


# PREVENTING OFFENDING

Improving outcomes for children and young people



# Contents

	Page
<a href="#"><u>Introduction</u></a>	3
<a href="#"><u>Wellbeing outcomes</u></a>	7
<a href="#"><u>Safe</u></a>	9
<a href="#"><u>Healthy</u></a>	10
<a href="#"><u>Achieving</u></a>	11
<a href="#"><u>Nurtured</u></a>	12
<a href="#"><u>Active</u></a>	13
<a href="#"><u>Respected</u></a>	14
<a href="#"><u>Responsible</u></a>	15
<a href="#"><u>Included</u></a>	16
<a href="#"><u>Online wellbeing tool</u></a>	17
<a href="#"><u>System performance</u></a>	19
<a href="#"><u>Improvement planning</u></a>	23
<a href="#"><u>Bibliography</u></a>	25
<a href="#"><u>Appendices</u></a>	28



“My team were very impressed by the supporting documentation. Although they acknowledge it is a lengthy document, they felt as I do, that the supporting documentation on wellbeing outcomes and activities provides good information and useful links. The activities that contribute to each outcome are really good as well as the flowchart of the youth justice process”.

Service Manager

*“Continuous improvement is better than delayed perfection”*  
Mark Twain

## Introduction

In Scotland, we take a holistic approach to the needs of children and young people involved in, or at risk of offending, in accordance with the principles of the 1964 [Kilbrandon report](#). We are committed to a child-centred approach that takes account of their wider needs as well as the need for public protection, with an emphasis on prevention and diversion from statutory measures. Our approach is focused on contributing towards the [Scottish Government’s national outcome for children and young people](#)<sup>1</sup>:

‘We grow up loved, safe and respected so that we realise our full potential’

The importance of sustaining a preventative approach to offending, which recognises the level of vulnerability and complexity of need associated with a small number of children, should not be underestimated. Evidence shows that children involved in, or at risk of, offending are most likely to disengage from school, and to be excluded. They are also more likely to have acquired brain injuries and speech, language and communication difficulties and to have experienced a significant number of adverse childhood experiences, bereavements and losses. In many cases, these children have themselves been victims of crime, neglect and abuse and a number are looked after children (YJIB, 2017).

The Scottish Government is committed to [Getting It Right For Every Child \(GIRFEC\)](#) and improving outcomes for all children and young people in order to prevent and aid desistance from offending, as well as minimise further victimisation of others and damage to communities. The youth justice strategy ‘[Preventing offending: Getting it right for children and young people](#)’ sets out priorities to build on the considerable progress that has been made in reducing offending involving children and young people in Scotland. Substantial reductions in offence referrals to the Children’s Hearings System and under 18s in court and custody have been supported by a shift of focus to prevention in 2008 and the subsequent roll out of the Whole System Approach.

The three priority themes from the youth justice strategy 2015 to 2020 are: Advancing the Whole System Approach; Improving Life Chances; and Developing Capacity and Improvement. Each theme has its own strategic priorities. ‘*Preventing offending: Improving outcomes for children and young people*’ and ‘*Preventing offending: Improving our approach to workforce development*’ were developed to progress the Developing Capacity and Improvement strategic priorities:

- Supporting workforce development and encouraging a culture of continuous learning and improvement

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<sup>1</sup> Previously: We live our lives safe from crime, disorder and danger; We have improved the life chances for children, young people and families at risk; and Our young people are successful learners, confident individuals, effective contributors and responsible citizens

- Improving systems and making best use of performance information nationally and locally

The Developing Capacity and Improvement implementation group led the development of these with support and involvement from key partners.

### **Why was the improving outcomes approach developed?**

The Whole System Approach (WSA) has made a significant contribution to the progress made in dealing effectively with children and young people involved in offending. However, it has not been possible to evaluate the WSA fully, as the data collected is insufficient to track the progress of children and to assess the medium term outcomes. There is a need to develop a strong and robust data set for the on-going evaluation of the WSA that allows each individual's journey through the system to be tracked, and child-centred outcomes to be captured (Murray, McGuinness, Burman & McVie, 2015).

The introduction of GIRFEC and the [National Practice Model](#) has been crucial in focusing practice on the wellbeing of children. Since their introduction, a few local authorities and organisations have developed their own ways to measure wellbeing, and findings are being used to inform service improvement. However, this is not consistent across the youth justice sector. Improvements that build on knowledge and information from practice, research and individuals with lived experience are likely to be more successful than those that do not. There is a need for partners to learn from knowledge generated within their own organisations and elsewhere, and to apply this knowledge systematically to improve practice and outcomes. *'Preventing offending: Improving outcomes for children and young people'* is designed to help partners do this.

A wide range of performance frameworks and self-evaluation tools have been developed including [How well are we improving the lives of children and young people? A guide to evaluating services including quality indicators](#) and [Community Justice Outcomes, Performance and Improvement Framework](#) that apply to children and young people involved in offending. This improvement approach is not a replacement for these, but rather a tool to complement and assist services in focussing on what is required to improve outcomes specifically for those children and young people involved in, or at risk of, offending.

### **Who is the improvement approach for?**

Many different organisations and individuals (public, private, third sector, families, communities) work with children and young people who are at risk of being involved in offending. This improvement approach has been designed for all professionals who work with these children including education, health, social care/work and justice professionals in statutory and non-statutory roles.

The improvement approach recognises that everyone has their own contribution to make to achieving better outcomes for children, victims and communities, and that together, through partnership working, we will be most effective. It can be very difficult to 'evidence' that services or interventions are effective and this approach

takes into account that improved outcomes for children and young people are unlikely to be as a result of a single service/worker. However, it is possible to test whether outcomes move in line with expectations and the online wellbeing tool that has been developed will help in capturing and measuring improvement over time as a result of the team around the child.

The improvement approach is designed to support service providers, planners and practitioners in embedding preventative practice to assist in reducing offending involving children and young people. It will assist in the accurate and consistent measurement of outcomes across the sector, help to evidence success and assist in identifying continued areas for improvement based on analysis of need. It assists partners with the information required to build on existing success and focus improvement in areas that are important.

### **How can the improvement approach be used?**

The improvement approach is framed using the eight GIRFEC wellbeing outcomes (Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected and Included). More recently, there has been considerable attention given to the contribution that [hope for the future](#) has in improving wellbeing and outcomes. Higher levels of hope are correlated with greater self-esteem, optimism and wellbeing as well as less depression and behavioural problems (Bullough, 2011; Hagen et al., 2005; Gilman et al., 2006). The development and maintenance of hope in individuals can enhance wellbeing, resilience and result in successful outcomes with families (Hopps, Pinderhughes & Shankar, 1995; Smock, Weltchler, McCollum et al., 2008). It is also regarded as one of the key factors in therapeutic change and the desistance process (McNeill et al., 2012; Snyder & Lopez, 2009) with evidence that strengths-based, solution focused and empowering approaches are critical in interventions with vulnerable families and have positive effects on behavioural problems displayed by children and children who have engaged in offending (MacLeod & Nelson, 2000; Seagram, 1997; Woods et al., 2011). Although hope is not one of the 2014 Act wellbeing indicators, building hope is an important part of working with children and young people and all activity around wellbeing should seek to build hope.

For each wellbeing outcome, there are examples of activities likely to contribute to achievement of the outcome, specifically for children and young people who are involved in, or at risk of, offending behaviour. The activities identified for each outcome are either evidence-based, or have a logical link to improving that outcome. This can provide a helpful reference guide when considering interventions and service planning. Activities right across the youth justice workforce are included, so some activities will be more relevant for certain practitioners and services than others. However, consideration of the wider youth justice landscape is helpful in terms of collective understanding of the range of partners contributing to improving outcomes.

The improvement approach also has an online component where individual children, their parents/carers, and their practitioners can record individually their view of the child's current level of wellbeing across the eight outcomes. This information can be used to aid conversations about strengths, needs and intervention planning and enable outcomes to be compared over time. Each child will have their own unique

code and no personal information will be recorded in the online data. Those completing the online wellbeing tool should be reminded that they **must not** include any data within the free text boxes that may link back to an individual. Any such data should be removed immediately.

The online wellbeing tool also has the capacity for the wellbeing outcomes to be aggregated at a practitioner, service and multi-agency area level. It can assist with analysis of aggregated outcomes data at each level and contribute to a cycle of continuous improvement planning.

Children and young people involved in offending behaviour should be treated as children, whilst also ensuring public safety. This improvement approach helps in demonstrating that we are continually making improvements to our systems and processes in order to achieve this. The quantitative and qualitative data required to assist in measuring the effectiveness of the Whole System Approach (WSA) is still being progressed. The System Performance section will be updated in the future to reflect progress.

### **What are the benefits of using the improvement approach?**

- Collates examples of good practice and evidence-based activities and allows for easy aggregation of wellbeing outcomes to assist with service planning and continuous improvement.
- Encourages self-evaluation of the achievement of wellbeing outcomes based on the views and experiences of children and young people, their parents/carers, and individual practitioners.
- Allows improvements or trends to be captured and measured over time.
- Allows individual and collective contribution to an outcome to be captured and recognised.
- Priorities for improvement identified locally can help inform local and national youth justice workforce development planning.
- Sets out the quantitative and qualitative data required to measure the effectiveness of the WSA and helps inform a cycle of continuous improvement planning.

### **The improvement approach**

The improvement approach has four sections:

- Wellbeing outcomes
- Online wellbeing tool
- System performance
- Improvement planning

The following pages take you through the four sections.



## Wellbeing outcomes

This section details the logic models for achieving the national outcome and each wellbeing outcome for children and young people involved in, or at risk of, offending behaviour.

Wellbeing has been described in terms of eight indicators/outcomes to assist a common understanding of what wellbeing means: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI). This is helpful in considering the quality of life for the child or young person and helps to identify the individualised support that child needs to help them reach their full potential. Whilst the desired outcomes for all children and young people are the same, the manner in which we achieve these outcomes can differ depending on individual need and complexity. Each outcome therefore includes examples of activities that are evidence-based, or evidence-informed that are most likely to contribute to the achievement of the outcome for those children and young people involved in offending. Where possible hyperlinks are provided which link to the activities or relevant information<sup>2</sup>. Objective measures of wellbeing can also be gathered using social indicators, such as reduction in vulnerabilities, increase in strengths, reduction of adverse outcomes to name but a few. Examples of outcomes that would be helpful are detailed in Appendix A.

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<sup>2</sup> Activities and hyperlinks will be updated regularly to ensure best practice is up to date.

NATIONAL OUTCOME	WELLBEING OUTCOMES	ACTIVITIES	INPUTS
We grow up loved, safe and respected so that we realise our full potential	SAFE: Protected from abuse, neglect or harm at home, at school and in the community.	Support victims and develop community confidence through engagement and building support for restorative approaches. Assess and manage risk and complexity for C&YP who are at risk of harm or who pose a risk of harm within holistic needs assessment.	<a href="#">SG Youth Justice Strategy &amp; YJIB</a> Youth Justice workforce Multi-agency working and information sharing Up-to-date local, national & international evidence base Smart, proportionate justice system policies and responses Outcome measurement tools and systems Future thinking Workforce development <a href="#">Community Justice</a> <a href="#">Community Planning Partnerships</a>
	HEALTHY: Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.	Promote positive mental, emotional, social and physical wellbeing through building resilience, providing vulnerability and trauma-informed services, and timely access to support.	
	ACHIEVING: Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community.	Identify children at risk of disengaging from education, prevent disengagement and re-engage those who have disengaged in post-16 learning, training, or work.	
	NURTURED: Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.	Promote and build positive consistent relationships between C&YP, their families / carers and communities to help develop social networks and build resilience.	
	ACTIVE: Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.	Build on the strengths and interests of C&YP involved in offending and promote positive activities to aid desistance.	
	RESPECTED: Having the opportunity, along with carers, to be heard and involved in decisions which affect them.	Embed the Whole System Approach, deliver timely child-centred justice, provide developmentally appropriate services, interventions, responses and language and ensure the views of C&YP are heard at all stages.	
	RESPONSIBLE: Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.	Deliver evidence-based interventions, promote systemic conditions linked to desistance and create opportunities for C&YP to be active participants in change and take on responsible roles in their community.	
	INCLUDED: Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.	Incorporate the knowledge and experience of C&YP and their families into community planning to embed inclusion and develop opportunities for community connectedness and social capital.	



SAFE	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
Protected from abuse, neglect or harm at home, at school and in the community	<ul style="list-style-type: none"> <li>• Ensuring Concern Reports comprehensively outline the known needs of C&amp;YP and are used in decision-making.</li> <li>• Ensuring use of the <a href="#">National Guidance for Child Protection in Scotland</a> is always considered and referring to Social Work and Scottish Children’s Reporters Association where required to promote protection from risk and harm.</li> </ul>
<b>WHY THIS OUTCOME IS IMPORTANT</b>	
<p>There is a clear link between vulnerability, victimisation, trauma and offending in those C&amp;YP involved in a pattern of offending, or who are involved in more serious offences (McAra &amp; McVie, 2010, 2016; Victim Support Scotland, 2007). Protection from trauma due to abuse, neglect, victimisation, and the impact this can have on brain development, allows children and young people to develop positive nurturing relationships (Couper &amp; Mackie, 2016; Gerdhart, 2014; Nelson, 2000), a significant factor in desistance from offending. Effectively assessing, managing and reducing the risk of harm that C&amp;YP might pose to others, or the risk of harm that is posed to them, can reduce victimisation and increase public safety.</p>	<ul style="list-style-type: none"> <li>• Improving the rights, <a href="#">support</a>, protection and participation of those C&amp;YP who are victims and witnesses as per the <a href="#">Standards of Service for Victims and Witnesses</a> and <a href="#">Working Together for Victims and Witnesses</a>.</li> <li>• Promoting positive nurturing relationships, offering support and <a href="#">evidence-based parenting programmes</a> to improve wellbeing, particularly to those with greatest need and multiple risk factors.</li> <li>• Educating parents/carers about <a href="#">child to parent violence</a>, supporting them to develop effective de-escalation strategies and improve relationships.</li> <li>• Providing <a href="#">trauma informed</a> and <a href="#">trauma skilled</a> health, education and social care services.</li> <li>• Recognising and responding early to risk factors for <a href="#">adverse childhood</a> experiences such as parental domestic violence, substance misuse, mental ill health, teenage pregnancy, poverty, and parental offending.</li> <li>• Identifying C&amp;YP at risk of exclusion or disengaging from education early and supporting them and their families to <a href="#">promote inclusion and engagement</a>.</li> <li>• Following policies on tackling bullying and victimization in school, in particular supporting children during transitions from one form of education to another.</li> <li>• Educating C&amp;YP and engaging them in discussion about <a href="#">how to keep themselves and others safe</a> online and in <a href="#">school</a>.</li> <li>• Protecting C&amp;YP from <a href="#">child sexual exploitation</a> and <a href="#">serious organised crime</a>.</li> <li>• Supporting partners to embed prevention work in community planning and to integrate and sustain the <a href="#">Whole System Approach</a> (WSA).</li> <li>• Providing child-centred, <a href="#">early and effective interventions</a> (EEI) including use of police warnings and restorative justice.</li> <li>• <a href="#">Referring C&amp;YP to the Children’s Hearing System</a> wherever appropriate, rather than prosecuting in adult courts to reduce the risks of re-traumatisation and increase the likelihood of meeting developmental needs.</li> <li>• Undertaking <a href="#">victim safety planning</a> if the C/YP is at risk of being victimised or others are at risk of being victimised.</li> <li>• Undertaking robust <a href="#">multiagency risk management and reduction planning</a> for the C&amp;YP posing the greatest risk to themselves and others following <a href="#">FRAME &amp; CARM</a> guidance whilst ensuring <a href="#">ethical decision making</a>.</li> <li>• Developing community confidence through <a href="#">engagement</a> and building support for some of our most vulnerable children and the use of <a href="#">restorative approaches</a>.</li> </ul>

HEALTHY	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices</p>	<ul style="list-style-type: none"> <li>• Comprehensively assessing <a href="#">physical health, mental health, sexual health, substance misuse and neurodisability</a> and developing intervention plans to meet the needs of C&amp;YP.</li> <li>• Completing <a href="#">comprehensive assessments and formulations</a> that explore the link between trauma, mental health and offending behaviour for the individual C/YP and ensuring <a href="#">risk management plans</a> and interventions to reduce risk are individualised to meet the needs of the C&amp;YP.</li> <li>• Recognising and responding early to risk factors for <a href="#">adverse childhood experiences</a> such as parental domestic violence, substance misuse, mental ill health, teenage pregnancy, poverty and parental offending.</li> <li>• Building upon existing strategies to increase <a href="#">resilience</a>, helping C&amp;YP <a href="#">develop positive relationships</a>, effective self-regulation, adaptive coping and good decision-making skills.</li> <li>• Ensuring <a href="#">equality of access to health services</a> for all C&amp;YP.</li> <li>• Providing <a href="#">support</a> to C&amp;YP who are experiencing <a href="#">mental health difficulties and recording any unmet needs</a>.</li> <li>• Identifying appropriate educational, behavioural and communication strategies to meet the needs of C&amp;YP with <a href="#">additional support needs</a>.</li> <li>• Delivering <a href="#">evidence-based substance misuse interventions</a> for C&amp;YP that are family-based.</li> <li>• Providing support to C&amp;YP who have experienced <a href="#">traumatic brain injury</a>.</li> <li>• Ensuring communication styles are adapted to meet the <a href="#">speech, language and communication needs</a> of C&amp;YP.</li> <li>• Providing early access to <a href="#">mental health services</a> including <a href="#">evidence-based</a> trauma specific interventions and interventions to reduce self-harming behaviours.</li> <li>• Identifying C&amp;YP at risk of being excluded or disengaging from education early and supporting them and their families to <a href="#">promote inclusion and engagement</a>, as school connectedness is key in supporting mental health for young people.</li> <li>• Working across sectors to <a href="#">increase community connectedness</a> and <a href="#">increase social capital</a>.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>C&amp;YP who offend are less likely than their peers to have their health needs recognised and supported. In addition, they have frequently lived through high levels of adverse childhood experiences which impacts on their development, physical and mental health, and if not addressed effectively can perpetuate offending behaviour and health-harming behaviours (McAra &amp; McVie, 2010; Nelson, 2000; Couper &amp; Mackie, 2016). There is also evidence that traumatic brain injury is linked to offending behaviour (Centre for Mental Health, 2016). Good mental health supports C&amp;YP to manage transition, to create identity positively, and to form peer groups with positive connections (Friedli, 2009).</p>	

ACHIEVING	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community</p>	<ul style="list-style-type: none"> <li>• Identifying C&amp;YP at risk of disengaging from education early and supporting them and their families, ensuring all C&amp;YP are <u>included, engaged and involved</u> in their education.</li> <li>• Building <u>positive and supportive relationships</u> with C&amp;YP; for example through a <u>curricular focus</u> on social and emotional wellbeing, restorative approaches, nurturing approaches, peer mentoring, solution oriented approaches.</li> <li>• Understanding the needs underlying the behaviour of C&amp;YP and taking a holistic, whole family approach.</li> <li>• Sharing and learning from good practice in approaches to school inclusion with a focus on preventing offending, for example <u>Educational exclusion and inclusion - Common themes from the Improving Life Chances Group</u> and engaging with <u>school improvement plans</u>.</li> <li>• Providing a <u>trauma-informed and skilled</u> educational setting.</li> <li>• Promoting inclusive practice, using community learning and development approaches, and developing positive and supportive learning environments that embrace equality and diversity, promotion of Children's Rights and the promotion of social and emotional wellbeing through <u>Embedding inclusion, equity and empowerment</u>.</li> <li>• Providing well-planned and supported transitions between primary and secondary school, for any moves between schools, as well as moves into <u>post-16 learning, training or work</u>.</li> <li>• Engaging with <u>employers</u> and <u>tertiary education providers</u> to strengthen relationships to help them see the contribution of our C&amp;YP and increase options for positive destinations.</li> <li>• Enhancing purposeful, <u>participation</u> opportunities for all pupils.</li> <li>• <u>Tackling the attainment gap by preventing and responding to adverse childhood experiences</u>.</li> <li>• Supporting children to understand their rights and responsibilities in relation to <u>education</u> and <u>disclosure</u> when applying for education, training or employment opportunities.</li> <li>• Encourage development of attainable and achievable goals, assist with the reframing of any obstacles and development of daily hope reminding strategies, building self-efficacy and hope for the future.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>Poor school achievement and educational problems are consistently linked to offending in C&amp;YP (Farrington, 2015; McAra &amp; McVie, 2010, 2016) and engagement in education or employment is a protective factor (Hawkins et al., 1998; HM Inspectorate of Probation, 2016; Losel &amp; Farrington, 2012). The use of participation increases sense of achievement, confidence and enjoyment (Prout, Simmons, &amp; Birchall, 2006) and could promote desistance.</p>	

NURTURED	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting</p>	<ul style="list-style-type: none"> <li>• Assisting families to create a nurturing place to live, through accessing relevant financial and support services and through continually working to <a href="#">tackle poverty</a>.</li> <li>• Promoting positive nurturing relationships, offering support and <a href="#">evidence-based parenting programmes</a> to improve wellbeing, particularly to those with greatest need and multiple risk factors.</li> <li>• Recognising and responding early to risk factors for <a href="#">adverse childhood experiences</a> such as parental domestic violence, substance misuse, mental ill health, teenage pregnancy, poverty and parental offending.</li> <li>• Building upon existing strategies to increase <a href="#">resilience</a>, help C&amp;YP <a href="#">develop positive relationships</a>, effective self-regulation, adaptive coping and good decision-making skills.</li> <li>• Delivering social and cognitive problem solving programmes and multi-modal interventions such as multi-systemic therapy that assist with <a href="#">effective management of behaviour problems</a>, improve family relations, are empowering of families and lead to sustainable changes.</li> <li>• Working across sectors to <a href="#">increase community connectedness</a> and <a href="#">increase social capital</a>.</li> <li>• Involving families / carers in individual interventions undertaken with C&amp;YP.</li> <li>• Encouraging and supporting parents / carers to address their own health / mental health / domestic violence issues where relevant.</li> <li>• Using <a href="#">nurture groups</a> to encourage positive behaviours.</li> <li>• Providing <a href="#">trauma informed</a> and <a href="#">trauma skilled</a> health, education and social care services.</li> <li>• Providing <a href="#">mentoring</a> to help C&amp;YP develop positive relationships.</li> <li>• Encouraging empathy and nurturing relationships to <a href="#">reduce the impact of early negative experiences</a> on connectedness to others.</li> <li>• As <a href="#">corporate parents</a>, ensuring the rights of the C&amp;YP in your care are respected and that they have the same life chances as everyone else including <a href="#">ongoing support and relationships</a> as they move to adulthood.</li> <li>• <a href="#">Talking hope</a> – building safety, nurture, relationships and trust; taking a holistic approach to hope; focusing on the here and now; providing spaces for children and young people to communicate; genuinely caring; understanding the behaviours; setting short-term goals; focusing on achievements however small; and challenging stigma.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>Research indicates that insecure attachments are linked to higher levels of hostility and anger (Muris et al., 2004) and children diagnosed with oppositional defiant disorder and conduct disorder frequently display insecure attachment problems. Positive and stable relationships with families / carers / significant others with appropriate boundaries increases well-being and desistance from offending (HM Inspectorate of Probation, 2016; Cook, 2015; McAra &amp; McVie, 2016; Farrington et al., 2016). Additionally, having a trusting relationship with one key adult is strongly associated with healthy development and recovery after experiencing adversity (Masten, 2014; Gilligan, 2009).</p>	

ACTIVE	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community</p>	<ul style="list-style-type: none"> <li>• Utilising a '<a href="#">sport for change</a>' approach to intentionally bring about positive benefits for individuals and communities.</li> <li>• Providing opportunities for <a href="#">leisure activities</a> and encouraging and supporting C&amp;YP to become involved in them.</li> <li>• Providing <a href="#">universal youth work provision</a> to support the development and wellbeing of C&amp;YP that does not stigmatise them.</li> <li>• Ensuring a focus on building on the strengths and interests of C&amp;YP.</li> <li>• Promoting positive self-identity and self-worth around aspects of life compatible with desisting from offending.</li> <li>• Encouraging and supporting increased levels of <a href="#">physical activity</a> and helping C&amp;YP overcome any barriers to accessing leisure / sports facilities.</li> <li>• Providing opportunities to be active and achieve success through <a href="#">volunteering</a>.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>There are evidenced links between young people's participation in sport / physical activity and their physical and mental health as well as engagement in education (Hagell, 2016; Research Scotland, 2017). This in turn gives more opportunities for development of social capital, positive peer groups and positive relationships with adults which are linked to desistance from offending.</p>	

RESPECTED	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having the opportunity, along with carers, to be heard and involved in decisions which affect them</p>	<ul style="list-style-type: none"> <li>• Ensuring the views of <a href="#">C&amp;YP</a> and their families / carers are sought at all stages.</li> <li>• Develop consistent and enduring professional relationships with C&amp;YP and build collaborative <a href="#">engagement with families</a> through adoption of strengths-based approaches such as the <a href="#">Good Lives Model</a>.</li> <li>• Ensuring clarity about roles and responsibilities and confidentiality.</li> <li>• Working collaboratively with C&amp;YP in <a href="#">a solution focused manner</a>, asking what their goals are, what help they believe they need and assisting them to take a lead in identifying solutions.</li> <li>• Implementing <a href="#">child-friendly justice</a>, ensuring that C&amp;YP experience developmentally appropriate services, interventions, responses and language.</li> <li>• Ensuring that practice takes account of <a href="#">gender differences</a> in the needs, vulnerabilities and risks that produce offending, as well as what this means for the delivery of effective practice.</li> <li>• Involving C&amp;YP and their families in <a href="#">Care and Risk Management</a> processes where appropriate.</li> <li>• Ensuring implementation of the <a href="#">UNCRC</a>.</li> <li>• Ensuring service improvement planning incorporates <a href="#">knowledge and experience of C&amp;YP</a> and their families / carers through models of <a href="#">participation</a>.</li> <li>• Encourage C&amp;YP to cultivate and grow their personal dreams / hopes and help bridge the gap between aspiration and reality.</li> <li>• <a href="#">Listening</a> and hearing what children and young people tell us, regardless of the form of communication this takes.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>Respectful and empathic relationships are one of the key aspects that C&amp;YP report helps them to stop offending, as well as being asked what help they think they need to stop offending (Larkins &amp; Wainwright, 2014). This is backed up by research which has found that the quality of the interaction between practitioners and C/YP is related to reduced reoffending, and the more issues are discussed from the perspective of the C/YP the more engaged they are (Trotter, 2015, 2012). C&amp;YP who feel they have some control over their lives do better educationally, are less prone to depression and anxiety and have greater resilience (Children’s Society, 2015).</p>	



RESPONSIBLE	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.</p>	<ul style="list-style-type: none"> <li>• Developing consistent and enduring professional relationships with C&amp;YP and building collaborative <a href="#">engagement with families</a> through adoption of strengths-based approaches such as the <a href="#">Good Lives Model</a>.</li> <li>• <a href="#">Motivating C&amp;YP</a> and their families / carers using <a href="#">motivational interviewing</a> techniques and undertaking collaborative goals setting, building hope for the future.</li> <li>• <a href="#">Assessing resilience</a> and assisting C&amp;YP to <a href="#">improve their resilience</a> and abilities to cope with life problems.</li> <li>• Building upon existing strategies to increase <a href="#">resilience</a>, helping C&amp;YP <a href="#">develop positive relationships</a>, effective self-regulation, adaptive coping and good decision-making skills.</li> <li>• Providing opportunities for C&amp;YP to build on their strengths and take on <a href="#">age and stage appropriate responsible roles</a> in their community <a href="#">increasing community connectedness</a> and <a href="#">social capital</a>.</li> <li>• Supporting families / carers to be skilled and confident in helping C&amp;YP develop self-management skills.</li> <li>• Providing school-based prevention initiatives such as <a href="#">Mentors in Violence Prevention</a>, <a href="#">No Knives-Better Lives</a>.</li> <li>• Using <a href="#">restorative approaches</a> where appropriate and reflecting victims' rights and needs in the work undertaken with C&amp;YP who offend.</li> <li>• Delivering evidence-based parent / carer training programmes, social and cognitive problem solving programmes, cognitive behavioural therapy, strengths-based programmes, and systemic family-based interventions to address <a href="#">offending behaviour</a>, <a href="#">antisocial behaviour and conduct disorder</a>, <a href="#">and harmful sexual behaviour</a>.</li> <li>• Follow best-practice guidance on preventing and intervening to address <a href="#">hate crime</a>, gang membership, serious and organised crime and <a href="#">radicalisation and terrorism</a>.</li> <li>• Undertaking robust multi-agency risk management and reduction planning for the C&amp;YP posing the greatest risk to themselves and others following <a href="#">FRAME &amp; CARM</a> guidance</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p> <p>C&amp;YP who engage in a pattern of offending, or more serious offending, are often our most vulnerable, victimised and traumatised young people (YJIB, 2017; McAra &amp; McVie, 2010, 2016), and have not always had opportunities to develop resilience, responsibility and skills necessary to desist from offending and meet their needs in a more pro-social manner. Provision of universal and non-discriminatory services and projects for C&amp;YP, supports their wellbeing, prevention and desistance from offending. Having roles for C&amp;YP in the settings that are significant to their daily lives is one way of supporting this (Bonell, et al., 2013).</p>	

INCLUDED	ACTIVITIES THAT CAN CONTRIBUTE TO THIS OUTCOME
<p>Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.</p>	<ul style="list-style-type: none"> <li>• Supporting partners to embed prevention work in community planning and to integrate and sustain the <a href="#">Whole System Approach</a> (WSA) taking into account <a href="#">ethnicity</a>, <a href="#">gender identity and sexual orientation</a>.</li> <li>• Considering all offences for <a href="#">early and effective intervention</a> (EEI) where this would not negatively impact on them (unless excluded through Lord Advocate Guidelines for jointly reported cases (under 16 years), COPFS guidelines (16-17 years), or police guidance for immediate referral to Reporter) and providing child-centred, timely and proportionate EEI, wherever possible meeting identified needs through universal services.</li> </ul>
<p><b>WHY THIS OUTCOME IS IMPORTANT</b></p>	<ul style="list-style-type: none"> <li>• Maximising opportunities for C&amp;YP to be <a href="#">diverted from prosecution</a> to interventions that address the needs underlying their behaviour, responding swiftly and bringing action on offending closer to the offence.</li> <li>• Ensuring <a href="#">support is provided to C&amp;YP if they do appear in court</a> to aid their understanding of the process and advising decision makers of options available within the community.</li> </ul>
<p>Persistent offending is linked to social inequality and adversity. Stigma and discrimination can lead to a lack of social connectedness that can increase likelihood of involvement in offending (McAra &amp; McVie, 2010). Putting C&amp;YP at the centre of services and considering their needs as a child, supports their wellbeing and supports the justice system to be focused on the whole child, not solely the act that has brought the child into the system.</p> <p>A report on the work of the Scottish Pathways to Confidence project evidenced that involving young people and including them in a process of change benefited their outcomes in a range of settings (Covey Befriending, 2015).</p>	<ul style="list-style-type: none"> <li>• Increasing robust and individualised community <a href="#">alternatives to secure care and custody</a>.</li> <li>• Undertaking proportionate risk assessment and risk management planning for C&amp;YP posing a risk of serious harm to others following the <a href="#">FRAME &amp; CARM</a> guidance.</li> <li>• Improving outcomes for C&amp;YP for whom <a href="#">secure care</a> and custody is necessary.</li> <li>• Delivering well understood, <a href="#">planned and supported transitions</a> for C&amp;YP and their families throughout their <a href="#">justice system journey</a>, taking account of <a href="#">Corporate Parenting</a> responsibilities, and <a href="#">care leavers journeys into adulthood</a>.</li> <li>• Retaining vulnerable C&amp;YP in the Children’s Hearing System beyond their 16th birthday for as long as appropriate, even if they continue to offend and their cooperation with agencies is poor, as non-cooperation weighs in favour of continuing, not terminating a supervision requirement.</li> <li>• Engaging with <a href="#">communities</a> and the <a href="#">media</a> to educate about the <a href="#">causes of offending in C&amp;YP</a> and the often complex needs of these individuals.</li> <li>• <a href="#">Reducing social inequality</a> and promoting the <a href="#">systemic conditions</a> known to be linked to <a href="#">inequality</a> and <a href="#">desistance</a> such as suitable accommodation, financial stability, developing positive relationships, engagement with wider social networks, hope for the future, positive self-identify and recognising and celebrating progress.</li> <li>• Providing opportunities for C&amp;YP to build on their strengths and take on responsible roles in their community <a href="#">increasing community connectedness</a> and <a href="#">social capital</a>.</li> <li>• Ensuring service improvement planning incorporates knowledge and experience of C&amp;YP and their families / carers through models of <a href="#">participation</a>.</li> <li>• Providing <a href="#">universal youth work provision</a> to support development and wellbeing without stigmatising C&amp;YP.</li> <li>• Preventing exclusion and ensuring all C&amp;YP are <a href="#">included, engaged and involved</a> in their education.</li> </ul>

## Online wellbeing tool

This section links to the online wellbeing tool where you can measure each of the eight wellbeing outcomes through obtaining the subjective perspectives of children, their parents/carers, and practitioners. The online wellbeing tool builds on the [wellbeing web developed by Angus Council](#) and the approach used in the [Place Standard tool](#). The 'spidergram' that is produced by the tool visually shows areas of strength as well as priority areas of need (see Figure 1 below). A visual diagram comparing ratings for an individual over time can also be produced (see Figure 2 below). This can assist in showing progress and differing perspectives at a point in time.

One of the difficulties in measuring wellbeing is the subjective nature of it, however, it is important to hear how the person themselves is feeling, as they are the only one who knows how they feel (The Children's Society, 2017). It is recognised that there will be differing views among those using the tool. For example, children may perceive themselves to be much safer than practitioners do due to their age and stage of development. However, this information should be viewed together, in context and used to generate conversations about differing views on areas of strength, areas for improvement and plans for moving forward. The views of the child, parent/carer and/or practitioner can be mapped on top of each other to see visually any differences in perceptions of wellbeing. As can be seen in Figure 3, the child and parent/carer perspectives of the child's wellbeing are largely similar but there are slight differences in their views of how safe and healthy the child is, with the child viewing themselves as slightly more so than their parent on this occasion. The difference in views as to how responsible the child is, is slightly larger with the child viewing themselves as more responsible than the parent/carer views them at this time.

The online wellbeing tool records qualitative information to help in providing context to the wellbeing ratings as well as hopes for the future and next steps. Each child will have their own unique code and no personal information will be recorded in the online data. Those completing the online wellbeing tool should be reminded that they **must not** include any data within the free text boxes that may link back to an individual. Any such data should be removed immediately. These records can be printed or saved as a pdf and stored in individual case records. Any plans or actions resulting from conversations should be recorded in the Child's Plan as per usual practice.

The data from the online wellbeing tool can be aggregated in a range of ways to support your needs. For example, data can be analysed at the practitioner level for continued professional development purposes, at the team/service level for service development, or at local multi-agency level for community planning. It is not intended to compare quantitative data across local authorities or services but is a tool to assist in monitoring trends and progress to help in supporting continuous improvement.

The online wellbeing tool, including the user guide, can be accessed here - [www.wellbeingoutcomes.scot](http://www.wellbeingoutcomes.scot).

Figure 1: Visual output from a single rating



Figure 2: Visual output from an individual's ratings over time

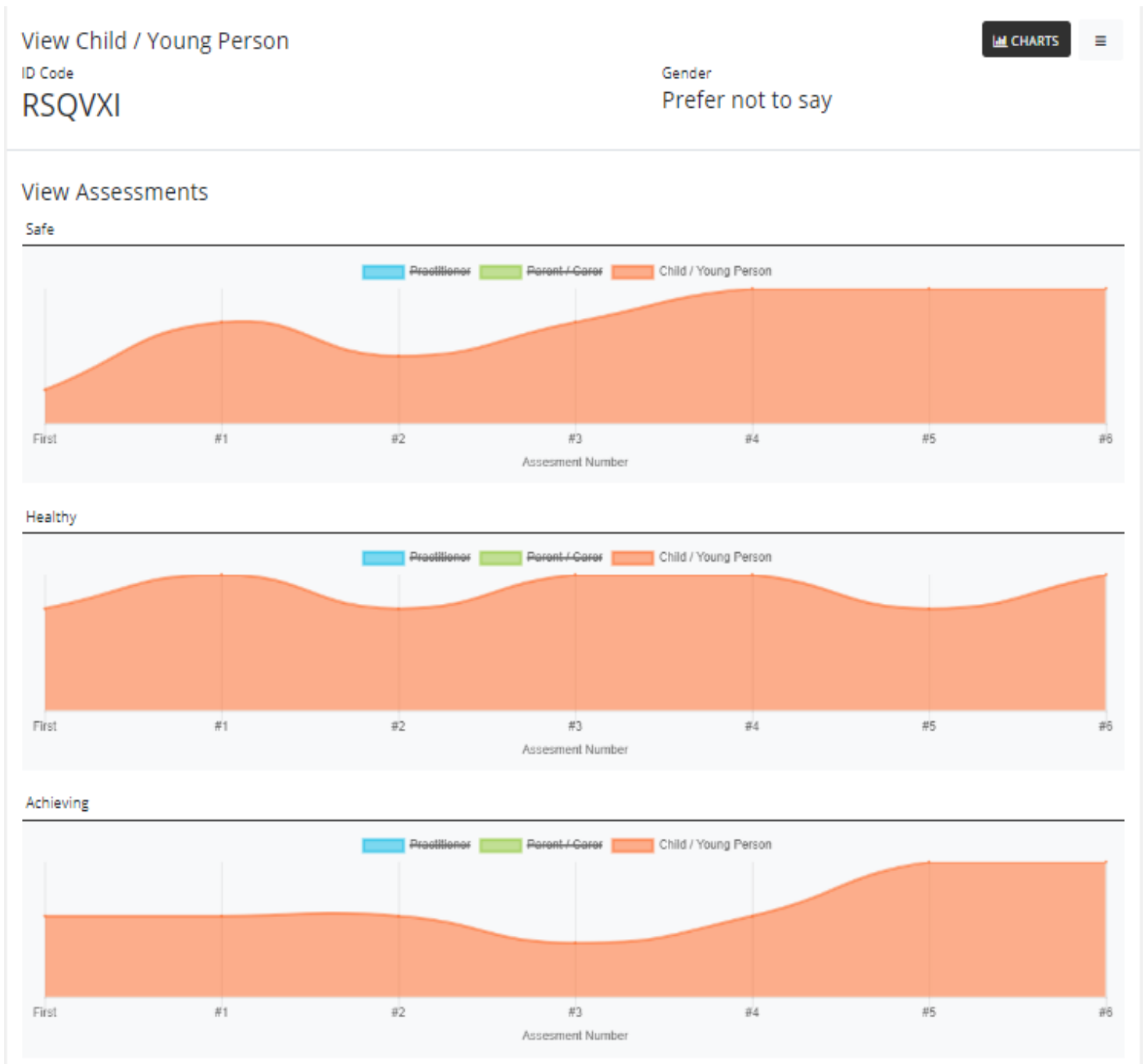
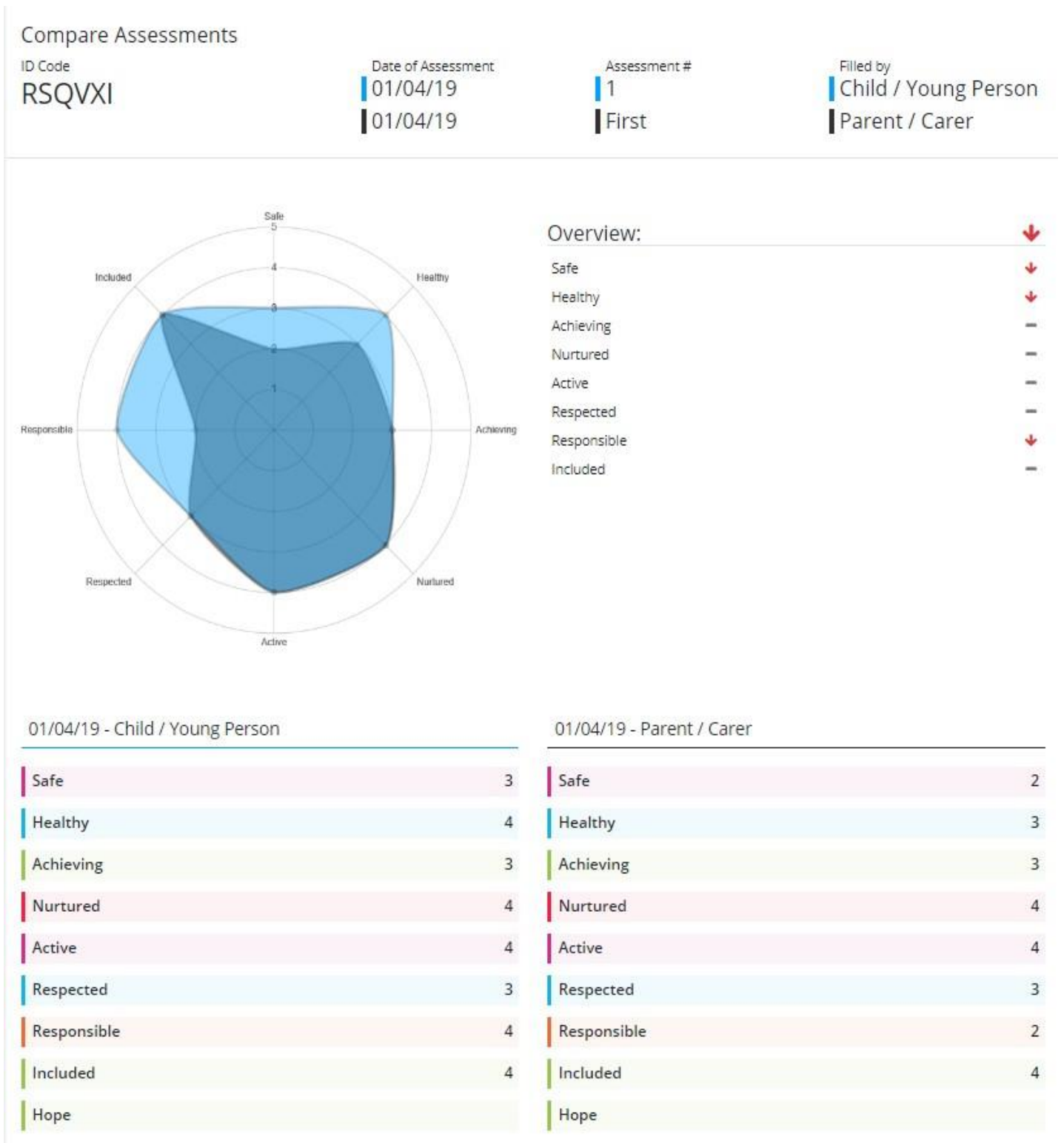


Figure 3: Visual output from multiple perspectives





## System performance

Children and young people in the youth justice system should be treated as children, whilst ensuring public safety. There is a need to demonstrate that we are continually making improvements to our systems and processes in order to achieve this. The diagram below sets out the various pathways through the youth justice process and the information required to help inform improvements to our systems and processes. Firstly, the percentage of children and young people going through the various elements of the youth justice process, as well as changes in these percentages over time, and secondly, the percentage of children and young people receiving a further charge at the different points within the system.

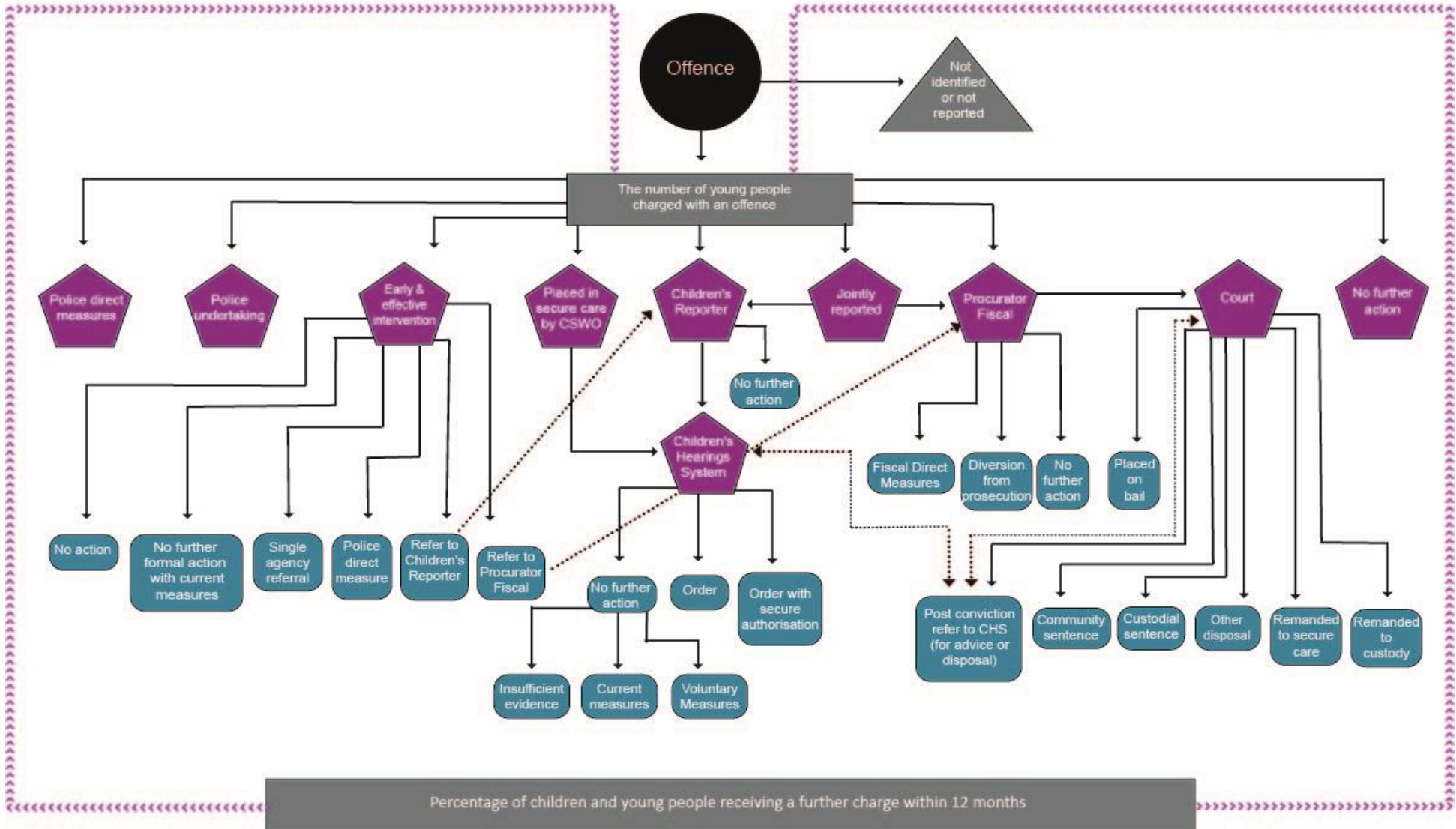
However, there are some existing system barriers to obtaining this data and the Developing Capacity and Improvement implementation group continue to look at ways in which this area can be improved

There are many other measures that can contribute to our understanding of the quality of the system's performance. For example, different organisations have their own quality standards that they aspire to. These might include aspects such as timescales, use of specific assessment/report formats, frequency of supervision/review meetings, multi-agency partnership working, or level of support/intervention.

Links to the existing standards for the organisations/services that play a role in the youth justice process are provided in Appendix B and will be helpful in measuring the quality and impact of services.

# Flowchart of the youth justice process

## Percentage of children and young people going through the Youth Justice process



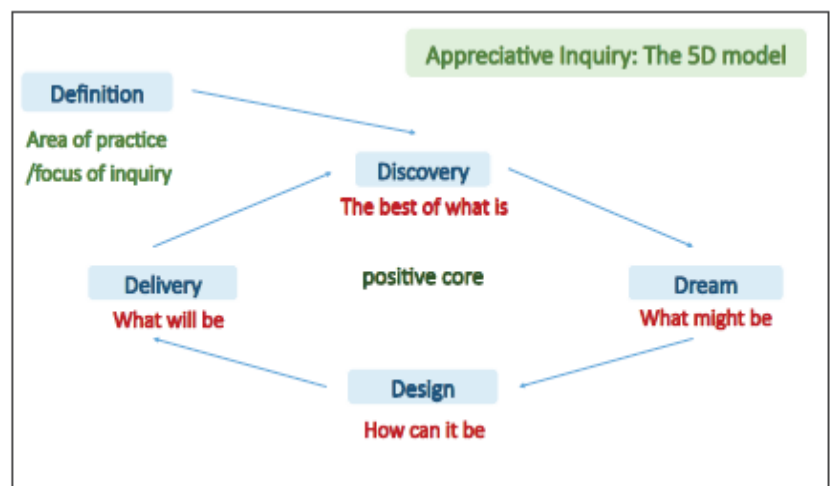
## Improvement planning

The wellbeing outcomes and the system performance information can help inform a cycle of continuous improvement using a range of improvement methodologies. Two examples of improvement methodologies are offered below.

### Example 1: Appreciative Inquiry - The 5D model

The Scottish Social Services Council and NHS Education for Scotland have produced an [Appreciative Inquiry Resource Pack](#) for anyone who wishes to use an Appreciative Inquiry approach to support service improvement or redesign. Appreciative Inquiry is an action-based approach that looks at what is already working and how that can be built on. The resource pack provides materials that can be used to facilitate the process, along with facilitator plans so that the resource can be used even if you are not familiar with the approach. The approach utilises the 5D model:

- Definition – Focus of Inquiry,
- Discovery – The best of what is,
- Dream – What might be,
- Design – How can it be, and
- Delivery – What will be.



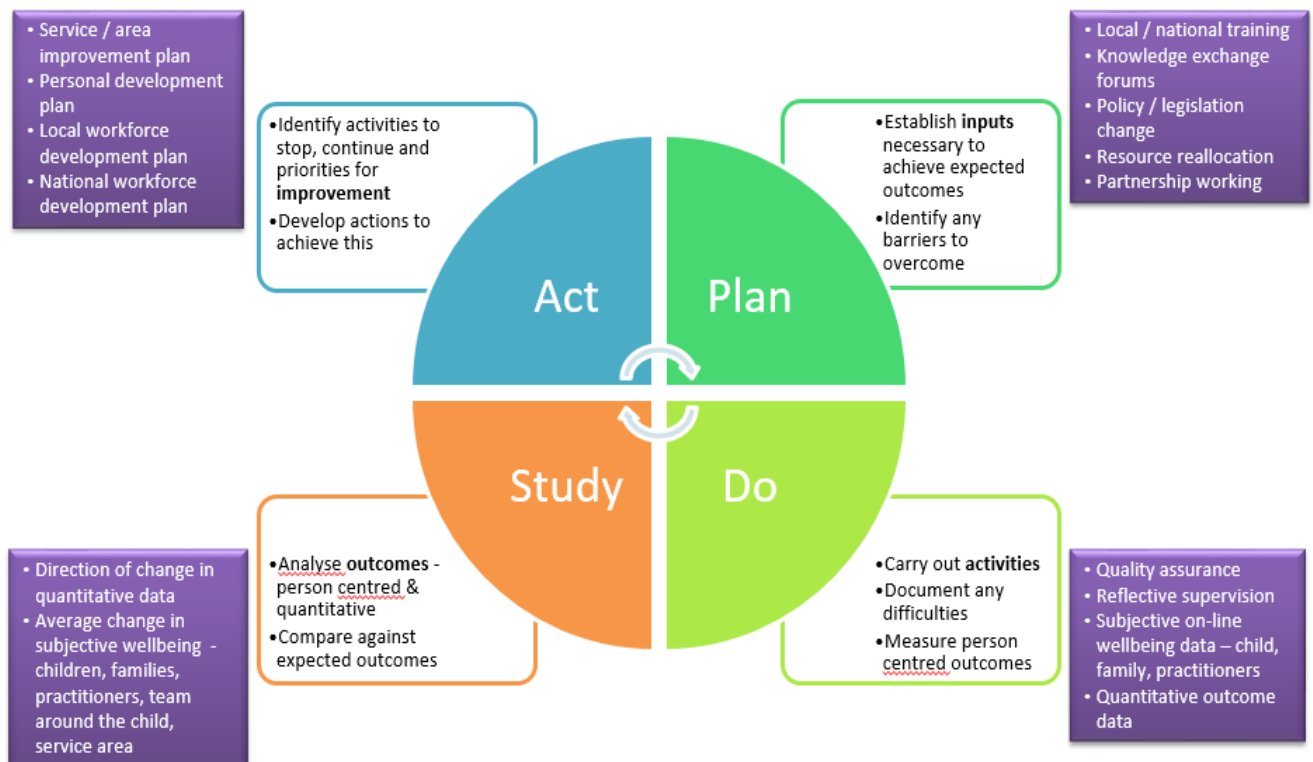
### Example 2: Plan, Do, Study, Act framework

The [Plan, Do, Study, Act](#) (PDSA) is a framework promoted by the Scottish Government (2013) for developing, testing and implementing changes to improve services. The PDSA model involves firstly identifying what you want to accomplish, how you will know that a change is an improvement, and what change will result in improvement. Then working through the PDSA stages:

- **Plan** Establish inputs necessary to achieve the outcomes/outputs and identify any barriers to overcome – this might include training, knowledge exchange forums, resource reallocation etc.
- **Do** In this stage activities are carried out, any difficulties are documented and information is collected to measure outcomes/outputs – this stage might include use of the wellbeing web and gathering of systems data.

- **Study** In this phase, information is analysed and compared against the expected outcomes/outputs –for example looking at the direction of change in subjective wellbeing. It is not about proving effectiveness of an intervention or service, which is very difficult to do; it is about evidencing and improving outcomes.
- **Act** In this phase, activities to stop or continue and priorities for improvement are identified and then actions to achieve these are developed. For example, develop improvement plans, personal development plans, workforce development plans.

Then continue round the cycle again.



## Bibliography

- Bonell, C., Jamal, F., Harden, A., Wells, H., Parry, W., Fletcher, A., et al. (2013). Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis. *Public Health Res.*
- Bullough, R.V. (2011). Hope, happiness, teaching and learning. In *New understandings of teacher effectiveness: Emotions and educational change*, ed. C. Day and J. Lee, 17–32. New York: Springer.
- Centre for Mental Health. (2016). *Traumatic brain injury and offending: An economic analysis*.
- Couper, S. & Mackie, P. (2016). *Polishing the diamonds: Addressing adverse childhood experiences in Scotland*. Scotland: Scottish Public Health Network.
- Cook, O. (2015). *Youth in Justice: Young people explore what their role in improving youth justice should be*. Scotland: CYCJ & Space Unlimited.
- Covey Befriending. (2015). *Pathways to confidence: Evaluation Report*. Scotland: Covey Befriending.
- Farrington, D. P. (2015). *The developmental evidence base: Psychosocial research*. In D. A. Crighton and G. J. Towl (2<sup>nd</sup> Ed.), *Forensic psychology* (pp. 161-181). Chichester, UK: Wiley.
- Farrington, D. P., Ttofi, M. M., & Piquero, A. R. (2016). Risk, promotive, and protective factors in youth offending: Results from the Cambridge study in delinquent development. *Journal of Criminal Justice*, 45, 63-70.
- Friedli, L. (2009). *Mental health, Resilience and Inequalities*. Europe: World Health Organisation.
- Gerdhart, S. (2014). *Why love matters: How affection shapes a baby's brain*. England, East Sussex: Routledge.
- Gilligan, R. (2009). *Promoting Resilience*. London: British Agencies for Adoption and Fostering.
- Gilman, R., Dooley, J., & Florell, D. (2006). Relative levels of hope and their relationship with academic and psychological indicators among adolescents. *Journal of Social and Clinical Psychology*, 25(2), 166–178.
- Hagell, A. (2016). *The connections between young people's mental health and sport participation: Scoping the evidence*. London: AYPH
- Hagen, K. A., Myers, B. J., & Mackintosh, V. H. (2005). Hope, social support, and behavioral problems in at-risk children. *American Journal of Orthopsychiatry*, 75(2), 211–219.

- Hawkins, J.D., Herrenkohl, T., Farrington, D.P., Brewer, D., Catalano, R.F., & Harachi, T.W. (1998). *A review of predictors of youth violence*. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 106—146). Thousand Oaks, CA: Sage.
- HMI. (2016). *Desistance and young people: An inspection by HMI Probation*. HM Inspectorate of Probation.
- Hopps, J., Pinderhughes, E. & Shankar, R. (1995). The power to care: Clinical practice effectiveness with overwhelmed clients, cited in T. J. Early and L. F. Glenmayer (2000) *Valuing families: Social work practice with families from a strengths perspective*, *Social Work*, 45, 118-130.
- Larkins, C., & Wainwright, J. (2014). *'just putting me on the right track': Young people's perspectives on what helps them stop offending*. England: UCLAN.
- Losel, F., & Farrington, D. P. (2012). Direct protective and buffering protective factors in the development of youth violence. *American journal of preventive medicine*, 43(2), 8-23.
- MacLeod, J. & Nelson, G. (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review, *Child Abuse and Neglect*, 24 (9), 1127-49.
- Masten, A. S. (2014). *Ordinary magic: Resilience in development*. New York: Guilford Press.
- McAra, L., & McVie, S. (2010). Youth Crime and Justice: Key Messages from the Edinburgh Study of Youth Transitions and Crime. *Criminology and Criminal Justice*, 10(2), 179-209.
- McAra, L., & McVie, S. (2016). Understanding youth violence: The mediating effects of gender, poverty and vulnerability. *Journal of Criminal Justice*, 45, 71-77.
- McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012) Reexamining evidence-based practice in community corrections: beyond 'a confined view' of what works. *Justice Research and Policy*, 14 (1). pp. 35-60. ISSN 15251071
- Muris, P., Meesters, C., Morren, M., & Moorman, L. (2004). Anger and hostility in adolescents: Relationships with self-reported attachment style and perceived parental rearing styles. *Journal of Psychosomatic Research*, 57(3), 257-264.
- Murray, K., McGuinness, P., Burman, M., & McVie, S. (2015). *Evaluation of the Whole System Approach to Young People Who Offend in Scotland*. SCCJR Research Report 7/2015. Edinburgh: SCCJR.



- Nelson, C. A. (2000). The neurobiological bases of early intervention. In J. P. Shonkoff, & S. J. Meisels (Eds.), *Handbook of early childhood intervention*, second edition (pp. 204-227). Cambridge University Press: Cambridge, MA.
- Prout, A., Simmons, R., & Birchall, J. (2006). *Reconnecting and extending the research agenda on children's participation: mutual incentives and the participation chain*. In K. Tisdall, J. Davis, M. Hill, & A. Prout (Eds.), *Children, Young People and Social Inclusion*. Bristol: The Policy Press.
- Research Scotland. (2017). *Sport for Change Research*. Scotland: Research Scotland.
- Smock, S., A. (2012). A review of solution focused, standardised outcome measures and other strengths oriented outcome measures. In C. Franklin, T. S. Trepper, E. E. McCollum and W. J. Gingerich *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice*. Oxford University Press.
- Smock, S. A., et al. (2008). Solution-focused group therapy for Level I substance abusers, *Journal of Marital and Family Therapy*, 34 (1), 107-120.
- Snyder, C. R., & Lopez, S. J. (Eds.). (2009). *Oxford handbook of positive psychology* (2nd ed.). New York: Oxford University Press.
- The Children's Society. (2015). *The Good Childhood Report 2015*. London: The Children's Society.
- The Children's Society. (2017). *Good Childhood Report 2017*. London: The Children's Society.
- Trotter, C. (2012). *Effective community-based supervision of young offenders. Trends and Issues*. In *Crime and Criminal Justice* (448).
- Trotter, C. (2015). *Working with involuntary clients: A guide to practice*. Routledge.
- Victim Support Scotland. (2007). *Hoodie or Goodie? The link between violent victimisation and offending in young people*. UK: Victim Support.
- Wood, A. M., Linley, P. A., Maltby, J., Kashdan, T. B., & Hurling, R. (2011). Using personal and psychological strengths leads to increases in well-being over time: A longitudinal study and the development of the strengths use questionnaire. *Personality and Individual Differences*, 50, 15–19. doi: 10.1016/j.paid.2010.08.004 .
- YJIB. (2017). [Children and young people in custody in Scotland: Looking behind the data](#). Scotland: Youth Justice Improvement Board.

## Appendices

### Appendix A: Example objective indicators of wellbeing

Wellbeing outcome	Objective indicator
<b>Safe</b>	<p>Increased strengths (e.g. START:AV items)</p> <p>Reduced vulnerabilities (e.g. START:AV items)</p> <p>Increased periods of stability</p> <p>Increased frequency of stability</p> <p>Reduced occurrence of adverse outcomes compared to previously:</p> <ul style="list-style-type: none"> <li>• violence</li> <li>• non-violent offending</li> <li>• substance abuse</li> <li>• unauthorised absences</li> <li>• suicide attempts</li> <li>• non-suicidal self-injury</li> <li>• victimisation</li> <li>• health neglect</li> <li>• case specific</li> </ul> <p>Reduced future risk of occurrence of adverse outcomes:</p> <ul style="list-style-type: none"> <li>• violence</li> <li>• non-violent offending</li> <li>• substance abuse</li> <li>• unauthorised absences</li> <li>• suicide attempts</li> <li>• non-suicidal self-injury</li> <li>• victimisation</li> <li>• health neglect</li> <li>• case specific</li> </ul> <p>Adheres to age appropriate curfew time</p> <p>Reduced unauthorised absences</p> <p>Association with prosocial peers</p> <p>Involvement in supervised activities</p> <p>Good communication skills</p> <p>Improved de-escalation skills</p>
<b>Healthy</b>	<p>Decreased substance use</p> <p>Reduced alcohol consumption</p> <p>Access to enough good nutritional food</p> <p>Accesses healthcare when required</p> <p>Good hygiene standards</p>
<b>Achieving</b>	<p>Good attendance at school, post-16 learning or employment</p> <p>Improved ability at school, post-16 learning or work</p> <p>Doing well in prosocial activities</p> <p>Positive relationships with peers</p> <p>Reduced number of school exclusions</p> <p>Stable educational placement</p> <p>Achieving grades</p>

Wellbeing outcome	Objective indicator
	Engaged in learning
<b>Nurtured</b>	Living in stable accommodation Accommodation is warm and furnished Has a stable, caring and trusting relationship with at least one responsible adult Positive and supportive family relationships Has support to build resilience Consistent, high quality professional relationships
<b>Active</b>	Engages in prosocial activities Engages in exercise at least twice weekly Engages in mentally stimulating activities Age and stage appropriate activity levels
<b>Respected</b>	Contributes to relevant discussions Is able to voice their opinion in an appropriate manner Is asked for their opinion when appropriate When there are differences in views these are explained
<b>Responsible</b>	Restorative approaches are used when appropriate Makes decisions that are thought through Does not take unnecessary risks that could cause harm to themselves or others Attends appointments on time Engages in appointments or meetings
<b>Included</b>	Engaged in prosocial activities in the community Is engaged in school, post-16 learning or work Has a support network in the community they live in Has prosocial friends in the community they live in Is an active participant in change Gender specific approaches are utilised where appropriate

## Appendix B: Example indicators of quality of system performance

System area	Objective indicator
<b>EI Core Elements (currently being updated)</b>	
<u><b>FRAME Standards</b></u>	Risk assessment Planning and responding to change Risk management measures Partnership working Quality assurance
<u><b>Care and Risk Management (CARM) process</b></u>	Number referral discussions held Number of referral discussions that do not lead to a CARM meeting and reason for this Origin of referrals Number of CARM meetings held Number of core group meetings held Multi-agency representation at meetings and (under) representation of specific agencies Prevalence of particular forms of concerning behaviour Number of active and alert cases Number of attentive cases Number of awareness cases Re-offending by the child in the CARM process Number of children exiting CARM process and reasons for exit Length of time in CARM process Age of children in the CARM process Gender of children in the CARM process Legal status of children in the CARM process Number and rate per 1,000 population of children in the CARM process by local authority

System area	Objective indicator
<p><b>National Youth Justice Standards (currently being updated)</b></p>	
<p><b>National Secure Care Standards (currently being validated)</b></p>	
<p><b><u><a href="#">Children's Hearing Scotland Standards</a></u></b></p>	<p>Children and young people are at the centre of everything we do.</p> <p>Panel Members are well equipped and supported to undertake their role.</p> <p>Panel Member practice is consistent across Scotland.</p> <p>Every children's hearing is managed fairly and effectively.</p> <p>Every children's hearing makes decisions based on sound reasons in the best interests of the child or young person.</p> <p>Area Support Team members are well equipped and supported to undertake their role.</p> <p>Communication and information sharing across the Children's Panel, Area Support Teams and Children's Hearings Scotland is clear, appropriate and purposeful.</p> <p>Functions, roles and responsibilities are clearly defined and understood within the system.</p>

System area	Objective indicator
<p data-bbox="204 271 577 342"><u><a href="#">Standards of service for victims and witnesses</a></u></p> <ul style="list-style-type: none"> <li data-bbox="252 383 544 412">- <b>Police Scotland</b></li> <li data-bbox="252 418 571 521">- <b>Crown Office and Procurator Fiscal Service</b></li> <li data-bbox="252 528 544 631">- <b>Scottish Courts and Tribunal Service</b></li> <li data-bbox="252 638 544 710">- <b>Scottish Prison Service</b></li> <li data-bbox="252 716 555 788">- <b>Parole Board for Scotland</b></li> </ul>	<p data-bbox="603 271 1442 378">That a victim or witness should be able to obtain information about what is happening in the investigation or proceedings.</p> <p data-bbox="603 418 1401 490">That the safety of a victim or witness should be ensured during and after the investigation and proceedings.</p> <p data-bbox="603 530 1442 602">That a victim or witness should have access to appropriate support during and after the investigation and proceedings.</p> <p data-bbox="603 642 1433 750">That, in so far as it would be appropriate to do so, a victim or witness should be able to participate effectively in the investigation and proceedings.</p>