment thought is needed in order to provide physical space that is suitable for both male and female residents, given that boys are more focused on activities and girls on the importance of their relationships.

6. Conclusion

This section has considered working methods and issues that are particularly relevant to social workers who are placing or supporting young people who have offended in residential care and to those supporting young people in residential care. The issues of family work, mental health and gender are examined and the importance of residential care in being able to address pain-based behaviours skilfully is discussed. It emphasises the need for partnership working between the lead professional, the residential staff, the family and the child to ensure that the desired outcomes for the young person are met. These outcomes are more likely to be met if the young person is matched to the placement that is most likely to meet their needs. This section aimed to give information that will help the social worker consider whether this is the right place for their young person, and then to consider how best the placement can be supported.

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

Section 9: Speech, Language and Communication Needs in Youth Justice

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Contents

1. Speech, Language and Communication development – what's typical?

Communication development begins before birth, and progresses rapidly through the first year of life and beyond. The first distinct word is produced at around one year of age. In most families, this is a celebrated event, continuing a relationship of reinforcing and guiding attempts to communicate. Numerous other words follow soon after, and by the age of two, a typically developing child will use in excess of 50 recognisable words, with many more understood but not yet spoken. In the toddler years, speech is not yet consistently clear, with the ability to produce sounds in isolation and combination developing up to age four or five.

By the time a normally developing child reaches this age and prepares to attend primary school, he or she will be a competent communicator, using and comprehending a wide vocabulary and complex grammatical structures; able to recognise and sometimes use humour; and interpreting, responding to and employing a range of non-verbal signs and signals.

These non-verbal or paralinguistic skills are the sometimes overlooked abilities which give meaning to language. The correct interpretation and application of eye contact, bodily position, gesture, facial expression and tone of voice, allow an individual to negotiate the complexities of human interaction and relationships, to readily distinguish another's mood and intentions and to shape their own behaviour and responses appropriately.

Higher-level communication skills, such as literacy, are typically acquired as an individual moves through education, and vocabulary and social skills are expanded and refined throughout adulthood. Core communication skills are developed, defined and largely established at a very young age. Attention to early relationships and environment provides valuable insights into how best to support optimum communication development, and into what can go wrong when conditions for development are sub-optimal.

Communication development in individuals with developmental conditions, such as autism or specific language impairment, will not necessarily adhere to recognised milestones. There may be an uneven profile of performance, with development in, for example, visuo-spatial tasks exceeding linguistic or social development. Early deviation from developmental norms is an important marker of possible speech, language or communication needs.

2. Communication Milestones: Quick Reference Table

	Age 5	Age 11	Age 18
Speech Sounds	Speaks clearly and fluently. Might have difficulty with more complex speech sounds or clusters.	Speaks clearly and fluently.	Speaks clearly and fluently.
Expressive Language	Uses well-structured sentences and a wide range of vocabulary, with some immaturities e.g. “I falled over”.	Can confidently explain word meanings and new ideas. Able to modify language and use more formal style with minimal prompting.	Naturally switches vocabulary and sentence structure choices by context.
Sentence Structure and Narration	Can describe a series of events with some detail, but not always in the correct order. Re-tells familiar stories in their own words. Starting to check for listener understanding.	Able to describe a complex series of events, rules or procedures concisely and in the correct order. Aware of listener knowledge and reactions, and able to modify output in reaction to these.	Can produce lengthy and complex narratives with internal stories or instructions. Actively involves the listener and gives cues to key information.
Social Interaction	Confidently initiates and takes part in group and individual interactions. Might be reticent with unfamiliar people, but soon adjusts. Uses language to negotiate, to express emotion and explore ideas and experiences. Able to initiate or join in cooperative play and role play with peers. Enjoys humour but does not always fully understand jokes.	Can develop arguments to persuade others, showing awareness of different viewpoints. Able to make inferences when not all information is stated explicitly. Understands abstract and metaphorical language and able to use language skills to interpret unfamiliar sayings. Understands and uses new and evolving terms in line with popular language amongst peers.	Fully understands sarcasm and irony, and is able to use these appropriately. Able to tolerate and accommodate the needs of less able communicators.

3. Indicators that someone may have Speech, Language and Communication Needs

Self-report of Speech, Language and Communication Needs (SLCN) is a poor indicator of whether or not they are present, as many young people with SLCN are either unaware that they have difficulties, or are uncomfortable disclosing them. There are, however, a number of signs and symptoms which should give rise to suspicion that an underlying communication problem may be present. Reference to these can help to proactively identify individuals who are likely to have communication needs and plan for appropriate support accordingly, for example in Early and Effective Intervention meetings.

Indicator checklist

Social interaction skills

- Loud and overbearing manner with poor turn-taking skills
- Quiet individuals who hold back and seem to look to others to take the lead in interactions
- Over-reacts to, or misunderstands jokes or sarcasm
- Becomes angry unexpectedly
- Avoids situations which require communication using distraction, disengagement or failure to attend
- Struggles with fast moving group ‘banter’ and may easily misinterpret this

Language skills

- Dialogue seems disjointed or illogical
- Frequently users filler phrases such as “thing my” and “you know”
- Appears unable or unwilling to follow instructions, or only responds to part of an instruction
- Shows indications of seeming to follow what is being said, such as nodding, but then unable to respond appropriately
- Lacks credibility or appears to be lying due to hesitation, repetition or inconsistency in what is said
- Often says they “can’t remember” or “don’t know”
- Interprets language literally e.g. “What brought your parents to the UK?” “A plane, it was a long journey”
- May appear obstructive, bored or oppositional due to failure to adhere to the rules and social expectations of conversation.
- Copies what they see others doing, or copies chunks of spoken language
- Seems to have particular difficulty with novel information, and may need to have this repeated several times

Numerical and organisational skills

- Gets dates and appointments mixed up
- Appears disorganised, forgetting to complete tasks or bring materials

- Does not complete tasks, often with no apparent reason
- Repeatedly asks the time or what is happening next
- Has trouble with abstract mathematical language, such as, ‘take away’ or ‘multiply’
- Seems disengaged or to be staring into space

Speech

- Speech is slurred, indistinct or otherwise difficult to understand
- May stammer or have fast, ‘crowded’ speech

Literacy

- May avoid reading and writing tasks, for example, by saying they need glasses or by criticising the task
- Reads very slowly and/or out loud
- Has very messy or immature handwriting
- Only writes in capital or small letters, or mixes these seemingly randomly
- Misreads or reverses similar letters
- Manages functional literacy tasks such as reading a television guide with some effort, but cannot cope with more lengthy, abstract or complex information like formal letters and reports

Sensory issues

- Particularly sensitive to touch, noise, bright lights or textures
- Eats a very restricted diet or seems very sensitive to certain food textures or combinations
- May over or under-eat as does not register sensations of satiation or of appetite
- Wears unusual or incongruent clothing (e.g. heavy coat of sweatshirt in warm weather), or seems overly particular about what clothes or fabrics they will wear
- Has difficulty relaxing or having ‘down time’
- Did not enjoy messy play as a young child, or seems over-sensitive to unusual sensations

Background information

- Has family members with learning difficulties or disabilities
- Has a past, existing or suspected diagnosis/history of ASD, Asperger’s Syndrome, Autism, ADHD, Dyspraxia, Dyslexia, ODD, OCD, SLI, Stammering, Learning Disability, Learning Difficulties, Conduct Disorder, Brain Injury, Anxiety, Depression, Selective Mutism, Anger Issues, Childhood Abuse or Neglect, disrupted early relationships, Looked After or At Risk status, school refusal, suspension or expulsion.
- Has previously attended or been referred to Speech and Language Therapy or Child and Adolescent Mental Health Services (CAMHS)

4. SLCN development – what helps and what hinders?

Following birth, the most important single influence on development of communication is the child's relationship with the primary caregiver or caregivers; usually, one or both parents. Where a parent is able and prepared to be responsive to their child's attempts at communication, shows a consistent and largely positive attitude towards the child, and seeks, whether intuitively or consciously, to support development of interaction skills, the child has the best chance of developing strong communication abilities. Counter to this, an unstable, unpredictable or critical communication environment curtails development of skills and the required confidence to explore relationships with others.

As children and young people progress and become involved in their wider communities, it becomes important that education and care staff are aware, skilled and responsive in order that they can best support them in their development.

5. SLCN trends and statistics

SLCN are extremely common in youth justice populations. Major studies to date have focussed on prevalence of language difficulties in males, with 50% to 70% of this group found to have significant difficulties with language function. It is important to note that these individuals may also have other communication difficulties, and that there will be yet more young males in this population with difficulties in non-linguistic aspects of communication.

In common with general findings in youth justice research, less attention has been paid to the SLCN of young females involved with the criminal justice system. Just under half of adult female offenders are believed to have impairments in one or more aspect of communication. It has been found to be common for young females in custody to report correlates of SLCNs, with around a quarter regarded as having language deficits severe enough to indicate a need for direct speech and language therapy intervention.

The presence and severity of SLCN appears to have associations with offending severity, in particular, violent offending. Whilst SLCN are relatively common in all youth justice populations, they are particularly common amongst more severe offenders, and amongst violent offenders (Snow & Powell, 2011).

The message which can be drawn from the range of prevalence-related research in youth justice is that SLCN are commonplace in young people who offend. This invites the conclusion that youth justice practitioners must approach their work with young people with expectation that SLCN will be present, unless there is specific evidence to the contrary.

6. Terms and definitions

In this guidance we use the term 'speech, language and communication needs', or 'SLCN' to refer to those who have difficulties or conditions affecting aspects of their communication.

Terms used to refer to broadly the same types of difficulties include ‘communication support needs’, ‘communication difficulties’ or ‘speech and language difficulties’.

Speech refers to spoken sounds, comprising:

- Producing sounds consistently and accurately
- Speaking fluently, without undue hesitation, prolongation, repetition or substitution of sounds or words
- Expression which is intelligible and of a socially accepted volume and quality
- Supporting and enhancing meaning through variation of tone and pitch

Language refers to comprehension and expression.

Expression

- The ability to consistently identify and produce words and phrases which reflect the intended meaning
- Building words and phrases into more lengthy utterances
- Being able to describe events, emotions and opinions consistently, accurately and coherently
- Monitoring and modifying spoken output to suit context and listener views and responses

Comprehension

- Comprehending and correctly interpreting what others say
- Understanding abstract ideas and making accurate inferences, when not all information is stated explicitly
- Understanding multiple meanings, humour and sarcasm
- Core skills of linking sounds, ideas and meaning, required for the development of literacy

Communication broadly refers to the unification of a range of skills to allow interaction with others. These skills, which may also be referred to as non-verbal, pragmatic or paralinguistic skills encompass:

- Eye-contact and gaze patterns
- Gesture
- Facial expression
- Body positioning and posture
- Awareness and application of social norms around topic, turn-taking and responsivity
- Interpretation of the non-literal or non-verbal communication of others
- Variation of language choice and social behaviour by context
- Perspective-taking skills, allowing insight into, and adjustment for the views, feelings and expectations of others
- Enhanced language skills, such as using words and non-verbal skills to question, clarify, joke, challenge describe, refute or reassure

Individuals with SLCN have difficulty in one or more of the above domains. For some, these difficulties may be mild and limited to particular situations. For many, these difficulties are persistent, pervasive and complex.

7. SLCN Case Study

Jamie has language and social communication difficulties. He experienced neglect and physical and emotional abuse from a young age. This resulted in him moving between family members' homes and foster care throughout his early life, before being placed permanently with his grandparents. He had difficulties making friends with other children at school and his behaviour was often disruptive.

Jamie stopped attending school at around 14 years of age. He found lessons confusing and demoralising due to his language difficulties. He had no close friendships as he did not understand what others wanted from him and often fell out with his peers. He started going to his older cousin's house during the day to avoid his grandparents, and as his cousin seemed to accept him as he was. Jamie started using cannabis with his cousin. At first his cousin was happy to provide this for free, but he soon told Jamie that he had to "pay his way". He told Jamie that he could get money easily by taking phones and computers from wealthy people who worked in city centre offices. Jamie started approaching people early in the morning and demanding their valuables. He was gratified to find out how easily they handed over anything he asked for. He did not understand or care that people might suspect he could be violent, and were reacting out of fear.

Aged 16 Jamie was apprehended by the police, who had a lengthy list of charges against him. He was able to identify that he had committed just over half of the robberies suggested by the police, and was willing to admit to these. One of the officers questioning Jamie remarked "We know you've done all of these, just admit it and we can all go home". Jamie was keen to leave the police station so made a statement, admitting to all of the robberies. He had interpreted what the officer said to him literally and was shocked to find that he would later have to attend court and be punished for all of the offences.

Jamie did not refute his statement in court as he did not want people to think he was a liar and he did not have the language and reasoning skills to explain why he had admitted to offences he had not committed. He entered a guilty plea. As he sentenced Jamie to one year in custody, the trial judge commented negatively on his "emotionless demeanour" but acknowledged the "utilitarian value" of his guilty plea. Jamie did not understand these comments but wondered if he might be able to get some money or some time off his sentence because his plea seemed to have some form of value.

In custody, Jamie was offered the opportunity to take part in an offending behaviour programme. He found the content confusing, and struggled with the difference between thoughts and emotions. The classroom-like environment reminded him of his many negative school experiences. He withdrew from the programme, a decision which later contributed to his application for home detention curfew being refused.

Jamie had difficulty forming relationships with peers while in custody. Although he appeared chatty and sociable, he dominated interactions and was quick to react negatively and

disproportionately to anyone who he perceived as making fun of him, even in humour. Jamie initially formed good relationships with his personal officer, youth worker and social worker, but was quick to reject those who were supporting him, if he felt that they had let him down, been inconsistent or showed positive attitudes towards other young people in custody. He argued with his personal officer after she called him “a toerag” and he would not speak to his social worker for four weeks after she missed a scheduled session due to illness and was unable to let Jamie know.

While in custody Jamie attacked another young person, who had made a joke about his mother. He was temporarily moved to segregation, where he had little contact with others. Jamie found the loss of social contact a relief, and would start fights to return to segregation whenever possible. When not in segregation, Jamie withdrew from all activities, staying in his cell at all times.

Jamie’s family took his lack of phone calls and attendance at visits as a statement of rejection and refused to support him when he was eventually liberated.

8. SLCN and Autism Spectrum Conditions

What is autism?

The term Autism Spectrum is used for a range of conditions that impact on an individual. The word ‘spectrum’ is used because of the range of ways in which people can experience autism.

Autism is a lifelong developmental condition and impact will be likely to change throughout the person’s lifetime, and in relation to the support they are accessing. Children and young people with autism tend to have a wide range of skill sets including different strengths and difficulties; however, autism is characterised by:

Social interaction

People with an Autism Spectrum Condition (ASC) may:

- May have a different communication style to other people
- have difficulty with, or lack awareness of, the social skills required to interact in a conventional way;
- have difficulties forming and maintaining relationships and friendships;
- appear aloof and indifferent to other people;
- seem socially “intense” or overinvested in relationships with acquaintances or friends;
- find it hard to understand non-verbal signals, including eye contact, facial expressions and gestures;
- have difficulty understanding the ’unspoken’ rules of social communication and identifying what is appropriate and expected behaviour in different situations

Social imagination

People with ASC may:

- have difficulty comprehending time and predicting the future or the course and results of actions;
- find it difficult to imagine what other people are thinking or see how their actions might affect another person (also known as theory of mind – see appendices);
- have difficulty imagining what the consequences of their actions might be (and therefore may find it difficult to predict danger);
- excel at learning facts and figures, but find it hard to think in abstract ways;
- find even minor change difficult to manage or upsetting;
- prefer to order their day according to a set pattern - breaks in routine can cause anxiety or panic attacks or aggressive outbursts;
- have difficulty engaging in pretend play;
- develop an enabling environment which takes account of physical, sensory, communication and social aspects

Communication

People with ASC may:

- have difficulty understanding verbal and non-verbal communication;
- have difficulty understanding the natural rules of conversation, when and how to interrupt appropriately or how to demonstrate active listening;
- lack the instinctual interpretive and communication skills that allow interaction to “flow”, for example managing subtle shifts of topic, introducing new subjects, knowing whose turn it is to speak, have a strong desire to talk about topics which are of interest to them without adaption to the social context;
- struggle to move the conversation on from their preferred area of interest;
- take things literally, which can lead to confusion and misunderstandings;
- have perfectly grammatical or repetitive speech;
- have difficulty in understanding that other people see things from a different point of view;
- refer to self in third person;
- make factual comments that may not be in keeping with the social situation;
- have difficulties in generalising or understanding abstract concepts

Children and young people with autism also tend to share common traits such as sensory sensitivity and differences in sensory processing, whereby stimuli such as light, smells and touch can have an immediate impact on ability to attend to the present. Additionally they may exhibit repetitive and stereotyped behaviours and special interests.

Autism can also be associated with physical difficulties and it is recognised that there can be a vulnerability to difficulties with mental health and wellbeing. Research has shown that autism may be accompanied by psychological and psychiatric disorders and/or other medical conditions. Sleeping and eating disorders are also common. People with autism

often have difficulties with a range of cognitive processes including executive functioning, central coherence and theory of mind. Executive functioning has an impact upon processing time, decision making and organisational skills. Central Coherence helps people to piece information together to see the bigger picture. Theory of Mind describes the ability to recognise the thoughts and feelings of others. More information about these processes can be found in the 'Information, resources and support' section.

Many people with ASC have significant anxiety which may be heightened when faced with changes to routine or new situations or sensory overload. Providing structure and routine can help to keep levels of anxiety to a minimum, lessening the chances of what may be perceived as challenging behaviours. Anxiety can present in a variety of ways dependant on the individual and the context. This may range from withdrawal, focus on one area/topic, or physical behaviours.

Although people share common difficulties due to their autism, the way that this affects their life can vary greatly. Peter Vermeulen, in 'Autistic thinking: this is the title' (2001) writes about the strengths of people with autism. The way people respond to autism can create a wide range of barriers in everyday life and these can impact upon an individual to varying degrees. It is important to remember that the autism spectrum is not a linear condition with 'high functioning' and 'low functioning' ends, but rather a condition in which there are also impacts from the environment and sometimes from the stresses of daily life.

What is Asperger Syndrome?

Asperger Syndrome is a form of autism. The first accounts of clinicians and researchers writing about Asperger Syndrome (AS) date back to the early 1940s when Austrian Paediatrician Hans Asperger described a group of children whose observed traits eventually came to be named after him. Typically people with AS have average or above average IQ. There are, however, associated difficulties with social communication, interaction and imagination, which can impact on everyday life.

How common is autism?

Autism is a lifelong condition, which is currently understood to be three to four times more common in males than females. However, recent studies suggest this ratio is changing with more women being diagnosed with an ASC than previous decades. It is currently suggested that an incidence rate of around one in 88 is the best estimate across the population at large. Scottish reports state that almost every school in Scotland will have at least one child with autism. In 2012, there were 8,650 pupils in Scotland with ASC (1.3% of the total pupil population).

No prevalence studies have ever been carried out on adults thus far: therefore, the figure for the whole population is a very rough guide. It is estimated that over 50,000 people in Scotland have autism – 35,000 of these individuals being adults.

Autism and offending

The links between autism and offending are complex, and prevalence rates are difficult to confirm due to issues around diagnosis in criminal justice settings. Signs and symptoms of

autistic spectrum conditions often overlap with other presentations including personality features and the consequences of early neglect. Various studies have suggested that symptoms of ASC are four to 15 times higher in those who offend than in the general population. This may be linked to vulnerability, due to lack of situational understanding and anxiety led behaviour which may be seen as threatening. Crimes involving stalking, computer hacking, obsessional interests and offences against people have been particularly associated with young people with autism who offend.

With these findings in mind, it is highly likely that you will work and/or come into contact with a young person with autism at some stage. It is therefore important to:

- Be aware of behaviours which might indicate ASC – see page 11
- Make appropriate adjustments to support for the young person (e.g. the way in which information is presented)
- Develop an enabling environment which takes account of physical, communication and social aspects
- Sensitively ask the young people you work with if they may have autism or Asperger Syndrome. They may not think to volunteer this information unless asked directly.
- Keep in mind that not all young people with an ASC have an existing diagnosis

Communication

The level of communicative ability of children and young people with autism may vary from non-verbal and withdrawn to using language competently and enthusiastically. Some young people with autism may have a better understanding of language as a functional tool (which will help them get their needs met) rather than a full understanding of the use of communication as a social tool. Some young people may talk at others without being aware of or picking up on typical responses. In these situations their expressive language may not be matched by appropriate receptive communication skills. That is, the person's understanding skills are not equal to their observed expressive communication skills

Difficulties in understanding the natural rules of conversation, when and how to interrupt appropriately or how to demonstrate active listening, may result in an individual finding turn-taking in conversation challenging. Processing spoken language may be challenging and a young person with autism may take up to 10 seconds to process a comment or verbal instruction. The use of visuals and/or written information can support understanding. If a person is more anxious, for example at the point of arrest, it is important to remember they will need more time to process and a reduction in language is used towards them.

A child or young person with autism may use language competently but not necessarily comprehend it. Difficulties may occur in understanding idioms, metaphors, jokes, irony and sarcasm.

In addition, gauging appropriate volume, pitch, tone and intonation when speaking may be difficult for a young person with autism. This can impact on their ability to interpret the subtleties of others' speech and give their own output an unusual quality. As a result of this, an individual with autism may speak in a monotonous tone of voice.

Echolalia and Echopraxia can also be common features of people with ASC. Echolalia is the copying of speech, often repetitively and non-functionally (i.e. not applying the full meaning). Echopraxia is the copying of movement, posture or gestures. In more able individuals these behaviours may be misinterpreted as mocking, rude or disruptive behaviours.

A young person with autism may find it hard to understand non-verbal communications and may experience difficulties 'reading' or interpreting facial expressions, gestures and body language. Furthermore, they may have difficulty using eye contact correctly (Autism Education Trust, 2009).

People with AS often have very specialist interests that they may like to talk about and this may impact on their ability to make and sustain friendships. Children and young people with AS are often bullied in mainstream schools and can suffer from severe depression as teenagers (see below).

Peer victimisation of children with Asperger Syndrome

Reports from 411 parents of young people with a diagnosis of AS or NVLD (Little, 2001):

- 11% ate alone at lunch every day
- 30% were not invited to friend's birthday party in past year
- 31% were always picked last for games
- 75% were bullied and/or hit by peers or siblings (peer assault rate x2 higher than others)

It should, however, be recognised that individuals with ASC are a diverse group. Some may appear "streetwise" and socially dominant, resisting victimisation but still lacking relationship skills.

ASC Case Scenario

Claire is 17, has ADHD, and undiagnosed autism. She lives with her grandparents following the breakdown of her relationship with her mother.

On Christmas Eve, Claire was invited to her mother and stepfather's house for a party. She arrived at the busy party wearing a tracksuit, hat and heavy woollen coat, her usual preferred clothing. Claire's mother was upset at Claire's apparent lack of effort and took her by the arm to lead her to the kitchen to discuss this. Claire lashed out at her mother, bruising her face before running from the party.

Claire's mother also had social communication difficulties and was unaware that Claire had sensory issues which make her uncomfortable in many types of clothing. The noisy, busy party with unfamiliar people made Claire agitated, priming her to react aggressively. Claire was unable to conceptualise or express her discomfort or the reasons for her violent outburst.

9. SLCN and learning difficulties – what's the relationship?

The presence or suspicion of learning difficulties in a young person should be taken as an indicator that they are likely to have SLCNs. The cognitive dimensions of learning difficulties cannot be separated out from the cognitive functions required for effective and efficient communication. It is not uncommon for an individual with SLCNs to have a diagnosis or symptoms of more than one learning difficulty.

10. SLCN and anxiety-led behaviour

There is a high degree of comorbidity between behavioural problems and communication and learning difficulties. A combination of psychological, physiological, cognitive, emotional, environmental, and genetic factors, expressed differently in each young person, leads to this association. In many cases there is not a clear causal link, more a finding of shared risk factors, overlapping symptoms and lack of protective factors.

Anxiety-led behaviour is often seen as challenging but is regarded as a form of communication which reflects difficulties in understanding environment and stressors within the environment. This means that the young person in question is unable in their current environment to meet their conscious or subconscious needs through more socially acceptable means. For example, a young person who has limited emotional vocabulary, poor language comprehension and who struggles to read the social signals of others may only be able to gain a sense of control through addressing conflict quickly, decisively and violently, than through attempting to reflect on emotions and negotiate with others. Anxiety-led behaviour is often a manifestation of fear and anxiety in those who do not have the language skills, confidence and/or emotional awareness to manage these feelings more effectively and appropriately.

The invisible nature of communication difficulties means that behaviour which is problematic, challenging, aggressive or violent can blind professionals to a young person's underlying SLCNs. Young people with undetected communication difficulties are far more likely than their peers to have behavioural difficulties involving aggression or antisocial behaviour (Cohen et al 1993). Once a young person has a label of being "challenging" or "aggressive" it is easy for this to become the focus of intervention and professional judgement, and so for practitioners to miss issues with core significance for appropriate management. While troubling or dangerous behaviour may be regarded as a crisis and a focus for professional involvement, if a young person does not have the language skills to understand and engage with an intervention, the chances of success are, at best, limited.

Young people who exhibit some of the most challenging behaviour will meet the criteria for specific diagnoses such as Oppositional Defiance Disorder or for Conduct Disorder. These are not simply descriptive labels; where a young person has such a diagnosis they must be regarded as having a serious mental health condition. It should, however, be further noted that there is more than one reason why a young person will display the collection of defiant, aggressive and antisocial behaviours needed to gain such a diagnosis, and the key for

practitioners is to look at the wider context and individual needs, rather than the presence or absence of a given label for behaviours.

11. SLCN and Resilience

Resilience is an issue for young people with SLCN, both because they are more likely to be exposed to adverse events, and because they have vulnerability in some of the key attributes regarded as necessary to develop personal resilience.

Language allows us to explore and process our emotions and choices, whether internally or through interaction with others. Where language skills, insight and/or impulse control are limited, the ability to partake in the emotional exploration and reflection - the key to resilience - is also limited. Individuals with SLCN tend to have less of a sense of mastery and control of their lives, further limiting their options for positive choices and for developing self-confidence and self-belief.

Practitioners seeking to promote resilience in SLCN populations can support the young people they work with by providing individualised, structured approaches to emotional reflection, which allow access to an emotional vocabulary and tangible, relatable examples of overcoming adversity, adaption and positive behaviour choices. Young people who have, or may have, SLCN also need extra support to identify their own skills, to develop self-confidence and to become comfortable with expressing or projecting their beliefs and choices.

12. Vulnerability and Protective Factors

Young people with SLCN involved in the criminal justice system may be regarded as presenting a “perfect storm” of vulnerability and lack of protective factors. The striking cross-over between risk factors for SLCN and risk factors for offending goes some way to explaining the extremely high incidence of young people with communication difficulties in the criminal justice system.

The following factors are associated with both risk of offending and with presence of SLCN:

- History of childhood abuse or violent victimisation
- Attention deficits, hyperactivity or learning disorders
- History of early aggressive behaviour
- Involvement with drugs, alcohol or tobacco
- Low IQ
- Poor behavioural control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Exposure to violence and conflict in the family
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income

- Parental substance abuse or criminality
- Poor family functioning
- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure
- Socioeconomic deprivation

There is not a simple cause and effect relationship between SLCN and vulnerability, and in many cases the primary association is through common causative factors. Additionally, SLCN associated with specific syndromes and conditions, such as autism and ADHD, are not associated with social factors such as parental criminality, low parental involvement or childhood abuse.

The presence of SLCN inhibits a young person's access to protective factors such as:

- High IQ
- High levels of educational attainment
- Employment
- Positive social orientation
- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Involvement in social activities
- Confidence and strong self-esteem
- Problem-solving skills
- Ability to manage stress and cope with adversity
- Access to public services including health, education, youth and community development agencies, social work, employment, leisure and recreation etc.

Approaches and interventions which seek to negate vulnerability or promote protective factors can maximise chances of success by taking a pre-emptive approach to identifying and accommodating SLCN.

13. Communication and Attachment

Disrupted early relationships are a key marker for SLCN in individuals who do not have an underlying condition affecting communication. The presence of a loving and consistent early attachment figure (usually but not necessarily the mother) provides the developing child with a secure base from which to explore interactions, emotions and relationships. Consistent and broadly positive parental responses are critical in supporting neurological development which allows for the development and refinement of communication skills.

Those who have experienced disrupted attachments may develop basic language skills but lack the consistent experiences required to allow them to develop a nuanced understanding of communication, to link emotions with language and to read intricacies of the communication of others.

Working with young people with attachment disorders can be extremely challenging as the relationship skills on which we often rely may jar with the needs and interaction style of the young person in question. Consistency and openness are essential from the worker and any change of workers should be explained and, wherever possible, planned for.

14. Language and Social Deprivation

Young people who grow up in areas of deprivation are far more likely to experience difficulty in developing adequate communication skills than their more well-off peers.
Studies have shown that children in the most economically deprived households are exposed to less language early in life, and that the nature and content of the interactions they take part in and are exposed to is less supportive of their own communication development. The difference in typical exposure is known as the 'thirty million word gap', referring to the contrast in amount of pre-school language exposure between the poorest children and their middle class counterparts in one study. In some of the most deprived areas of the UK, 50% to 80% of children start school with impoverished language skills.

Language is the currency which allows access to education, employment, community and relationships. Those young people who have not had the means or opportunity to develop their language skills adequately face lifelong exclusion and disadvantage.

15. SLCN in the Youth Justice System

The youth justice system deals with a high number of young people with complex and challenging communication difficulties. Despite this, the linguistic and social demands of various youth justice processes and environments are rarely differentiated to accommodate those with SLCN. By examining various aspects of the youth justice system, it is possible to identify both areas of vulnerability with reference to SLCN, and opportunities to improve engagement with young people.

The Children's Hearing System and Transitions

The Children's Hearing System has a unique role in combining justice and welfare functions as it seeks to ensure the safety and wellbeing of vulnerable young people who may also present a high risk to themselves and/or the community. Although young people are supported to attend panel meetings, the formal setting of the panel, and associations with authority and punishment, can be at odds with the intended perception and presents particular communication challenges.

A Children's Hearing should:

- encourage effective participation by the child or young person and relevant others
- ensure that their practice in the hearing is fair and that they understand and uphold the rights of everyone at the hearing

- make clear, well-founded decisions in the best interests of the child or young person and communicate these both orally and in writing
- ensure that the reasons for and the decisions themselves are clearly recorded in line with procedural guidance

The above points have particular implications for young people with SLCN. In order to support effective participation, those in attendance at the panel must have a good understanding of SLCN in general and the young person's particular communication needs. Careful consideration should be given as to how best to communicate decisions to the young person, noting that even those with language and literacy skills adequate for day to day tasks may find it difficult to process novel, lengthy or complex spoken or written information. It should be noted that acquiescence or unresponsiveness in interactions may be due to a SLCN rather than being indicative of agreement or of a lack of interest or motivation.

It should be anticipated that adjustments to communication will be required as a matter of routine. Work in England by Joyce Plontikoff and Richard Woolfson in relation to the Intermediaries Scheme suggests that at least 50% of children do not understand questions directed at them in legal contexts, rising to 90% of under-10s. Further information about this work is available on the Advocate's Gateway website referred to in the 'Information, resources and support' section.

Early and Effective Intervention and Diversion from Prosecution

Early and Effective Intervention (EEI) processes exist to support a proactive and strengths-based approach to low-level offending in children and young people. EEI attempts to divert young people away from statutory systems where appropriate, and provide young people with timely, proportionate support to their behaviour.

Careful consideration must be given to the likelihood that SLCN may play a part in anti-social or offending behaviour and impact on the young person's ability to benefit from EEI supports. Exploration of the role of any communication difficulties, whether or not a diagnosis exists, should take place when considering any young person's wellbeing needs.

When accessing support under EEI, the young person may not have the vocabulary or descriptive language skills required to fully benefit from verbally-mediated interventions. They may have numerous negative experiences of authority figures and care should be taken to avoid a classroom feel to any group work.

EEI approaches provide a valuable opportunity to identify previously missed or misunderstood SLCN, to share information about relevant findings and to plan interventions which are suitably pitched to individual needs.

Court processes

A court appearance presents communication challenges for any individual, regardless of communication ability. For young people with SLCN these challenges are intensified, endangering their ability to fully participate in proceedings.

Young people in court settings require additional support to understand procedures and expectations. As stated above, difficulty understanding questions and language used in legal settings is to be expected amongst young people, whether or not they have a diagnosed SLCN. A communication style which is normal for routine peer interactions may be considered inappropriate or disrespectful in court. Individuals with a limited range of social experience or with social communication difficulties, such as autism, may not understand or be able to comply with, expectations of facial expression, tone of voice or expressions of remorse. Individuals who have difficulty constructing a coherent narrative of events may also struggle to answer questions or give a credible account of themselves.

Further vulnerability occurs at the stage of sentencing. Expectations must be explicitly explained with visual and/or written supports appropriate to the individual. In particular, consequences of failing to fully comply with court instructions must be outlined, with support to problem-solve potential obstacles to compliance. The Advocates Gateway website referenced in the 'Information, resources and support' section of this guidance gives further information on how these issues may be addressed, drawing on experiences from the Intermediaries Scheme in England.

Community sentences

When a young person is given a community sentence, it is imperative that the young person has a good understanding of what is expected of them, both in the detail of compliance and attendance and in terms of social behaviour. Consequences must also be explicitly stated and adequately explored.

An individual with SLCN in this setting is unlikely to adequately highlight any lack of understanding. Comprehension can be checked through discussion which allows the young person to explain in their own words what is expected of them. This also provides the opportunity to take a solution-focussed approach to issues such as difficulty reading instructions and appointment letters and problems with retaining and following spoken or written directions.

Where an individual is required to take part in specified work or a rehabilitation programme, consideration of the communication demands involved should take place. Settings which require accurate processing of verbal instructions, with little margin for error (e.g. kitchen work, more complex decoration tasks) are unlikely to be suitable. Rehabilitation interventions should routinely make use of communication supports such as use of drawing pictures and interactive tasks, avoiding reliance on lengthy verbal interactions or writing on flipcharts.

Secure care and custody

Residential and custodial environments present unique challenges for young people. The high rates of SLCN in young people in custody mean that young people in these environments have others with communication difficulties as their primary source of interaction. Sophisticated communication skills are required to switch between acceptable communication styles for such peers, responding to authority figures and accessing and participating in educational and rehabilitative opportunities.

By pursuing the development of a communication-friendly environment predicated on the expectation that most young people will need support or adaptations to meet their needs, custodial environments can go some way towards off-setting the unique challenges of accommodating high-needs young people in a high communication demand setting. Careful consideration should be given to avoiding reliance on leaflets, posters and forms for communicating key information or accessing services. Interventions should be flexible and responsive to individual communication needs. Staff groups should have access to appropriate training, information and support to allow them to perform their role effectively, with an appreciation of how different interaction styles can have an effect on behaviour, engagement and development of relationships.

Particular care should be taken in managing communication and sharing information at the time of transition. Young people with SLCN need extra time and support to process and manage even seemingly positive changes. Information may need to be communicated multiple times and supported through written or pictorial means or by using structured methods such as Social Stories. Residential and custodial staff also have the opportunity to improve outcomes by sharing information about a young person's communication needs, strengths and preferences with agencies and establishments involved in ongoing care and rehabilitation.

Restorative justice

Restorative justice approaches have gained in profile and popularity in recent years. The emphasis is on an individualised approach that allows the person harmed and the person responsible to tell and explore their story in a safe and supported manner.

Even with a supportive and individualised approach, restorative justice processes can bring many pressures to young people with SLCN, risking the success of the intervention. Narrative language abilities appear key to restorative justice, yet these skills of describing and relating events are frequently compromised in young people who offend. The expectation to express emotion and possible empathy is at odds with the experiences and abilities of young people who may struggle to recognise others' feelings or to identify and share their own, have very limited vocabulary with which to describe and reflect on feelings or experiences, and who may have very little experience of empathy in their own lives. If a young person engaged directly with victims of crime shrugs their shoulders, speaks little and is unresponsive to others, this may be seen as risking doing more harm than good.

Restorative justice practitioners need to be able to access creative and flexible ways of helping young people tell their story (see page 22). Others involved in the process may need information about communication issues which could lead to misunderstanding or breakdown of interactions.

Risk, Need, Responsivity (RNR)

The Risk, Need, Responsivity (RNR) model of offender management offers a framework for identification of risk of offending, what aspects of an individual's life and functioning should be targeted to reduce this risk, and what individual factors might influence the effectiveness of interventions.

Young people with SLCN are likely to be found to have some of the key risk factors in the RNR model due to the association between SLCN and education disengagement/failure, low quality peer relationships, antisocial behaviour and familial stress. Although SLCN and related issues such as low self-esteem are not criminogenic needs, they must be considered as part of a thorough assessment due to their ability to impact on the young person's ability to engage with and benefit from rehabilitation interventions.

Desistance

Exploring what leads individuals to move on from offending requires active engagement of young people involved in offending behaviour, and an understanding of those factors which support or inhibit engagement with rehabilitation opportunities.

Young people with SLCN may struggle to conceptualise and describe factors in offending and in desistance. Any drive to encourage young people to become active partners in exploring desistance and developing services requires creative approaches to engaging those who may struggle to express, or even form, views.

Rehabilitation approaches themselves have traditionally been based around verbally mediated interventions. In order to allow young people to access rehabilitation approaches a more individualised approach is required.

Relationship between worker and client

Responsiveness and sensitivity to clients' emotional needs, to their drive for emotional development and to any difficulties forming, sustaining and developing relationships, are key in the social worker role. Young people need and value consistency, reliability, honesty and warmth in their social workers.

Forming a warm and productive relationship with young people with SLCN creates additional challenges. These young people may experience relationships differently, and may find warmth, openness and praise disconcerting if they have not experienced these relationship qualities in their primary attachment relationships. Even those who have supportive families may struggle to interpret intentions due to social cognition deficits.

Relationships must be built gradually, with the young person taking the lead. It may be that the young person will reject contact and the social worker will need to continue to offer contact, without expectations or perceived pressure, to allow the young person to build trust that the worker can be relied on.

Many young people with SLCN either have difficulty understanding humour or are sensitive to perceived criticism, so humour and even affectionate teasing should be used with great caution. Praise and compliments which relate to specific attributes or actions are preferable to general positive comments, which may be perceived as insincere or worthy of suspicion. Many young people with SLCN will express their views frankly, with little perception of the effect their words and actions have on others; this should not be misinterpreted by professionals. These young people may have minimal experience of positive relationships with adults. The chance to experience consistency, acceptance and approval is a valuable one, which can open the door to more positive relationship styles.

16. Speech & Language Therapy Services

Speech and Language Therapists (SLTs) are health professionals with the primary responsibility for working with individuals with SLCN and crucially supporting colleagues across public and other services to work for / with individuals with SLCN. SLT services are provided at universal, targeted and specialist levels. In Scotland, service provision specifically for youth justice is patchy, though improving. It should be noted, that although speech and language therapy services available for the mainstream population have the skills to also provide for those involved in the youth justice services, they may not have the capacity or flexibility to do so.

17. General Speech, Language and Communication Guidance

The Communication Trust provides general guidelines to support youth justice practitioners. Further information can be found online here.

- **Find out what the young person's communication strengths and preferences are** e.g face to face, phone, texting, written.
- **Use simple language** "You will be required to attend regular mandated appointments or there will be significant consequences for you" could be changed to "You need to come to all your meetings. If you don't you could go to jail".
- **Use short chunks of language** Only include the important points: "you're staying here for now" pause "the court will decide if you are guilty or not guilty" pause "we will find out what happens next in four weeks".
- **Speak very slightly more slowly than you would normally do** This will assist listening and understanding.
- **Ask the young person to repeat back in their own words what you have said** to check that they have understood what they have to do or have to remember.
- **Give pointers for what they should listen to** "It's important you remember X from what I am going to tell you".
- **Give an overview first** summaries where necessary before and after you go into detail.
- **Give extra time for the young person to listen and process** this will help them to understand what you have said.
- **Use visual aids to support understanding** you could draw or number things as you explain something or ask them to picture it in their head.

- **Give reminders of appointments** make contact 24 hours beforehand. Offer support to attend. When possible, meet at a familiar place convenient for the young person. Keep in mind that approaching unfamiliar people, activities or locations is likely to be daunting for a young person with any form of SLCN.

- **Give a variety of tasks** this will help to maintain concentration, interest and information retention.

- **Give positive messages** "It's OK to say if you don't understand", "it's important you tell me if you don't understand", "this is a bit complicated. Tell me if you need to check anything" or "I'm not sure if I was clear there, do you want me to explain it better?"

- **Give positive feedback** but be sensitive as some people find praise difficult to accept.

- **Ask what would help** Give examples of things other people find useful, for example visual timetables, using photographs to supplement maps or directions, being given a written summary of key information.

- **Say when you have not understood what has been said** "I'm not sure I've got that right… did X happen first? Then what?".

- **Make written materials simple and clear** avoid using complicated terminology and use a clear font such as Arial or Comic Sans. Supplement text with pictures, symbols or photos, with relevance and meaning to individual. Provide support to read through all written materials (see toolkits reference in 'Information, resources and support' on page 31 for ideas).

18. Accessible Inclusive Communication

Many aspects of the youth justice system are reliant on written materials; from appointment letters, to forms, to service information. Yet the majority of young people involved in offending have literacy difficulties, as do many of their family members. Many will not readily admit to these, will not be aware of the extent of their difficulties or will have given up trying to engage with written material.

Accessible communication approaches to literature involve simplifying the content and presentation of written materials. Bold, simple fonts are used on plain backgrounds. Pictures are used to support key points and extraneous information is removed. Everyday language and simple sentence structures support ease of understanding. Crucially, written information is used to support, rather than replace, other forms of communication. By providing information in accessible formats services can improve inclusion and meet legal obligations around equality. Further information on related resources and training is included in the 'Information, resources and support' section.

19. Specific Speech, Language and Communication Needs

SLCN may occur as a defined communication disorder, or as part of a wider impairment or illness. In other cases, they appear to be directly related to early experiences impacting on normal developmental processes. Awareness of the terms used helps with identification of individuals who may have SLCN. Whether SLCN arise from a defined condition or syndrome, or have no identified cause should not however, be a primary concern in addressing individual needs. It is important to note that many young people in youth justice settings have undiagnosed conditions, or have SLCN which do not fit a specific label.

An individual with a **Learning Disability** has a markedly low IQ (less than 70) accompanied by difficulties in accomplishing age-appropriate basic activities of daily living, such as using transport, shopping or managing personal care. A learning disability may arise from a specific condition, such as Fragile X Syndrome or Klinefleter's Syndrome, from prenatal or perinatal insult or trauma (such as Foetal Valproate Syndrome, Foetal Alcohol Spectrum Disorder or Cerebral Palsy), or may be of unknown cause. The underlying difficulties will have been present from childhood. People with learning disabilities are likely to have difficulty processing, comprehending and retaining information and expressing themselves effectively and coherently. They are unlikely to have functional literacy skills, though relatively able individuals may have some pockets of literacy ability. Individuals with learning disabilities require individualised support to access and engage with youth justice processes. Careful planning is required, with extra time allowed for each stage of involvement. Ideas should be stated in clear, accessible terms. A referral to a community learning disability team may be appropriate to facilitate joint working around, for example, offender rehabilitation programmes. It is not appropriate to attempt interventions or risk assessments which have not been adapted, and where applicable validated, for use with people with a learning disability.

Learning Difficulties are increasingly known as specific learning difficulties (SpLD), distinguishing them from learning disabilities. In international literature the terms learning disability and learning difficulty may be used interchangeably. A person with a learning difficulty may have low, normal or high intelligence, but will have difficulties in one or more specific domains such as reading, writing, social skills or memory. Learning difficulties are regarded as developmental conditions, as the underlying mechanism of the condition will have been present from before birth or from early childhood. An individual may have more than one SpLD.

If an individual has specific difficulty with language understanding and use, without any other notable deficits in cognitive, social or sensory function, they may be described as having a **Specific Language Impairment** (SLI). Individuals with specific language impairment may have difficulty performing in seemingly non-linguistic fields, such as technical activities or mathematics, because relatively strong language skills and ability are often required to learn, share and reflect on information and ideas in these areas.

Individuals with SLI need an individualised approach to any activities with a significant language component. Extra time is required to support processing. Key ideas may need to be repeated a number of times, with visual or written supports. In planning any written activities it should be acknowledged that literacy skills are often compromised in people with SLI.

Attention Deficit/Hyperactivity Disorder (ADHD) is a physiological condition affecting the brain's ability to regulate, adjust, and internally monitor behaviour. It appears to run in families and a number of associated genetic markers have been identified. Those who are diagnosed with the condition have behavioural symptoms that may consist of purely attentional difficulties, purely hyperactivity/impulsivity difficulties or, most commonly, a mixture of both.

There are notable communication issues for individuals who have ADHD. The precise impact on communication will be defined by the nature of the individual's core symptoms. Difficulties in the area of sustained listening, retention of spoken or written information, development of literacy, turn-taking, excessive talking, interrupting conversations and social impulsivity are all commonly observed. Related conditions include anxiety disorder, ODD, conduct disorder, depression, sleep problems, epilepsy, Tourette's Syndrome, Learning Disability and Specific Learning Difficulties.

Neurological differences in learning processes mean that individuals with ADHD will often have difficulty responding to traditional methods of behaviour support such as reward schemes, punishment and supported decision-making. Environmental adjustments, which minimise exposure to high-risk situations and which accommodate the individual's interests and aptitudes, are more appropriate for behaviour management, learning and personal development. Individuals with ADHD typically have difficulty in sustaining attention and engagement in activities which do not interest and stimulate them. This can lead to the mistaken perception that an individual is making a free choice to reject required activities, while being able to sustain involvement in more personally interesting pursuits.

Young people with ADHD typically need extra support with organisation. Letters and remote spoken reminders are often ineffective as prompts – phone calls and text reminders shortly before the young person needs to prepare or depart are examples of more appropriate approaches. Tasks should be broken down into small stages with clear instructions and support for timetabling.

Dyslexia is another developmental learning difficulty, in this case the highest profile symptoms are those affecting word-reading and spelling. The effects of dyslexia are also felt in the areas of language processing and use, spatial awareness, organisational skills and memory. Individuals with dyslexia will often benefit from the opportunity to use visual approaches to learning and organisation and from the minimisation of noise and distractions when they are required to communicate through spoken or written means. Extra support may be required with organisation, using similar approaches as those recommended for young people with ADHD (above).

Some young people with dyslexia find coloured overlays, tinted papers and coloured glasses help them to read more easily. Individual assessments are required to identify the most relevant supports, but using off-white or cream background for printing, writing and slide projection can help many dyslexic readers, as can the use of plain, san serif fonts such as Arial and Comic Sans.

Individuals with **Dyspraxia** have difficulties with fine or gross motor movements. This developmental condition is also commonly associated with difficulties with communication.

Some individuals have difficulty producing consistently clear speech. Others have impaired social communication, finding it difficult to judge social situations or to organise their spoken language. Young people with this condition may tire more easily, and should be offered frequent breaks. They may not be able to read or write for long periods. Help with organisation for even apparently simple or routine tasks can be beneficial.

A history of neurological trauma is not uncommon in youth justice populations. Young people involved in offending are at higher risk of brain injury sustained through violence, falls, overdose or accidents. A range of communication difficulties can arise from such injuries, and can also occur associated with spontaneous illness such as stroke or aneurysm rupture.

Disruption to core language functions due to neurological trauma is known as aphasia. Aphasia can vary in nature and severity from minor errors in expression to the profound loss of all language functions, known as global aphasia. Level of awareness in the individual is dictated by which sites of the brain are affected. Reading and writing is typically impacted on in parallel with spoken language and comprehension, although there are exceptions to this.

Where production and use of speech sounds is affected, the individual may be diagnosed with dysarthria or apraxia of speech, depending on their precise presentation. Individuals with these conditions may have normal language skills and preserved ability to read and write, unless they also have symptoms of aphasia. Slow, slurred or imprecise speech may be mistaken for signs of intoxication.

Damage to the frontal lobes of the brain and associated structures can lead to a collection of symptoms known as cognitive-communication disorder. Individuals with these symptoms can often initially appear to have preserved communication skills. They do, however, have significant difficulty with social interaction skills such as initiation, turn-taking, impulse control, maintaining topic and displaying and interpreting facial expression and eye contact appropriately. Such difficulties can have a devastating effect on family and social relationships.

A young person with a history of head trauma with loss of consciousness, overdose, or neurological illness, hospitalisation and/or skull fracture should be considered as at risk of associated SLCN. As the symptoms of such SLCN have sudden onset and occur following a medical emergency there is often, but not always, a history of medical involvement and rehabilitation, including speech and language therapy.

Advice about individual management can be sought from a past or existing speech and language therapist, and family members may also be able to give useful insights. When working with young people with a history of neurological trauma it is important to give attention to the individual's fatigue and concentration levels as these can impact significantly on ability to engage. Behaviour or speech features which may give rise to suspicion of drug use or intoxication should be viewed in the context of the effects of brain injury, with information shared with others involved in the young person's management when appropriate.

20. Key legislation and policy

Equality Act

Speech, Language and Communication Needs are regarded as disabilities under the terms of the Equality Act (2010), provided the effect of the SLCN is substantial, long-term and negative. Difficulties do not have to be continuously present at the same severity, and it is accepted that people are still disabled if they find ways to cope with their difficulties which impact negatively on day to day life.

Although many of the young people we encounter would not regard themselves as disabled it is important to recognise that they are still afforded protection from discrimination and unfair treatment under legislation.

The Equality Act provides protection from discrimination in, among other areas, employment, education and access to good and services. Providers must make reasonable adjustments to accommodate the needs of disabled people. In a youth justice context reasonable adjustments might include simplifying the language and structure of offending behaviour programmes for individuals with language or other cognitive deficits, giving someone with ADHD frequent breaks and opportunities for physical activity and reworking written materials to make them more accessible to people with literacy difficulties.

The Education (Additional Support for Learning) (Scotland) Act 2004

The Education (Scotland) Act 2004 introduced the concept of additional support needs (ASNs) in an educational context, and placed a duty upon educational authorities to identify, meet and review the needs of their students. SLCN are specifically identified as a category of ASN. There are a variety of formal support plans which may be implemented if a young person is identified as having ASNs, with special provision for times of transition. Support and planning under these measures may help a young person to access more specialist assessment and intervention, and for those involved in their education and care to receive guidance about communication and behaviour management.

Children and Young People (Scotland) Act 2014

The CYP Act aims to “further the Scottish Government’s ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector”.

The CYP Act makes it a statutory duty for public agencies to improve the ‘SHANARRI’ (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included) outcomes for children and young people.

Statutory Guidance on Assessment of Wellbeing associated with the Act states:

“2.6.4: Disability and communication difficulties can also impact on all areas of wellbeing. Assessment, monitoring and review of wellbeing must include the use of evidence-based

tools to profile the child or young person's speech, language and communication abilities and needs."

A child or young person's speech, language and communication capacity is fundamental to achieving the "SHANARRI" outcomes. For example:

- **Safe** Although not all people with SLCN have experienced trauma or abuse, SLCN are a feature of the symptomatology of abuse and neglect, with the evidence pointing clearly to the effects on expressive ability. In order for young people to be protected from abuse, neglect and harm they need to have the means and opportunity to be heard and understood. Young people with SLCN face more barriers to this and are at greater risk of harm. Professionals must be proactive in identifying opportunities to improve communication and individualised support and so maximise positive outcomes in this area. Higher incidence of bullying.
- **Healthy** Young people are supported to make healthy, safe choices and to maintain good standards of physical and mental health. Young people with SLCN routinely need individualised adaptions to support decision making and access to health education, and are at greater risk of mental ill-health. SLC is fundamental to mental wellbeing.
- **Achieving** In formal and informal learning and development is more challenging for young people with SLCN, who routinely face institutional and individual barriers to their participation. Educational opportunities should take account both the individual's communication strengths and needs, and their risk of past negative educational experiences which may cause them to be more reticent to engage.
- **Nurturing** and stimulating environments and relationships provide optimal conditions for communication. Without addressing individual and population communication needs services cannot adequately support individual welfare and development.
- **Active** young people are likely to be those who have the confidence and opportunity to access opportunities, develop relationships and try out new activities. Young people with SLCN are likely to need extra support to participate and maintain involvement in activities, and those delivering opportunities targeted at vulnerable and high risk young people should have a strong understanding of how to identify and combat communication barriers to participation.
- **Respected** is defined as "having the opportunity, along with carers, to be heard and involved in decisions which affect them".
- **Responsible** young people are seen as taking an active role in their schools and communities. Young people with SLCN, particularly those involved in offending, are likely to be disengaged from education and cut off from their wider communities. Creative service delivery can help to find ways to address this isolation, recognising that formal educational settings may have negative associations, and that young people with SLCN may lack the communications and relationships skills to engage competently with their wider communities. Activities which build on young peoples' existing strengths, and allow them to make an active and tangible contribution, can help to overcome such barriers.
- **Included** Compared to others, people with communication support needs are more likely to experience negative communication within education, healthcare, criminal justice and other services and have difficulty accessing information to utilise services. Young people with SLCN cannot be expected to "meet services halfway", instead professionals and services must take the lead in facilitating effective communication and relationships.

When services are inspected using Getting it Right for Every Child (GIRFEC) principles, appropriate attention to SLCN both in staff training and awareness and in service delivery is essential. Reference to addressing communication matched to the above SHANNARI outcomes will allow services to identify areas both in which they can better meet the needs of young people with SLCN, and in which they can demonstrate existing good practice.

The Scottish Strategy for Autism

The Scottish Strategy for Autism, commonly known as the Autism Strategy, was published in 2011. It identifies autism as a national priority and seeks to progress the development and delivery of quality autism-related services. It provides a 10 year development timeline, including reference to a number of strategic points with relevance to youth justice. These include equality in access to information, and appropriate transition planning and capacity building within services to ensure that the needs of people with autism are met in a timely, appropriate and respectful way.

Vulnerable Witnesses Scotland Act (2004)

The Vulnerable Witnesses Act makes a range of provisions for vulnerable witnesses, including children and young people accused of an offence. These measures are strengthened in the Victims and Witnesses Scotland Act.

Under the provision of the Vulnerable Witnesses Act special measures may be implemented in order to negate the impact of vulnerabilities, including SLCN, on participation in court procedures and the subsequent evidence given. Depending on the nature and severity of SLCN, measures such as the use of a supporter, the taking of evidence by a commissioner and the use of prior statements may be appropriate. It is important to take an individualised approach to implementing special measures, and advice may be required from, for example, a Speech and Language Therapist with expertise in court processes.

Victims and Witnesses Scotland Act (2014)

The Victims and Witnesses Scotland Act makes provision for the rights and support of witnesses in court and victims of crime. Under this legislation young people up to the age of 18 are automatically identified as vulnerable witnesses. A range of provisions are made which may aid effective participation for young people with SLCN, with some of these applying to defendants. Further information is available online at www.scotland.gov.uk/Topics/Justice/law/victims-witnesses.

Community Justice (Scotland) Act 2016

The Community Justice Act provides the opportunity for the needs of young people with SLCN to be taken into consideration in the design and delivery of services. Individuals working in new or existing community services should have adequate training and support to best meet the needs of their clients. Given the very high numbers of young people with SLCN seen by such services, approaches to supporting effective communication should be proactively embedded in service and intervention design, rather than applied retrospectively when and if communication breakdown is identified.

Preventing Offending: Getting it right for children and young people.

The Youth Justice strategy for Scotland provides a five year framework for building on existing progress in youth justice. The focus on improving life chances, developing partnership working and on service improvement invites active consideration of how best to integrate the needs of the large numbers of young people with SLCN involved with youth justice services. The strategy sets out an action specifically to "Improve awareness and support of speech, language and communication needs of children involved in offending". If SLCN are not adequately addressed it is impossible for services to work effectively and efficiently, and chances for engagement will be lost. Service development and improvement provides the opportunity to integrate staff training and development with processes which can be designed or adjusted to build in more communication-friendly approaches. The core strands of improving life chances have an emphasis on areas of work where SLCN create increased vulnerability. In order to improve educational inclusion, strengthen relationships and engagement, advance opportunities and ease transitions the impact of SLCN and ways of effectively mitigating the same should be considered at an early stage.

21. Information, resources and support

Speech and Language Therapy Services
Speech and Language Therapy (SLT) Services throughout Scotland provide assessment, therapy, training, resources and support to colleagues working with people with SLCN. To find out what is available from your local SLT service, contact them directly via your local NHS Board.

The Box
The Royal College of Speech and Language Therapists has launched The Box – What's it like to be inside? This training package brings together the expertise of speech and language therapists working across the UK in the justice sector. Available for all professionals who come into contact with vulnerable people - both witnesses and offenders - it helps develop an understanding of communication difficulties. The free online tool and more extensive face-to-face course are designed to help spot warning signs, reduce aggressive behaviour and increase productivity by enabling professionals to make more of an impact. Email thebox@rcslt.org for more information.

Training, Consultancy and Support - Scotland
TalkLinks is a Scotland-based organisation offering training and consultancy in working with people with SLCN, with a focus on youth justice, forensic and mental health issues. Workshops on issues such as working effectively with young offenders, creating accessible documentation, engaging young people with ADHD and improving practice with offenders with autism are available, as is assessment and advice in relation to the impact of SLCN on participation in legal processes. Jan Green, lead author of this guidance, is a founding partner and the lead trainer at TalkLinks. Email contact@talklinks.org or visit http://www.talklinks.org for more information.

Talk for Scotland Toolkit
The Communication Forum Scotland offers an online resource for those wishing to improve knowledge and skills, and access appropriate resources, in relation to SLCN. The toolkit is available at www.communicationforumscotland.org.uk

The Autism Toolbox
The Autism Toolbox is a resource to support the inclusion of children and young people with an autism spectrum disorder in mainstream education services in Scotland. As well as introducing and describing some of the more common challenges a pupil with autism might face, it provides real life case studies and practical examples of supports that you can translate and use in your own setting. It also signposts you to other websites you may find useful. Find out more at www.autismtoolbox.co.uk

Principles of Inclusive Communication, Scotland (PICS)
PICS is a self-assessment tool for public authorities, which support identification of barriers to inclusion of people with SLCN. More information is available at www.gov.scot/Publications/2011/09/14082209/0

Sentence trouble
The Communication Trust offers an online resource for youth justice practitioners at www.sentencetrouble.info. This site contains information and resources around improving practice with young people with SLCN.

Autism Network Scotland
Autism Network Scotland is a hub of impartial and reliable information about autism services across Scotland. Their website hosts information to signpost professionals, individuals on the autism spectrum, and their families and carers to the range of services available, at both a local and national level. Autism Network Scotland facilitate professional networks across Scotland, to support knowledge exchange and promote awareness of autism, including a social work network and a criminal justice network. Find out more at www.autismnetworkscotland.org.uk

Autistic Spectrum Guidance for criminal justice
The National Autistic Society has produced free guidance for criminal justice professionals who may come into contact with people with Autistic Spectrum Conditions. The guidance can be downloaded from: www.autism.org.uk/working-with/criminal-justice/autism-a-guide-for-criminal-justice-professionals.aspx

The Advocates Gateway
The Advocacy Training Council has produced a range of guidance aimed at advocates working in the criminal justice system in England and Wales. Although not designed for use on Scotland, elements of the content and principles promoted will also have application here. Further information is available at www.theadvocatesgateway.org/

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

Section 10: Mental Health

June 2017

centre for youth & criminal justice

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Contents

1. Introduction

It is without question that social workers working in the youth justice and related services have a pivotal role in prevention, early intervention and care planning for young people who have needs in the area of mental health. The complex needs of this particular group are now well-established: as discussed below, there is growing evidence that many young people presenting with risk needs also have histories of serious childhood adversity, and that both risk and adversity are associated with a greater likelihood of developing mental health difficulties later in childhood or adulthood (Hahn et al, 2015). In children and young people with such complex needs, early identification, or differentiation of mental health from additional needs, is vital to inform timely and effective intervention and therefore prevent escalation in difficulties over time.

Aside from the knowledge that childhood adversity itself often drives early contact from social work (which provides opportunities for prospective monitoring) key components of the social work role itself also afford excellent opportunities for promoting mental wellbeing and informing decisions about care and treatment from the earliest point. These include a unique perspective across a range of systems and routine contact with young people, families and those *in loco parentis*; together with legal knowledge and a role in the application of statutory legislation. This is all the more true in the context of current mental health and social care legislation which promotes a whole systems approach to integrated care. Opportunities for social work practitioners to collaborate or lead in effective care include through early identification of need or resilience, direct intervention with children and families or through undertaking collaborative interventions with multi-agency colleagues.

The aim of this section is to offer advice and guidance to practitioners working in youth justice services or with young people presenting with risk behaviours. It is not a review of the evidence base, nor is it a comprehensive summary of all mental health problems and their treatments. The primary purpose is to provide key information for practitioners to raise awareness of some of the more common mental health presentations encountered in youth justice and related services. This includes a brief introduction of the policy context, an overview of the typical structure of mental health services and some information on what we know about mental health needs relevant to children and young people and how these are classified. This section will conclude with some general guidance on how practitioners might respond to vulnerable children and young people in their day-to-day work.

2. Background and Context

Over approximately the last 15 years in Scotland, there has been a growing emphasis on promotion of a multi-agency approach to maximising mental well-being in children and young people. This has largely focussed on exploring service-based opportunities to prevent and respond to mental health need in an integrated way and at the earliest point possible. These aims and principles have been encapsulated in a range of strategies and policy documents released over this period. Notably, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005), which built on the earlier recommendations of the SNAP report (2003), and proposed that all agencies have a role in supporting the mental health of children and young people. However, perhaps the

culmination of these agendas can be seen with Getting It Right for Every Child (GIRFEC). Since its introduction, GIRFEC has developed from a set of standards reflecting key principles to a method of informing attainment of key outcomes, many of which are now enshrined in legislation in the form of the Children and Young People (Scotland) Act 2014. While not exclusively focussed on mental health needs per se, key components of GIRFEC, particularly the introduction of the Named Person legislation, nonetheless embrace the idea that good mental health is not a discrete notion and is impacted by a variety of family, social, psychological, and community factors. To this extent we can perhaps infer that early identification and promotion of good mental health is everyone's business, not just that of specialist mental health practitioners. Therefore, in promoting the best possible outcomes for the mental health and risk needs of children and young people, a comprehensive multi-agency response across different levels of mental health expertise is understood as vital.

GIRFEC principles were further reflected in the wider Mental Health Strategy for Scotland (2012-2015) which aimed to improve mental health outcomes through the introduction of HEAT targets (Health, Efficiency, Access, Treatment) and supporting initiatives such as the Matrix guide to delivering psychological therapies for children (2015). HEAT targets were designed to optimise access to mental health assessment and treatment but have since been replaced by Local Delivery Plan (LDP) standards. LDP standards are priorities that are set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. The current performance on standards specific to the needs of children and young people is documented on the Scottish Government website. The Matrix guide supports delivery of the above standards by providing guidance on common mental health needs in children and young people and outlining evidence based approaches to meeting these needs. Importantly, while much of this focuses on the role of specialist psychological or mental health practitioners in delivering or supervising intervention in NHS contexts, it nonetheless highlights that specific practitioners with a range of experience and training can be supported by specialists in delivering interventions and at various levels of intensity - from self-help and information sharing to highly specialist intervention - depending on level of need. While a specific role for social work practitioners is not outlined, what is clearly indicated is that early intervention, mental health promotion and working to basic psychologically informed principles should be relevant to all practitioners. These broad aims clearly correspond with GIRFEC agendas, and health and social care integration. The Scottish Government has recently published their Mental Health Strategy: 2017-27, which is the first national strategy in health and social care since their integration. It aims to achieve parity between mental and physical health provision and one of the key areas of focus is prevention and early intervention. Their ambitions for prevention and early intervention are as follows:

- Every child and young person to have appropriate access to emotional and mental well-being support in school
- Appropriate, evidence-based, parenting programmes should be available across Scotland
- Evidence-based interventions to address behavioural and emotional issues in children and young people should be available across Scotland
- Mental health support and treatment for young people involved in offending who have mental health problems should be available across Scotland

- Mental health training for non-mental health staff should be available across health and social care services

- Training in first aid approaches for mental health should become as common as physical first aid

In the context of the above legislation and policy drivers, shared themes of early intervention, awareness of mental health and evidence based approaches and interdisciplinary and interagency working all point to the fact that social work staff are key partners in a mental health response, given their role in assessing need and supporting our most vulnerable children and families.

2.1 Mental Health and Offending Risk

It is well established that the population of young people involved in offending behaviour are some of our most vulnerable young people in terms of their social, educational, emotional, physical health and mental health needs, and the poor outcomes associated with these vulnerabilities.

There is limited research on the mental health needs of children and young people involved in youth justice services in Scotland, although this is growing (Dyer & Gregory, 2014) and has been summarised in Key messages from the Centre for Youth & Criminal Justice. Nonetheless, enhanced need in this population has been well established elsewhere (Almond, 2012). For instance, UK population-based studies of children and young people have found prevalence of mental health problems to be between 10% (Green et al, 2005) and 20% (Social Work Inspection Agency, 2006) of the general population. In contrast, the rate of mental health problems of those involved in youth justice tend to be significantly greater than that of the general population, between 25% and 81% (Mental Health Foundation, 2002), with those in custody having the highest rates of up to 95% (Lader et al, 2000).

The most common mental health difficulties for both the general population and the population of young people who offend are conduct disorders, emotional disorders, attention disorders, and substance misuse (Mental Health Foundation, 2002), which captures the full range of emotional, social, and behavioural difficulties. However, the complexity within the youth justice population can be understood to be relative to the higher frequency of difficulties, the greater severity of the problem, and multiple problems occurring at the same time (comorbidity). An additional factor complicating understanding of individual mental health needs in this population (and children in general) is the potential for under-identifying internalising difficulties (such as anxiety or depression), as these may be obscured by, or manifest as, externalising problems (such as behavioural difficulties). Finally, the question of what way, if any, mental health difficulties relate to high risk behaviours adds further complexity.

With regards to understanding why young people who offend may be at increased risk of the above mental health problems, there has been a growing body of research linking early traumatic or adverse childhood experiences not only with increased risk of serious offending across the lifespan (Hahn et al, 2015), but also with increased risk of developing a range of mental health problems in adulthood (Varese et al, 2012; Read & Bentall, 2012; Couper &

Mackie, 2016). The extent to which difficulties in adulthood are linked to experience of the above disorders in childhood or indeed the exact mechanisms involved in these links and factors associated with resilience continues to be explored in current research. Regardless, these findings nonetheless serve to underline the complex needs of this group of children and young people, but also a possible genesis in early adverse experience, which further supports the current focus on prevention and early identification of need (Keyes et al, 2012).

3. Child and Adolescent Mental Health Services: Scotland

In Scotland, as in the rest of the United Kingdom (UK), NHS Child and Adolescent Mental Health Services (CAMHS) are generally delivered as part of a tiered health care system for children and young people aged six to either 16 years or 18 years depending on the area. The tiered approach is designed to help services organise and target their resources in the most helpful way. Service tiers are differentiated by level of severity or complexity of needs of the young person and/or family. Complexity has slightly different meanings depending on the service but usually means two or more problems (e.g. obsessive compulsive disorder and substance use) or very severe problems (like psychosis). There are some variations in how a tiered model is applied across health board areas; however, the basic premise is that as we progress from Tier 1, the more complex the actual or hypothesised mental health need, the more likely the need for specialist skills to meet that need, and possibly, the longer the duration of intervention. As can be seen below, and correspondent with principles of the policy drivers discussed above, the tiered system of mental health care also encompasses other agencies, systems and people who may not be specialist mental health practitioners:

- Tier 1 represents **universal** services provided by practitioners who are not mental health specialists. Examples include GPs, teachers and social workers. The role of Tier 1 representatives in mental health care can include promoting good mental health, offering advice, identifying problems early in their development through monitoring, supported intervention and referring to or liaising with specialist services as necessary.

- Tier 2 comprises specialist mental health services that assess and treat **mild to moderate** difficulties such as low mood or anxiety. Where available, Tier 2 CAMHS are usually organised through GP or other community based services and, where available, would usually be the first point of contact for Tier 1 practitioners if they have concerns about a young person.

- Tier 3 will respond to **moderate to severe** difficulties such as more serious depression or anxiety disorders or, conditions such as attention deficit hyperactivity disorder, eating disorders or Autism Spectrum Disorder/learning disabilities. Tier 3 services are also usually accessed in the community.

- Tier 4 mental health services are highly specialist and respond to the **most severe and complex of needs** which typically require multi-disciplinary and multi-agency support. Examples include inpatient services, day units and some intensive home-based treatment services. Specialist mental health practitioners working in these services usually have additional training or significant experience in key areas (for

example: forensic clinical psychologists or social workers with Mental Health Officer status).

While the configuration of services across tiers can vary by area, every health board has a local CAMHS, to which children and young people can be referred. Depending on the locality, CAMHS may reflect a Tier 3 service, or a joined Tier 2/3 service. More populated localities will have Tier 4 teams. The only health board currently with a forensic CAMHS service specialising in working with young people at risk of serious offending and related mental health needs is Greater Glasgow and Clyde (which covers eight local authorities in either part or full).

4. Mental Health Difficulties: Classification and Diagnosis

Traditionally, both the American Psychiatric Association (APA) (2013) and the World Health Organisation (WHO) (2010) have produced classification systems. Both offer diagnostic criteria for mental disorders and, in general, they can be considered largely analogous. These systems can be thought of as a dictionary for mental disorders. However, the task of identification is more complex. For example, the experience of mental ill-health or emotional distress can be considered normative at times. As such, rather than discerning if a problem is simply present or absent, there is a need to consider severity. If it is present, can it be considered mild, moderate or severe? Guidance here is less clear.

The prevailing classification systems do not offer guidance on how to understand or prioritise difficulties when an individual meets the diagnostic criteria for multiple disorders. Nor do they comment on how different difficulties develop, or are maintained, or how they interact with each other over time. This is important to bear in mind in terms of youth justice, as we know that complexity and co-morbidity of mental health difficulties is the rule, rather than the exception when working with young people at risk of causing harm to themselves or others. It should also be borne in mind that young people can often be sub-threshold on a number of different diagnoses, which can result in greater impairment than would be indicated by the diagnostic profile. This can also have implications in terms of reduced access to intervention and prevention of further escalation (DeJong, 2010).

It is recommended when considering the mental health of children and young people in youth justice that a biologically, socially, and psychologically informed case formulation, which can account for all presenting concerns together, as well as speculate on their development and maintenance, should be sought. It is suggested that clinical features that cut across diagnoses (e.g. emotional dysregulation may drive mood difficulties, violent behaviour, and interpersonal difficulties etc.) are important to pay attention to, likely reflecting important intervention targets. Practitioners who have knowledge about a young person, their history and experiences can make a significant contribution to the development of a highly individualised case conceptualisation.

5. Mental Health Difficulties: Identification

5.1 Anxiety

Anxiety is a relatively common childhood difficulty, which can be thought of as a collection of affective, cognitive, biological and behavioural symptoms as outlined below. Broadly speaking it can be thought of as a fear reaction in response to some feared stimulus (e.g. needles, separation from caregiver, thoughts of illness, negative evaluation, failure, etc.). The object of fear can be highly subjective and diverse. However, there are several distinct types of anxiety presentation, which are common in children and young people. Not all will be discussed in depth though. To facilitate identification, common features of anxiety will be outlined, followed by a brief description of how anxiety manifests in each of the different anxiety problems.

In an anxious child or young person, practitioners might note the following:

Affect

- Worry
- Nervousness
- Distress
- Hypervigilance

Physical

- Racing heart
- Stomach pain
- Dizzy
- Shaking
- Short of breath
- Hyperventilation
- Restlessness
- Sleep difficulties

Cognitive

- Catastrophic thinking
- Poor concentration
- Thoughts/beliefs that underpin specific fears

Behaviour

- Verbalisation of worries
- Avoidance (of feared stimulus)
- Withdrawal
- Checking things are okay
- Reassurance seeking
- Controlling behaviours
- Maladaptive coping strategies – use of alcohol/substances; self-harm
- Diminished school attainment

In terms of the differing anxiety presentations, brief but severe episodes of anxiety may be experienced as a panic attack, during which acute physical symptoms become so intense that an individual feels as if they are losing control, are choking, or may die. Following the experience of a panic attack an individual may become highly anxious about having another and adjust their lifestyle in the hope of preventing further instances. This often involves avoiding going outdoors, or doing so alone, which is called agoraphobia.

Other types of anxiety presentations include generalised anxiety, in which an individual has worries about many things, and thus potentially exhibits symptoms in response to many stressors. Alternatively, anxiety can be specific to a very particular stimuli (e.g. dentists, vomit, needles, birds, etc.), which is a phobia. Anxiety can also present with regard to separation from caregivers, or in response to the need to speak (selective mutism), both of which tend to manifest more so in early childhood. Alternatively, anxiety or panic can manifest primarily in the interpersonal context and arise due to fear of rejection (social anxiety), and this is particularly common in adolescence. Obsessive compulsive disorder is also a form of anxiety. In this case, anxiety arises secondary to a distressing obsessive thought, belief or prediction. Compulsive or ritualised behaviours are then used to prevent a feared outcome, and thus reduce anxiety. Anxiety often presents alongside depressive mood or substance misuse or as part of a traumatic stress reaction. As with other emotions, it is normal to experience anxiety. The threshold for mental health services will be the extent of impact the anxiety is having on everyday life. Hypervigilant states may lead to over-estimation of threat and associated defensive or aggressive behaviours which may be of significance to children and young people in the youth justice system.

In terms of treatment, interventions vary depending on the particular presentation, and age and stage of the child or young person. Behavioural therapies or cognitive behavioural therapies (CBT) with the child/family are often effective, and are considered evidence-based in terms of anxiety treatment. Psychopharmacological interventions may be offered in the short term in more severe cases. Where there are multiple presenting problems, of which anxiety is just one, a more multi-faceted or eclectic intervention may be tailored to the particular child or young person's needs.

For more in-depth information, NICE have produced various guidelines, which can be consulted depending on the specific anxiety in question.

5.2 Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a collection of behavioural symptoms broadly characterised by impaired attention, over-activity and impulsivity. There are a range of clinical features across domains (Carr, 2006):

Cognitive

- Distractible
- Short attention span
- Poor planning abilities
- Poor time estimation
- Delayed internalisation of speech
- Learning difficulties
- Memory deficits

- Poor school performance
- Low self-esteem
- Lack of conscience
- Difficulty seeing consequences of behaviour

Affect

- Poor self-regulation
- Excitable
- Poor frustration, tolerance or anger
- Low mood

Behaviour

- Highly active
- Poor motor coordination
- Difficult to contain
- Risk taking behaviour
- Underdeveloped adaptive behaviour

Physical

- Immature physical size and bone growth
- Minor physical abnormalities
- Neurological soft signs
- Allergies
- Increased respiratory/ear infections/inflammation
- Accident prone and high rate of injury

Interpersonal

- Relationship difficulties with parents, teachers, and peers

For a diagnosis of ADHD the characteristic difficulties need to have an early onset (prior to six years of age) and difficulties should be observable across contexts, such as home and school. ADHD can co-occur with Conduct Disorder (see below) or mood problems like depression or anxiety. Problems with learning, sleep, and self-esteem and school achievement often become apparent as the child develops.

Assessment and treatment of ADHD is conducted via local CAMHS and treatment varies depending on the age and unique presentation of the child. With maltreated children, careful consideration is needed when assessing for ADHD, in order that manifestations of complex post-traumatic stress (see below) are not mistaken for neurodevelopmental problems, such as ADHD or Autistic Spectrum Disorder as the indicated treatment differs significantly depending on the diagnosis. Incorrect diagnosis will likely result in unsuccessful treatment which may perpetuate symptoms, and in the case of children and young people engaged with the youth justice system, maintain risky behaviour. Where there are indicators of childhood maltreatment along with behaviours that appear congruent with ADHD, it may be helpful for referrers to request that mental health services consider the possibility of both ADHD and traumatic stress in their assessment. Further guidance on ADHD is available via the Scottish Intercollegiate Guidelines Network.

The Matrix details a summary of the most evidence based interventions in terms of ADHD (and other mental health concerns), which generally indicate high intensity school interventions, parent training, and education and drug treatment.

ADHD is considered a risk factor for violent behaviour. There may be multiple mechanisms of risk in this regard. For example, the associated impulsivity may predispose behaviour in the absence of consequential thinking. Alternatively, over time the associated educational or interpersonal difficulties may contribute to a negative self-view or sensitivity to perceived rejection, which may become a trigger for violent reactions.

5.3 Autistic Spectrum Disorders (ASD)

ASD are defined by substantial impairment across three domains:

Social

- Atypical social development, especially in terms of interpersonal reciprocity

Language/Communication

- This may relate to both verbal and non-verbal communication and the pragmatics of language

Thought/Behaviour

- Rigidity of thought and behaviour, ritualistic or stereotyped behaviours, difficulties with social imagination

By ICD 10 classification, ASD are one type of disorder under the umbrella term of 'pervasive developmental disorders'. ASD are enduring, life-long disorders, with no cure. The degree of impairment associated with a diagnosis of ASD can vary from mild to severe. ASD are often differentiated into either Autism or Asperger's Syndrome. Those with Asperger's share the clinical features of ASD, but tend to have better language skills and no intellectual impairment. As elaborated on in Carr (2006) the clinical features of ASD are:

Interpersonal

- Inability to empathise with others
- Lack of understanding of social rules
- Lack of reciprocity in social interaction
- Avoids eye contact
- Poor understanding of non-verbal communication

Affect

- Inappropriate or incongruent emotional expression
- Occasional intense emotional responses to change
- Likely anxiety surrounding social interactions

Behaviour

- Absence of imaginative play
- Stereotyped or repetitive behaviour patterns, including routines or rituals
- Resistant to change, or apparently controlling

- Behaviour problems in childhood
- Tendency towards specific or obsessive special interests

Language

- Developmental language delay (Autism)
- Lack of social conversation
- Lack of creative use of language in conversation
- Echolalia (automatic repetitious verbalisations)
- Pronominal reversal (referring to self as “he”, “she”, or “you”)
- Neologisms (use of words that only have meaning for the user)
- Other language idiosyncrasies

Cognition

- Likelihood (approximately 75%) of impaired IQ
- Non-verbal IQ better than verbal IQ (Autism)
- Extraordinary skills in a specific area
- Difficulties with social problem solving
- Rigid thinking style
- Obsessive thought patterns
- Absence of Theory of Mind

Physical

- Risk of epilepsy later in development
- Wetting or soiling in younger children
- Risk of self-injurious behaviour (head-banging or biting)
- Poor muscle tone

Sensory

- Troubled by auditory or visual information, e.g. loud or multiple noises or bright lights
- Auditory filtering (appears not to hear things or have poor attention)
- Sensation seeking (touches certain things, makes noises, especially excitable during active tasks)
- Strong aversion to certain smells, tastes, or textures
- Tactile sensitivities

To meet diagnostic criteria an individual will have to be seen to have difficulties with both social communication, and reciprocal communication, and restricted or repetitive behaviours. Diagnosis must be made via a multi-disciplinary assessment, which might include speech and language therapists, occupational therapists, nursing, psychiatry, paediatricians, or psychologists. Individuals with ASD are thought to lack Theory of Mind, or the ability to understand the mental states of others. This mechanism may underpin an apparent lack of empathy in the moment. It does not mean that ASD children cannot care about others.

ASD tends to be identified early in infancy or early childhood; however, it can go undiagnosed. ASD impacts upon all aspects of the child or young person’s life and it is crucial to understanding their risks and needs. Some features of ASD, for example, difficulty with regulating emotions or taking on the perspective of others, are shared by complex traumatic stress responses. Other features, such as lack of empathy or behaviour problems

are shared by relatively unusual, but severe and concerning personality traits, such as psychopathic traits. Given the high instance of childhood maltreatment in the population of children and young people engaged in the youth justice system, and the relatively high occurrence of psychopathic traits identified in the adult criminal justice population, it is realistic for practitioners to expect to encounter cases where such complex differentiations need to be made i.e. between traumatic stress, ASD, or psychopathic traits. When this dilemma arises, in-depth multi-modal assessment is indicated and should be sought via local specialist mental health services.

The literature with regard to ASD and violence risk is not definitive; however, emerging clinical wisdom suggests that besides drivers associated with lack of empathy, individuals with ASD who engage in violent conduct may do so when denied access to their special interest, in the context of change, or in response to sensory vulnerabilities. Understanding the presence and relevance of ASD is important, particularly in relation to legal issues, as ASD may undermine a child or young person's competence to understand and engage with legal proceedings. Where there is a query of ASD it should be carefully considered and local ASD specific services, or CAMHS services, may have a role in assessment. CAMHS may be more appropriate for complex children and young people where other diagnostic considerations may also need to be eliminated or formulated alongside a potential ASD diagnosis.

There is a SIGN guideline to which the reader can refer for further information. The National Autistic Society has guidance on working with individuals with ASD who are also engaged in criminal proceedings.

As already stated, there is no cure for ASD. It is an enduring neurodevelopmental problem; however, behavioural interventions in response to specific concerns associated with ASD, such as anxiety, sleep difficulties, or communication problems, may be of benefit. The majority of interventions in response to ASD will likely be undertaken by parents/carers, or by implementing systemic or environmental changes.

5.4 Conduct Disorders

Conduct Disorders (CD) are marked by a repetitive and persistent pattern of aggressive, defiant and antisocial conduct. A diagnosis of CD can be made when a child is aged six to 18 years. Younger children with conduct problems might be diagnosed with Oppositional Defiant Disorder (ODD). To meet the criteria for CD, a child's behaviour must be significantly out with what would be expected given the child's age and/or stage of development. Such behaviours include:

Behaviour

- Fighting, with initiation
- Bullying
- Cruelty to others or to animals
- Destructive behaviour
- Stealing/robbery
- Lying
- Truancy, prior to 13 years
- Fire-setting

- Severe disobedience/defiance
- Easily annoyed/angered
- Spiteful/vindictive
- Resentful
- Weapon use
- Housebreaking/trespassing

For a diagnosis of CD some other conditions must be excluded, including psychotic illness or Attention Deficit Hyperactivity Disorder (ADHD). CDs have been described as the single most costly disorder of childhood and adolescents as they are difficult to treat, tend to be intergenerationally transmitted, and associated with poor outcomes in a range of domains (criminality, mental health, physical health, educational attainment, social/occupational adjustment) (Carr, 2006). In the UK, CDs are the disorders most commonly referred to CAMHS, likely because younger children referred to CAMHS with behavioural problems may fall into this category. At a glance, key symptoms of CD might describe a significant proportion of young people in the youth justice system. Practitioners will also be aware that such problem behaviours develop for many reasons and reflect a complex interaction of historical and contextual factors. To best understand risk in a child or young person who presents with CD, an understanding of an individual's unique aetiological factors and antecedents is required.

In terms of interventions in adolescence, there is some evidence for the efficacy of anger management interventions when the presentation is considered to be mild. Where difficulties are severe, family and systemic therapies are reported in the literature to be the most effective interventions. For children and young people in the youth justice system, rather than individual therapy, a more complex multi-agency response is required. With regard to CD, local CAMHS thresholds apply, and there may be variation in referral criteria. It is recommended that if practitioners would like support with assessment, formulation, and treatment of a child or young person with potential CD that they contact their local CAMHS team for advice about making a referral.

The reader is referred to the relevant NICE guidance for a more in-depth consideration.

5.5 Depression

From a diagnostic perspective there are various sub-types of depression. However, broadly speaking, the following signs may be recognised by practitioners in a child or young person who is depressed (Carr, 2006):

Perception

- Perceptual bias towards negative events
- Mood congruent hallucinations (in severe cases)

Cognition

- Negative view of self, world, others, or the future
- Excessive guilt (e.g. self as burden)
- Suicidal ideation (in severe cases)
- Mood congruent delusions or beliefs (in severe cases)

- Distorted thinking
- Poor concentration (associated with onset of low mood)
- Hopelessness

Affect

- Depressed mood
- Inability to experience pleasure
- Irritability
- Anxiety and apprehension
- Tearfulness

Behaviour

- Psychomotor retardation or agitation
- Depressive stupor (in severe cases)
- Loss of motivation or interest

Somatic

- Fatigue
- Poor sleep (insomnia or excessive sleeping)
- Aches and pains
- Loss of appetite or overeating
- Change in weight (in severe cases)
- Diurnal variation in mood (worse in morning)
- Reduced libido

Interpersonal

- Deterioration in relationships
- Withdrawal or self-isolation
- Deterioration in school performance

Depression is more common in adolescents than younger children, and may occur alongside other difficulties such as CD type presentations, anxiety, ADHD, or as part of a traumatic stress reaction. Depression is more likely in boys when they are pre-pubescent and more likely in girls when they are post-pubescent. There is no one theory to explain the development of depression, and it can arise for a number of reasons. Life events typified by significant loss or transition often appear salient. Early intervention with depressed children and young people is vital to promote more positive long-term outcomes and avoid recurrent episodes. There are a range of potential treatments available, which can be accessed via CAMHS services, and there may be alternatives in the community for mild to moderate cases. These include CBT, family therapies, and interpersonal therapy (IPT) in adolescence. NICE have developed a set of guidelines for the management of depression in children.

5.6 Self-harm

Self-harm is considered to be any act where injury is purposely inflicted on the self, in the absence of suicidal ideation or intention (suicide will be considered below). It is common for self-harm to occur in the context of other mental health difficulties and/or adverse life

experiences. Adolescents who engage in self-harming behaviour often have difficulties with regulating their emotions, solving problems and engaging with supports. When there is no suicidal function associated with self-harming behaviour, other functions need to be considered so that interventions can be put in place. Common functions, observed clinically, include:

Punishment
Self-harm is driven by a sense of deserving punishment or guilty feelings. This is often associated with a severely negative self-view.

Distraction
When emotional pain is unbearable, self-harming behaviour may serve as a distraction and may be viewed as a positive alternative to emotional distress.

Relief
Individuals who report self-harming often cite a sense of relief or release associated with the act.

Control
Self-harm may give children and young people a sense of power or control over themselves when things around them are overwhelming or seem out with their ability to change.

Communication
Self-harming may serve as a vehicle to communicate great distress.

These functions are not mutually exclusive, and for the same individual differing functions may apply to different instances of harm over time.

NICE have articulated guidance on the management of self-harm. The evidence base in terms of intervention with children and young people is limited. In terms of CAMHS input, CBT adapted for self-harm and group interventions show some promise. It is likely that eclectic interventions geared towards improving self-regulation capacities and promoting engagement in positive relationships will have some success.

There are certain common features of a child or young person's journey through services when they engage in self-harm. When the difficulty is first identified or is thought to be particularly concerning, it usually prompts an urgent referral to CAMHS. It may also be preceded by attendance at an Accident and Emergency Department, due to concerns about any associated threat to life which may contribute to a reduction in, or cessation of the behaviour. Often, by the time of CAMHS assessment, the difficulties or distress are no longer as severe and the behaviour is therefore no longer relevant. The young person will no longer meet the criteria for CAMHS, or where intervention is offered, the young person no longer identifies with the concerns, does not engage and they do not receive a service. This cycle may become repeated, and consequently self-harm is often a difficulty managed via support from third sector, residential, or social work services where there is no active CAMHS involvement. The service response to self-harming behaviour should be multi-agency and acknowledge the support and interventions of different services at different points in time.

5.7 Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) can develop following traumatic events. In the literature, two types of PTSD are identified.

Type I is considered to be traumatic stress that emerges following the experience of a catastrophe or threat to life, such as a physical or sexual assault, car accident, natural disaster or the death of a loved one. With this type of PTSD, the difficulties relate to reliving the traumatic event, or trying to avoid reminders of the traumatic event, which prompt anxiety and emotional arousal. The following symptoms are common to PTSD:

Cognition

- Upsetting memories or intrusive thoughts
- Memory loss in relation to the trauma
- Flashbacks - feeling as if it is happening again
- Nightmares
- Concentration difficulties
- Trauma-centric changes in belief system

Affect

- Intense distress in response to reminders
- Anger or irritability
- Depression
- Anxiety
- Dissociation/emotional numbing
- Hypervigilance

Behaviour

- Loss of interest in activities
- Sleep difficulties
- Avoidance of reminders

Interpersonal

- Relationship problems
- Isolation

Such difficulties are considered to be normal in the immediate aftermath of a traumatic experience. For a diagnosis of PTSD however, the symptoms need to persist in the longer-term. In terms of treatment, PTSD (Type I) tends to respond well to CBT tailored towards trauma and developmental stage.

The second type of traumatic stress response, or Type II, is known as complex (or developmental) trauma. This reflects the difficulties which are thought to be associated with experience of multiple and chronic traumatic events or processes over the course of development, often in the relational context. This type of presentation has been summarised by the National Child Traumatic Stress Network (Cook et al, 2003) with the following symptoms:

Interpersonal

- Uncertainty about the reliability and predictability of the world
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's emotional states
- Difficulty with perspective taking
- Difficulty enlisting other people as allies

Affect

- Difficulty with emotional self-regulation
- Difficulty describing feelings and internal experience
- Problems knowing and describing internal states
- Difficulty communicating wishes and desires

Cognition

- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding own contribution to what happens to them

Learning

- Problems with language development
- Problems with orientation in time and space
- Acoustic and visual perceptual problems
- Impaired comprehension of complex visual-spatial patterns

Behaviour

- Poor modulation of impulses
- Self-destructive behaviour
- Aggression against others
- Pathological self-soothing behaviours
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behaviour
- Difficulty understanding and complying with rules
- Communication of traumatic past by re-enactment in day-to-day behaviour or play (e.g. sexual, aggressive)

Physical

- Sensorimotor developmental problems

- Hypersensitivity to physical contact
- Analgesia
- Problems with coordination, balance, body tone
- Difficulties localising skin contact
- Somatic complaints
- Increased medical problems across a wide span, e.g. pelvic pain, asthma, skin problems, auto-immune disorders, pseudo seizures

Dissociation

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalisation and derealisation
- Two or more distinct states of consciousness, with impaired memory for state-based events

Identity

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt

CAMHS referral criteria have traditionally tended to be informed by, and respond to, Type I PTSD. This is possibly as a result of the lack of an adequate classification category in DSM or ICD in relation to complex trauma. There is however growing support for and understanding of complex trauma as a valid conceptualisation of the difficulties that result from maltreatment of children. Children and young people who are involved in the youth justice system tend to have significant histories of maltreatment. It is therefore suggested that complex trauma cannot be disregarded. Traditionally, maltreated children can present with difficulties which attract diagnoses of ADHD, ASD, CD (or ODD), Anxiety, Depression or self-harm. The features of many of these diagnoses overlap with complex trauma characteristics in some form and there is a complicated differential diagnostic task for clinicians when considering a child or young person with multiple presenting concerns and a history of abuse and/or neglect. Multiple experts in the field support a phase-based set of often multi-modal interventions which target complex sets of difficulties associated with complex trauma, first outlined by Judith Herman in her seminal work (1992). Briere and Lanktree (2013) have put forward a treatment guide specific to adolescents.

Enhancing self-regulatory capacities and safety is often a priority. Promoting attachment, providing advocacy, building skills and competencies are other likely foci of treatment. The response to trauma in children and young people will likely not involve an in-depth narrative of the significant traumatic events at the beginning of treatment, which will probably be a longer-term therapeutic task. Indeed, many individuals will not address traumatic events directly in this way until adulthood, if at all; however, there are still a range of important interventions as highlighted above which are relevant.

The experience of childhood trauma may influence risk of violence in numerous ways - for example, the modelling of violence, by denying safety and the development of self-regulation

capacities, or by engendering the belief that the world is unsafe and one must be vigilant and protect oneself. The idiosyncratic nature of the impact of trauma should be considered on a case-by-case basis.

CAMHS referral thresholds in terms of traumatic stress may vary, and where there are concerns it is recommended that practitioners contact their local CAMHS service to discuss whether a referral is appropriate.

The Scottish Government has commissioned NHS Education for Scotland (NES) to develop a National Trauma Training Framework which was published in May 2017 and a National Training Plan is currently being developed.

5.8 Psychosis

The first episode of psychosis usually occurs for individuals in their late teens or early adulthood, with males tending to experience earlier onset than females. An episode of psychosis is usually preceded by a prodromal phase, which can be a period of weeks, months or even years during which a person experiences sub-threshold psychological or behavioural abnormalities in cognition, emotion, perception, communication, motivation or sleep. Changes in mood, social isolation or occupational or educational failures may also be observable, along with low frequency or intensity delusional beliefs or hallucinations. These phenomena translate over time into a deterioration that precedes the onset of clear clinical symptoms of psychosis, which include the following typical features:

Perception

- Hallucinations (involving any of the senses)
- Breakdown in perceptual selectivity

Thought

- Thought disorder
- Delusional beliefs
- Impaired judgement and reality testing
- Confused sense of self

Emotion

- Prodromal anxiety and depression
- Inappropriate affect
- Flattened or impoverished affect
- Post-psychotic depression

Behaviour

- Prodromal sleep disturbance
- Prodromal impulsivity
- Prodromal repetitive compulsive behaviour
- Impaired goal-directed behaviour
- Catatonia, negativism, and mutism

Interpersonal

- Poor school performance
- Withdrawal from peer relationships
- Deterioration in family relationships

Again, NICE have produced guidance with regard to psychosis in children and young people, which can be consulted for more in-depth consideration. Early identification and intervention in response to the first episode of psychosis has a significant and positive impact on longer-term outcomes. Where there are concerns of this nature prompt referral to mental health services is recommended and such cases will be prioritised by CAMHS. In terms of evidence-based interventions, CBT for psychosis or related mood difficulties, and family interventions, are indicated.

With violence risk and psychotic presentations, command hallucinations (perceptions of being told to do something) or delusional beliefs (e.g. that they are being targeted or persecuted) may be relevant and critical in terms of violent conduct.

5.9 Suicide

Suicide is a significant public health concern. Suicide attempts can be thought of as self-harming behaviours with intent to die. Although uncommon in younger children, suicide is a leading cause of death amongst adolescent and young males (Goldney, 2008). Suicide attempts, or parasuicide, are relatively common, with lifetime cross-national prevalence rates of plans or attempts estimated to be 9.6% (Nock et al, 2008). Within the population of individuals using mental health services, 27% of mortality is due to suicide (Windfuhr & Swinson, 2011); and within prisons in the UK, suicide is responsible for approximately half of the deaths that occur in custody (Natale, 2010). The assessment of suicidal behaviour or intent is complex and involves the consideration of many factors across numerous domains, which include suicidal ideation/intent, available methods and lethality of same, precipitating factors, motivation, individual/psychological factors, mental health, historical factors and family factors.

Research has identified some key empirically derived risk factors associated with suicide, which mental health services will consider (Logan, 2013), e.g. mental health difficulties, especially mood disorders; prior suicide attempts; substance misuse; prior self-harm; physical illness; and unemployment.

In terms of identification prior to a CAMHS referral, a set of consensus warning signs identified by the American Association of Suicidology (Rudd et al, 2006) is a guide:

Contact emergency services or support from mental health service provider when you see the following:

- **Someone threatening to hurt or kill themselves**
- **Someone looking for ways to kill themselves: seeking access to tablets, weapons or other means**
- **Someone talking or writing about dying, death or suicide**

NHS 24 on **111**
Samaritans on **116 123**
ChildLine on **0800 11 11**
Breathing Space on **0800 83 85 87**

Seek help from mental health services should you witness, hear or see anyone exhibiting any one or more of these behaviours:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities without thinking
- Feeling trapped – like there is no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic mood changes
- No reason for living or no sense of purpose in life

Where there are clear threats in actions in terms of suicide, a child or young person should be referred urgently to mental health services and kept safe in the interim, and their access to lethal means restricted. Where concerns are thought to be imminent, i.e. that the child or young person has suicidal intent and means, they should be brought directly to emergency services, given the potentially life-threatening nature of the situation. Support can be offered through the Samaritans, ChildLine, and Breathing Space.

When concerned, asking about suicide is important, and may lead to the individual feeling less isolated, better understood, and cared for. It is important to include parents or carers, hold a non-judgemental stance, remain calm, and ask open-ended questions. There are established training courses available to practitioners who wish to develop their skills in terms of responding to initial concerns about suicide.

6. Interventions

Social workers, support workers, and residential care workers are often left wondering how best they can respond to a child or young person's mental health needs. Where presentations are complex there may be a need for high-intensity individualised medical or psychological interventions specifically tailored to the unique perpetuating factors relevant to that child or young person. There are often certain commonalities with regard to the vulnerabilities underpinning mental health difficulties within the youth justice population and certain considerations in terms of response may be of value:

- **Ensure safety**
  Work to ensure that the child or young person exists in a safe (physically and psychologically) environment cannot be underestimated. Ongoing threat, in the form of bullying, physical, emotional or sexual abuse, or harassment will likely perpetuate significant distress, and impact on other social or psychological interventions.

- **Listen**
  Often practitioners feel the need to 'do' something about an individual's distress, even when there is no clear course of action or solution. The anxiety associated with this helpless position may at times cause the listener to disengage, or divert attention elsewhere. Listening with curiosity and empathy is in itself an important intervention - sometimes a person may just need to be heard and have the complexity of their situation acknowledged.

- **Ask questions**
  There can be a perception that asking questions may be re-traumatising, or may promote risky behaviours such as suicide or self-harm. It is suggested that this is more often not the case and that non-judgemental questions, or showing curiosity in response to what the child or young person is sharing can foster a sense of being understood, noticed, and perhaps even cared for.

- **Normalise**
  Teenagers, especially those with histories of maltreatment or low self-esteem, may feel that mental health difficulties set them apart from others, or are something to be ashamed of. Feeling abnormal may perpetuate the difficulties they are experiencing and it is important to remind them that experiencing strong emotions or distress is normal, especially in difficult contexts.

- **Build relationships**
  Often children and young people in the youth justice system have had significant adversity in their interpersonal relationships, and from an early age. This may translate into difficulties with trusting others and feeling safe in relationships, which in turn perpetuates mental health difficulties (or risk), and they may not have the skills to build trusting relationships. Day-to-day interactions have the potential to act as interventions, in that anything that models how to be open, trusting, reliable, playful, consistent or responsible in relationships is of great benefit over time. This may involve reflecting aloud with the child or young person about your thinking, expectations, or intentions.

- **Promote attachment**
  Safe and secure relationships are protective in terms of mental health and systemic efforts to facilitate positive relationships will promote resilience and well-being. This may involve strengthening family relationships or promoting social interaction and inclusion.

- **Build competency**
  Mental health difficulties are often underpinned by low self-esteem or efficacy. Supporting and encouraging a child or young person to build competence in an occupational or recreational area of interest to them can promote well-being.

- **Regulate**
  Often a child or young person's problems stem from a difficulty with regulating behaviour and/or emotions and they may be overwhelmed by emotions or exhibit challenging or worrying behaviour. Regulation difficulties may be secondary to a neurodevelopmental concern (e.g. ASD, ADHD), attachment difficulties, or trauma, or some combination of all three. What the child or young person will need is support to regulate themselves, which at first or at times of crisis may require intense support. Acting as an external regulator involves multiple tasks and is usually contingent of having a positive relationship:

  - **Recognition** – Children and young people often have difficulties knowing what it is they are feeling, to know when difficult emotions are coming, what they are, why they happen when they do, and what to do about them. This leaves the child or young person in a vulnerable, powerless, and overwhelmed position. Practitioners can facilitate recognition by reflecting about the child or young person's perspective and experience, for example, "I can see by the expression on your face that you're angry right now", "I'm wondering if you're feeling worried?", "I think lots of people in your position would be feeling sad right now" and so on. This process will help them to label and recognise their emotions, which is a first step in regulation.

  - **Modulation** – Helping the child or young person to understand what triggers strong emotions and how they can cope with them is important in terms of making these emotions less overwhelming and therefore promoting self-regulation. This can be done without relating to past experiences or other situations and dealing with the present, for example, "I noticed when you lost that game, your mood seemed to change, and then you called your friend a name, I wonder if you were trying to let us know how angry you felt. Maybe next time, if you lose you try something different..." Such interactions serve to contain emotions, model empathy, curiosity, caring and help the child or young person to recognise the relationship between events, their feelings and behaviour.

With Scotland have produced a range of potentially useful resources. Their report on using the social work relationship to promote recovery may be particularly useful to practitioners.

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