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Children in conflict with the law: An intervention planning approach

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June 2021

Children and Young People's Centre for Justice

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Introduction

This document outlines an intervention planning approach to reducing harm and improving outcomes for children whose harmful behaviour has brought, or may bring, them into conflict with the law. It pulls together in one place existing literature, research evidence and resources and provides a format that can assist with structuring the development of individualised, holistic, and systemic interventions.

It is a lengthy document, which reflects the complexity of the harmful behaviours and contexts that we often seek to improve. The document is broken down into six sections which are all important to developing an understanding of the intervention planning approach. However, once the approach is understood, it is anticipated that the document will be used as a resource where the relevant parts are simply accessed as and when required.

The first section provides information on the context surrounding children in conflict with the law. It considers Children's Rights, particularly those rights that are pertinent to children who are in conflict with the law. The nature and frequency of the types of harm typically experienced are examined, as well as pathways to the development of harmful behaviours, before introducing the intervention planning approach.

Section two focuses on creating the context for effective interventions and gives consideration to creating therapeutic relationships and the benefits of working in a strengths-based and solution focused manner. It also highlights the importance of ensuring interventions are delivered in a trauma and vulnerability sensitive/responsive manner.

Section three looks at the planning of interventions and introduces a model for developing and reviewing interventions. Section four then details information on the common elements of interventions and provides links to available resources that might help with delivery of individualised intervention plans.

In order to demonstrate how the intervention planning approach can work in practice, section five provides some case examples of individualised intervention plans covering a range of harmful behaviours as well as some examples of interventions using the resources highlighted in the previous section.

Finally, section six focuses on communicating the outcomes from the intervention and includes consideration of the audience and accessibility, content, and language.

It is hoped that *Children in conflict with the law: An intervention planning approach* will be helpful for practitioners, whether used in full, or in part. Practice develops and evolves, as should the resources to support practice. As such we welcome feedback on our resources so that they can be adapted, updated, and added to. This will be done on a regular basis. Due to the regular updating of this document and the hyperlinks contained within, it is recommended that the document is used as an online resource as opposed to a printed resource. Please e-mail cycj@strath.ac.uk if you have any comments or suggestions or would like to discuss the resource further.

Section 1: The context surrounding children in conflict with the law

Practitioners and managers working with children in conflict with the law have consistently indicated that managing the risk of harm that parts of some children's behaviour presents, to both others and themselves, is a priority for their services and that they would like increased support in relation to this (CYCJ, 2016: unpublished; Murphy, 2018). A recent CYCJ survey of the training needs of the workforce in Scotland indicated that there was still a great demand for this (CYCJ, 2020: unpublished).

Children in conflict with the law: An intervention planning approach aims to partially fill this gap by providing a resource to assist practitioners working with children whose harmful behaviour may bring them into conflict with the law to reduce the risk of harm presented and improve outcomes. This approach aims to assist with the planning of interventions, implementing of interventions and communicating of intervention outcomes to promote the safety and wellbeing of children, their families, and the wider community.

This is simply an approach to intervention planning and does not sit in isolation from other processes and procedures necessary to ensure protection of children and the public. The National Guidance for Child Protection in Scotland should be followed wherever this is deemed necessary for the protection of a child. Additionally, where there is a risk of serious harm to others the Framework for Risk Assessment Management and Evaluation (FRAME) with children aged 12-17 should be consulted and the multiagency Care and Risk Management (CARM) process (or equivalent) utilised.

Research clearly demonstrates that most children who come into conflict with the law will naturally refrain from offending behaviour as they grow older (McAra & McVie, 2010). However, there are a significant number of children who will require some form of intervention and support to help them realise their potential by meeting their needs in a positive and prosocial way that does not harm them or others. In addition, there is a small proportion of children who present a risk of serious harm to others through their behaviour and need a more intensive level of support to reduce this risk of harm. These children may be responded to by different teams/services including Children and Families, Youth Justice, Criminal Justice, a combination of these or third sector organisations. This approach to intervention planning is aimed at those who are working with children who require more intensive support and is applicable across all these teams/services.

The approach acknowledges that those children whose behaviour at times poses a risk of harm to others tend to have significant underlying needs and often present a risk of harm to themselves, as well as being at risk of harm from other people (frequently having already experienced harm) (YJIB, 2017; Murphy 2018). A holistic approach to reducing the risk of all harm is therefore required. As such, this approach has been designed so that it can be applied across a range of harmful behaviours, albeit within the practitioner's level of competency. Where it is not within the practitioner's competency then specialist support should be sought.

This approach is compatible with other developments in Scotland, such as the rollout of training in the Short Term Assessment of Risk and Treatability: Adolescent Version (START:AV; Viljoen, Nicholls, Cruise et al., 2014), as it is an approach that recognises that interventions should flow from robust assessments, has formulation at its core, is systemic and provides case examples across a range of potential adverse outcomes. The approach is also compatible with the support that is given in Scotland to providing training in the AIM3 Assessment Model (Leonard & Hackett, 2019) and the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Barter & Forth, 2006) and includes case examples for harmful sexual behaviour and violent behaviour.

Children in conflict with the law: An intervention planning approach aims to aid public protection, whilst embedding a rights-respecting approach for children.

Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) was adopted by the United Nations General Assembly in 1989, coming into force in 1990. In Scotland, on March 16, 2021, the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was unanimously passed. This means that when incorporated into Scottish Law, public authorities will be legally required to respect and protect children's rights in all the work that they do.

The UNCRC consists of 54 Articles. As per Article 1 in the UNCRC all children under the age of 18 should have all the rights detailed in the Convention. This equally applies to children in conflict with the law. The rights that are particularly relevant to this intervention planning approach include:

> Article 3: The best interests of the child must be a top priority in all decisions and actions that affect children.
>
> Article 12: Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

Article 18: Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

Article 19: Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Article 33: Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

Article 34: Governments must protect children from all forms of sexual abuse and exploitation.

Article 35: Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

Article 37: Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

Article 39: Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

> Article 40: A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

A recent report by Lightowler (2020) highlights that we are still a considerable way from ensuring that children's rights are embedded for children in conflict with the law. For example, where risks of harm are significant then high quality intensive community based supports should be available for children, as in many cases these will offer a more appropriate response for children than restriction of liberty through placement in secure care (Gough, 2016). However, in research examining secure care in Scotland, Chief Social Work Officers highlighted that 'there are young people in secure care because there are not appropriate supports for them in the community or other parts of the system' (Moodie & Gough, 2017:28). The UNCRC also highlights the responsibility of parents for the upbringing of their children (Articles 18 and 27) and requires States parties to provide the necessary assistance to parents/carers to be able to do this (General Comment 24).

This intervention planning approach seeks to provide guidance on individualised intervention planning that can contribute to an intensive community support package so that children in conflict with the law and their families are supported to reduce the harmful behaviour and are integrated and included in society in line with the United Nations Convention on the Rights of the Child (UNCRC, 1989).

Nature and frequency of the risk of harm

As highlighted above when children come into conflict with the law there are often a range of types of harm present. These can include violence, non-violent offending behaviour, harmful sexual behaviour, suicidal intent, non-suicidal self-injury, substance abuse, unauthorised absences, and health neglect. In addition, they can be at risk of victimisation themselves.

Risk of harm to others. In relation to behaviours that cause harm to others, it is difficult to gain a clear current picture of the types of behaviours that children in Scotland are engaging in that bring them into conflict with the law. Whilst the number of children in conflict with the law appears to have reduced significantly over the past ten years, indicated by decreases in referrals to the Scottish Children's Reporter Administration on offence grounds and decreases in the number of children proceeded against in Court (YJIB, 2017), there is no current information on the number of children charged by the police with crimes or offences. In terms of information about the categories of offending that children are involved in, the most recently published Scottish figures date back to 2013 (Scottish Government, 2013). These figures indicated that of the 43,117 offences detected by Police in 2012-13, crimes of dishonesty accounted for 16.2%, fire-raising, vandalism etc. for 14.1% and other crimes for 12.7%. In terms of violence, non-sexual crimes of violence accounted for only 1.2% and sexual crimes for only 1.9%. However, the miscellaneous offences category, which accounted for 53.9%, includes less severe forms of violence such as common assault. There are some recent figures for children and young people under the age of 21 years, which show that of all the crimes and offences for this age group, violence made up 4% of them for males under 21 and 2% for females under 21 (Scottish Government, 2020a). A review of the violent offences that children were in custody for in Scotland highlighted that of 106 sentences in 2015-16, 18 were for serious assault, 25 for common assault and 6 for having in a public place an article with a blade or point. Other types of violent offences such as attempted murder, robbery and assault with intent to rob, threatening and abusive behaviour and sexual crimes did result in sentence, however, as these were less than five, no specific figures were provided (YJIB, 2017).

The statistics on homicide in Scotland for 2018-19 indicate two accused under the age of 16 years and 11 aged 16-20 years (Scottish Government, 2019). In relation to harmful sexual behaviour, there were 260 cases of children aged 12-17 years reported to COPFS by the police over a two-year period. An in-depth examination of a random sample of 96 of these cases revealed that there were 45 cases of children charged with rape, attempted rape and/or sexual assault; 45 cases of children charged with 'other sexual crimes' such as communicating

indecently with a child, causing a child to look at a sexual image and taking, making, possessing or distributing indecent photos of a child; and 6 cases of children charged with both categories of offences (Scottish Government, 2020b). A consistent finding from research is that the majority of those harmed by children are other children (Hackett, Holmes & Branigan, 2016; Radford, Corral, Bradley et al., 2011).

Risk of harm to self. The rate of death by suicide in Scotland fell by 20% between 2002-2006 and 2013-2017 and suicide rates in children and young people also fell (Scottish Government, 2018). However, the latest ScotPHO statistics show an increase in numbers between 2018 and 2019. Whilst the rates of suicide in the general population are monitored, there is a lack of research into the rates of self-harm. Children and young people are most at risk of being affected by self-harm with previous figures indicating that approximately 1 in 15 children and young people (11-25 years) across the UK had self-harmed (Mental Health Foundation, 2006).

There is also limited data as to the prevalence of non-suicidal self-injury or suicidal intent in children who are in conflict with the law. The Expert Review of Provision of Mental Health Services at HMP&YOI Polmont indicated that in Scotland, between 2009-2015, 14 out of 16 deaths of young people aged 24 or under in custody were due to suicide. The review concluded that younger people's (24 years or less) rate of suicide in prison in Scotland is much higher than the older age groups (30 years or more) in prison. In addition, it highlighted that the disproportion between the suicide rate for people in prison and in the general population is greatest for the younger age group (HMIPS, 2019). A response from the Scottish Prison Service to a Freedom of Information Request (2018) indicated that self-harming incidents within custody, including Polmont Young Offenders Institute (YOI), have increased over the past few years, although it is not clear whether the extent of the increase is in line with rates in the community. A recent census of the children who were placed in secure care in Scotland on one specific day in 2018 highlighted that in the year prior to placement 61% had engaged in self-harming behaviour, 30% had attempted suicide and 47% had displayed suicidal ideation (Gibson, unpublished).

Risk of harm from others. The Edinburgh Study of Youth Transitions and Crime highlighted that those children involved in violence at 15 years old were the most vulnerable and victimised children in the cohort they examined. In particular, they were found to be significantly more likely to be victims of crime and adult harassment than those not engaging in violent behaviour and that being a victim of crime was a significant predictor of engaging in violent behaviour (McAra & McVie, 2010). A more recent study which examined the backgrounds of 100 children under 12 years old who were referred to the Children's Reporter on offence grounds, found that there were 37 children where the offence was part of a pattern of behaviour. Of these 37 children, 30 of them had parents who presented risks to them and 11 had been the victims of physical or sexual abuse (Henderson, Kurlus & McNiven, 2016). The recent 2018 census of children who were placed in secure care in Scotland highlighted that in the year prior to admission to secure care, 30.6% had experienced physical abuse, 28% sexual abuse, 35% emotional abuse, 33% physical neglect, 39% emotional neglect, 9% domestic violence and 30% had witnessed domestic violence. In addition, 42% had been the victim of bullying in the previous year (Gibson, unpublished).

Overlap of types of harm. Whilst interventions for offending behaviour have traditionally been separated by the type of offence (e.g., general offending behaviour programmes, harmful sexual behaviour programmes) there is considerable evidence that the majority of those children who engage in harmful sexual behaviour also engage in general offending behaviour (France & Hudson, 1993). Additionally, when those who have engaged in harmful sexual behaviour engage in further offending this is more likely to be general offending than another sexual offence (Caldwell, 2002; Worling & Langstrom, 2006). Approaches to harm reduction should therefore be able to address a range of harmful behaviours as well as the shared factors that contribute to these. Due to the overlap, many practitioners have knowledge and skills that are transferable to working with children who have engaged in harmful sexual behaviour, although the specific nature of the behaviour can often lead to feelings of low confidence and raise anxiety (Allardyce & Yates, 2018).

That said, despite the overlap in shared factors, findings from research also indicate that children who engage in harmful sexual behaviour are significantly more likely to have experienced sexual abuse and are significantly more likely to have atypical sexual interests (e.g., interest in sex with prepubescent children, interest in coercive sex) than those children who engage in non-sexual harmful behaviours (Seto & Lalumiere, 2010). For children who have engaged in harmful sexual behaviour there may therefore be an additional need to respond to any disruptions to their sexual development and to address the atypical sexual interests of a minority of children where these are harmful to others. These may be areas where additional training and/or specialist support/consultation is required.

A recent study which examined the types of harmful behaviour presented by a sample of children referred to the Intervention for Vulnerable Youth (IVY) project in Scotland found that 94% presented with violent behaviour, 83% with general offending behaviour and over half with self-harming behaviour, substance use and unauthorised absences from home and/or school. Although less frequent, over a third presented with contact harmful sexual behaviour, non-contact harmful sexual behaviour, suicidal intent and fire-setting. Self-neglect, where the child neglects their health, was also present but in less than one-fifth of the children. In addition, 37% of children were considered to be at potential risk of being harmed by others. The findings indicated that 74.6% of children presented with five or more types of risk behaviours (Murphy, 2018).

This data highlights the need for an approach to reducing harm that is holistic and can address a range of issues (harm to others, harm to self and harm from others) rather than simply focusing on one type of risk of harm.

Development of harmful behaviours

Key to reducing the risk of harm, is of course, understanding what the potential harm is. Where the risk of harm is to others or to self then it is necessary to understand what unmet needs the harmful behaviour is trying to meet and the message that the child is trying to communicate through their behaviour. Each child's pathway to engaging in harmful behaviours is unique. However, when the experiences of children who are

involved in harmful behaviours are examined, it is apparent that often they have faced a combination of poverty, abuse, neglect, bereavement, loss, school exclusion, care experience, traumatic incidents, and head injury (McAra & McVie, 2010; YJIB, 2017; Vaswani, 2018). Frequently there have also been high levels of exposure to domestic violence, parental mental health problems, parental substance use, parental involvement in crime or a lack of adequate parental guidance and supervision. For example, research into the sample of children referred to the IVY project highlighted that there was evidence of parental attitudes supportive of crime for 57% of the sample, parental substance use for 52% and parental mental health issues for 51%. In addition, approximately two thirds of the children had experienced high levels of caregiver disruption, maltreatment in childhood, exposure to violence in the home and poor school achievement, with a further group of children experiencing moderate levels of these factors. More than three quarters of the children were considered to be experiencing high levels of poor parental management of their behaviour (Murphy, 2018).

If children grow up in contexts that are consistently hostile, neglectful, or stressful they rarely have the support to develop critical secure relationships. Understandably, they can develop a distrust of others, potentially viewing the world and other people as unsafe and themselves as unworthy of love. As a result of their experiences, they can display dysregulated behaviour and develop behavioural styles and strategies that are adaptive to meet their needs at that time, but as they grow older, and contexts change these survival strategies may bring them into increasing conflict with the systems around them. In turn, these behaviour styles and strategies (e.g., physical aggression, relational aggression, head banging, seeking out care from relative strangers) can lead to difficulties in peer relationships and school success and result in isolation from prosocial influences. People naturally seek connections so it is not surprising that they will seek out others who are isolated because of similar experiences and who are also likely displaying similar behaviour styles (Pepler, 2018). On the contrary, despite experiencing adversity and traumatic experiences, where children have the opportunity to build a safe and secure relationship with at least one trusted adult and are included by others then their pathway can be quite different (HMI Probation, 2016, NES, 2017). The voices that contributed to the

Independent Care Review highlighted the importance of consistent, supportive relationships and intensive family support (Independent Care Review, 2020).

Traditionally in the UK, interventions to reduce the offending behaviour of children have been delivered on an individual basis or within a group setting, either in the community or in custody. These have often been grounded in cognitive behavioural principles and designed to increase social skills, anger management and problem-solving skills. Whilst there is evidence to indicate that these interventions can be effective (Koehler, Losel, Akoensi et al., 2013; Landenberger & Lipsey, 2005; Lösel & Beelmann, 2003; Tong & Farrington, 2006) they have limitations. One of the key limitations is that they are focused solely on changing individual risk factors/vulnerabilities (Tarolla, Wagner, Rabinowitz et al., 2002). However, what we know is that wider family and societal risk factors also contribute to offending and violent behaviours. For example, poor parental supervision; parental substance abuse and mental health problems; parental attitudes that condone offending behaviour; inconsistent, punitive or lax discipline; poor affective relations between the child, carers and siblings; peer antisocial behaviour; socio-economic deprivation; early victimisation; low school achievement; educational problems; poor school attendance; school exclusions; high crime levels in the community; and neighbourhood issues (Farrington, 1989; Farrington, 1996; Farrington, 2015; Farrington, Loeber, &Ttofi, 2012; Henggeler, Schoenwald, Borduin, et al., 2009; Hawkins, Herrenkohl, Farrington et al., 2000; McAra & McVie, 2016; McAra & McVie, 2010a). Therefore, to effect and sustain change, interventions should target all the interconnecting factors contributing to the harmful behaviour. This is particularly so when working with children as they are embedded within systems which they often have little control over (Scottish Government, 2021).

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 wider systems. The concentric circles closest to the individual have the most immediate and direct impact on the child and their development and contain factors such as family, peers, school, community; whereas those further away have an impact but in a less direct

manner for example the attitudes and ideologies of the culture such as politics, economics, media. This theory highlights the reciprocity between the individual and the other systems acknowledging that they all impact on each other. Indeed, Tarolla et al. (2002) state that the empirical research strongly suggests that children's behaviour is 'multidetermined by the reciprocal and dynamic interplay of individual characteristics and key social systems of these youths such as their families, peer groups, schools, and communities', supporting a social–ecological conceptualization. There has been recognition for some time that a systemic approach to the reduction of harmful behaviours is required in relation to children in conflict with the law that should involve family, community and the school environments (Henggeler, Schoenwald, Borduin et al., 2009) and reviews of the effectiveness of interventions in reducing offending behaviour have consistently found that family-based and multi-systemic interventions are the most effective (NICE, 2013; Farrington & Welsh, 2003; Humayun & Scott, 2015; Moodie, Vaswani, Shaw et al., 2015). More specific empirical evidence is emerging highlighting that school-based protective factors (such as good relationships with teachers, good attendance and grades, engagement in extracurricular activities) can prevent children who have engaged in harmful sexual behaviour from continuing down this path (van der Put & Asscher, 2015; Yoder, Hansen, Ruch & Hodge, 2016) and that the school system should be actively involved in intervention plans.

When considering the systems within which the child is embedded, we also need to consider the context in which the harm is occurring. Often harmful behaviours occur between peers or within shared social spaces such as schools, parks, youth clubs, public transport or on the streets. Sometimes within these social spaces, cultures can develop so that attitudes linked to harmful behaviours can become the social norm, leaving these behaviours regarded as socially acceptable and unchallenged (Firmin, 2018). Taking a contextual approach to reducing harm allows recognition that those who have harmed or cause harm to others are often at the same time being harmed and/or exploited by others.

Contextual Safeguarding is an approach that has been developed by Carlene Firmin and her colleagues at the University of Bedfordshire. It is described as:

> "an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts and young people's experiences of extra-familial abuse can undermine parent-child relationships."

Implementation of a contextual safeguarding approach generally falls into two levels, with each facilitating and supporting the other. Level 1 is where intervention remains focused on individual children and their families but is informed by extra-familial contexts/relationships and their interplay with the child's decision making. Level 2 is where partnership practices, systems and structures are developed for identifying, assessing, and intervening with the extra-familial contexts (Firmin & Lloyd, 2020). Work at Level 1 is more than seeing children in contexts, it is an approach for working with those contexts including peers, school, and communities. It involves developing plans to address the contexts and can take many forms such as: the creation of safe spaces in the community; safety planning; bystander intervention training; targeting the factors that are undermining the relationships between children and their parents or carers; addressing the dynamics of school or peer contexts associated with a particular child's behaviour; and shifting cultures or norms that contribute to harm. However, it is important to bear in mind that interventions should complement and enhance any individual or family interventions that are required, not replace them.

Given the role that others play in the development of a child's harmful behaviour, as well as the wider context it takes place within, any approach to reducing harm needs to involve the child's parents or carers, any wider family or friends and community services. In relation to parents or carers this will include developing an understanding of the parent's own life experiences and the impact that these may have had on their own behaviour and capacity to parent. Through developing this understanding of parental functioning, it is likely that there may be needs identified that can only be met through the support of a compassionate, caring, and inclusive community. It should be borne in mind that

parents or carers sometimes have little control over the wider social contexts within which their children are spending time and can often feel powerless to effect change over powerful social influences. Where this is the case, the role of contextual safeguarding and those professionals who manage public and social spaces will have a role to play in ensuring social environments are safer and that there are opportunities for children to make safer choices (Firmin, 2018). At times, these professionals will need support to help them understand the link between their role and the child's behaviour, their responsibilities to effect change and manage risk, and the benefits that they can bring to improving outcomes and safety.

This intervention planning approach therefore considers the needs of the individual child, the needs of the parents or carers, wider family or friends and the needs of the community.

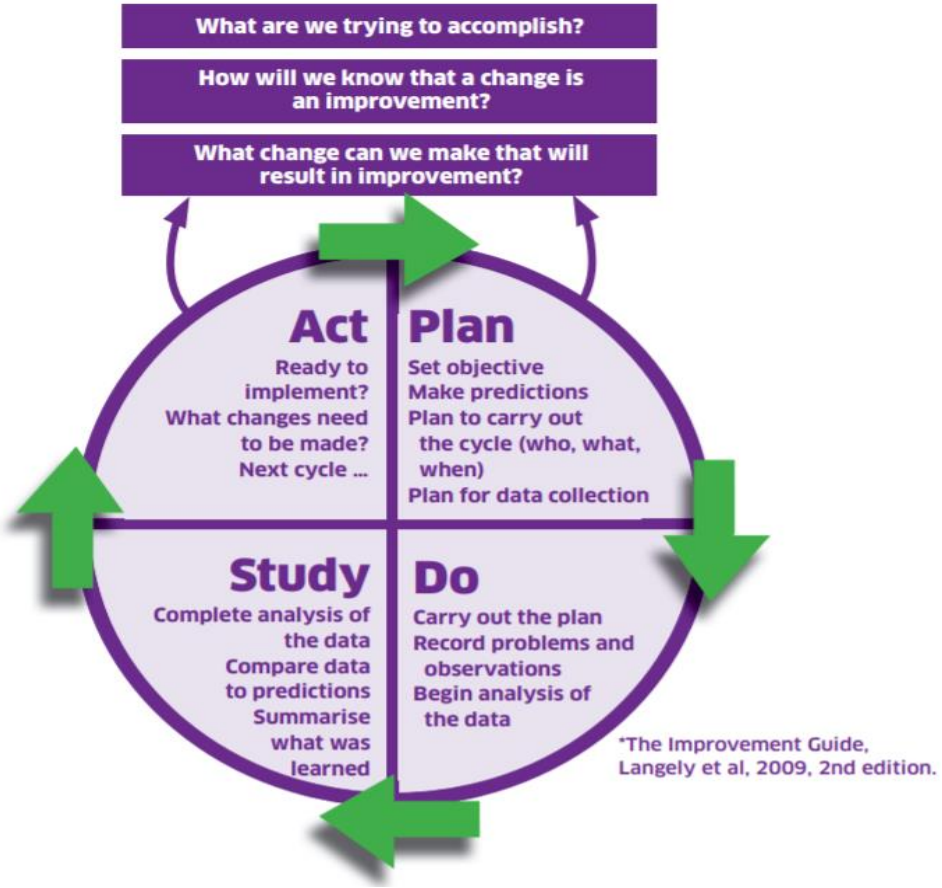
Approach to reducing risk of harm and improving outcomes

This intervention planning approach to reducing risk of harm and improving outcomes is not a programme manual to reduce offending in the traditional sense. Rather, it is an approach that builds on the strengths and vulnerabilities identified through assessment and the formulation of the risk of harm presented, to develop a unique systemic intervention plan that covers a wider range of harmful behaviours. It is an improvement planning approach to intervention that allows systemic plans to be developed, monitored, reviewed, and outcomes evaluated. As well as detailing the steps to intervention planning it also details best practice in implementing the intervention plans. This section provides a brief overview of the approach with the next sections breaking this down into more detail, utilising case examples to illustrate the process.

This intervention planning approach is based on the Plan, Do, Study, Act (PDSA) improvement model promoted by the Scottish Government to implement changes (Scottish Government, 2013). The improvement model is used within the context of having a clear vision for change and creating the right conditions for change. The vision within this intervention planning approach is to reduce harm and improve outcomes. The

more specific details of this vision and the narrative of the individual child's development and their future direction is provided by the assessment and formulation which should form the foundation for this approach. Collaborative goal setting and working in a strengths-based and solution focused manner will help to engage and empower the individuals involved in the intervention and to create the right conditions for improvement. Additionally, it upholds rights and ensures the child's voice is actively sought and considered in the change process. Contextual safeguarding helps create the right conditions for change in the wider context (see section on Creating the context for effective interventions).

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 as detailed in the diagram below:



One of the benefits of using an improvement-planning model is that it helps keep the intervention focused through actively analysing feedback and testing your hypothesis thus providing a feedback loop that informs any adaptations required.

Whilst the PDSA model provides a model for developing interventions, the conditions for change need to be conducive to effect change (3-Step Improvement Framework). Elements to consider include whether:

- Everyone is in agreement with and understands the aim
- Prioritised changes are likely to have the biggest impact on the agreed aim
- Everyone knows and understands how improvements will be made and what to do
- Progress can be measured and reported on
- Resources are being used in the best way
- Plans and learning are being shared with relevant others in other contexts

In Section 5, case examples illustrate how the improvement planning approach can be used in practice - how existing assessment and formulation inform the intervention planning stage (PLAN), conducting the intervention (DO), monitoring and evaluating progress (STUDY), developing next steps based on progress (ACT) and then planning to implement the next steps (PLAN).

Given the importance of having the right conditions for change, the next section focuses on the importance of the therapeutic relationship and describes the therapeutic approaches that we know are effective in changing behaviours. The third section focuses on utilising the improvement planning approach to plan interventions specifically in relation to children presenting with harmful behaviours. Section four provides information on common interventions before the provision of case examples in section five. The final section focuses on communicating the interventions that took place and the outcomes of these.

Throughout this document, resources and tools that might be beneficial to support practice are signposted. As highlighted earlier, this document is not an intervention manual, it is an approach which will require resources and tools to be individualised for each child's own context. The examples provided here are only examples and are not intended to be used as set steps for each individual. The Youth Justice in Scotland group on Knowledge Hub is one place where further resources and tools may be found and can be added to by practitioners.

Section 2: Creating the context for effective interventions

As noted in the previous section it is important to create the right conditions for improvement. Working in a strengths-based and solution focused manner will help to include, engage, and empower the individuals involved in the intervention and to create the right conditions for improvement. Given the difficult life circumstances that many children in conflict with the law and their families have experienced it is important that interventions are delivered in a manner that helps individuals feel safe and that interventions are flexible and responsive to individual's needs/vulnerabilities as well as the risk of harm. The context or style of interaction is as important as the content of any intervention (Walton, 2015; Bovard-Johns, Yoder, & Burton, 2015; Naar-King & Suarez, 2011). Where families require intensive support to be able to stay together, *The Promise* has highlighted that this support should be characterised by ten principles and that it must help families to find their own solutions. The ten principles are that the support should be 1) Community based, 2) Responsive and timely, 3) Work with family assets, 4) Empowerment and agency, 5) Flexible, 6) Holistic and relational, 7) Therapeutic, 8) Non-stigmatising, 9) Patient and persistent, and 10) Underpinned by Children's Rights.

This section will provide a brief review of the theory and evidence base for developing therapeutic relationships, strengths-based and solution focused models and trauma and vulnerability sensitive/responsive practice. Later sections will provide examples of how these approaches can be put into practice when planning interventions and implementing interventions.

The therapeutic relationship

The therapeutic relationship and therapeutic style of interventions play a critical role in the intervention process and the therapeutic alliance is a significant contributor to outcomes. Creating a relationship with individuals where there is mutual respect and trust is essential to be able to increase their hope, build their expectation for change and to motivate the maintenance of any changes made (Blasko, Serran & Abracen, 2018; Walton, 2015).

Therapeutic alliance is essentially defined as the collaborative and affective relationship between the therapist and the client. The collaborative part includes the extent to which there is agreement about the goals of the intervention and the techniques/strategies that will be implemented to achieve these goals. The affective part is the bond between the therapist and client and includes elements such as mutual trust, liking, respect and caring (Crits-Christoph, Gibbons & Mukherjee, 2013). There is substantial evidence for the link between therapeutic alliance and intervention outcomes (Horvath, Del Re, Fluckiger, et al., 2011; Karver, De Nadai, Monahan et al., 2018). This is also the case for interventions involving children with factors such as direct influence skills and interpersonal skills (e.g., empathy and warmth) being found to predict positive outcomes (Karver, Handelsman, Fields, et al., 2006; Karver, De Nadai, Monahan et al., 2018). In addition, research has found an association between outcomes from psychotherapy with children and the therapeutic alliance between the therapist and the child's parents or carers (McLeod, 2011).

On the other hand, factors such as perceived barriers to intervention can also impact on outcomes through cancelled or missed sessions and drop out from the intervention (Kazdin, 2000). Common perceived barriers can include the intervention being too demanding and/or the intervention being regarded as not relevant to the presenting concerns. As well as the children's experience of these factors we also need to consider the parent or carers experience as they are often involved in the interventions with their children. Research examining outcomes for

children viewed as having oppositional, aggressive, and antisocial behaviour has also found that the therapeutic alliance and perceived barriers have an impact on the outcomes from intervention (Kazdin & Durbin, 2012; Kazdin & McWhinney, 2018). In particular, in relation to the alliance with parents or carers, the better the quality of the alliance between the parent and the therapist/practitioner and the fewer perceived barriers during intervention, the greater the changes at the end of the intervention (Kazdin & McWhinney, 2018).

Children themselves often report that the quality of the relationship is key in effecting change (Cook, 2015). For example, a recent project involving children in a secure care environment identified relational factors as fundamental to their ability to find hope (Miller & Baxter, 2019). Additionally, the voices heard through the Independent Care Review clearly highlighted the importance of relational practice (Independent Care Review, 2020).

Based on their extensive examination of research into interventions involving children, Karver et al. (2018) have identified research-informed practices for building and maintaining therapeutic alliance. These practices include:

- Creating alliances with both the child **and** their parent or carer and monitoring these throughout the intervention
- Refraining from being overly formal, focusing on emotionally sensitive material before they are ready to or too frequently, and being critical, as these behaviours undermine the alliance
- Displaying a friendly disposition, impartiality, genuine respect, providing praise and gaining an understanding of the child's subjective experience in a calm and attentive manner, as these behaviours promote alliance
- Earning trust and forming alliance by establishing confidentiality, being attentive to perspectives by using active/reflective listening, showing empathy, using acceptance and validation, and expressing support
- Acknowledging strengths, being open to suggestions/ideas and collaboratively formulating goals and responsive intervention plans

- Providing an explicit, consistent, and credible framework for intervention to aid understanding of how the intervention will be useful and to establish hopefulness
- Creating a collaborative, flexible and adaptive environment to meet individual needs

Given the research base it is therefore extremely important that children and their families are involved in forming and agreeing the goals of the intervention at the start and that great consideration is given to the way in which we engage with children and families during the intervention. Some families may have been involved with a range of professionals over significant periods of time with little or no change to their circumstances. It is therefore understandable that they may be distrustful of professionals and resent their involvement with their family. In these situations, it will be crucial to listen to their previous experiences and to hear what has and has not been helpful in the past in order to inform what happens going forward. Strengths-based and solution-focused approaches are examples of approaches where the engagement of individuals and the relationship are given high importance.

Strengths-based and solution focused models

Strengths based models take a positive approach by emphasising competencies (Vandevelde, Vander Laenen, Van Damme et al., 2017). The Good Lives Model (GLM) (Ward, 2002) is a strengths-based and holistic approach that has been developed for working with adults who have been involved in offending behaviour and adapted for children in conflict with the law (Ward, 2010; Print, 2013). The GLM aims to promote the individual's aspirations and plans for more meaningful and personally fulfilling lives and their ability to achieve these in a manner that does not harm others (Ward, 2010). 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. 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 (and/or themselves) 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, et al., 2013). To reduce reoffending and help individuals achieve a satisfying life without harming others, the GLM advocates that we should build capabilities, strengths, opportunities, and resources in individuals. It is focused on approach goals and as such provides a more motivational framework for intervention than some of the more traditional approaches to reducing reoffending behaviour.

More recently consideration has been given to the application of the GLM framework in working with children in conflict with the law. An exploration of how well the GLM could be applied with this group concluded that it has the flexibility and breadth to accommodate their variety of risks and complex needs, including when gender is considered, and that it fits well with the necessary systemic approach for this age group (Fortune, 2018; Barendregt, Van der Laan, Bongers et al., 2018; Van Damme, Fortune, Vandevelde, et al., 2017). In the UK, the G-Map service has adapted the GLM for this age group to assist with understanding the needs that drive a child's behaviour and inform the interventions that should be implemented and prioritised to help them meet those needs more appropriately (Print, 2013). The concepts have been simplified for this age group and the 'primary goods' are now termed: 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 eight primary needs in the GLM map on well to the eight indicators of wellbeing that are at the core of the Getting It Right For Every Child approach in Scotland: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI).

There has been limited research on the Good Lives Model in practice in relation to children. However, initial evaluation findings on the value of the GLM has indicated that practitioners and children found it to be a positive and motivational approach that communicated interest in the individual and belief in the capacity for positive change (Leeson & Adshead, 2013; Simpson & Vaswani, 2015; Fortune, Ward & Print, 2014). Ward, Yates, and Willis (2012) indicate that the GLM can enhance current existing practices and aims to improve on intervention effectiveness through a motivational approach. In fact, initial research indicates that adding GLM principles to traditional practices can increase motivation as

indicated through increased engagement, reduced drop-out rates from intervention and better outcomes (Mann, Webster, Schofield, et al., 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 the approach taken is consistent with the guidelines provided.

Out with the focus on offending behaviour, strengths-based approaches have been used with children and families. For example, Early and GlenMaye (2000) found that this type of approach helped the family identify resources for coping, as well as helping them to use existing strengths to sustain hope and a sense of purpose. In addition, Macleod and Nelson (2000) found that in interventions with vulnerable families, an approach that empowers individuals is critical.

In a similar vein to the GLM, solution-focused practice focuses on change in an imagined future and the problem solving is focused on moving towards what is wanted, rather than moving away from an unwanted problem (NSPCC, 2015). In terms of solution-focused approaches it is important to establish what the hoped-for outcome is. The role of the professional in solution-focused approaches is to be more of a co-facilitator of solutions rather than to 'fix' problems, as this enables opportunities for the individuals involved to contribute to the discussions and make informed choices about the solutions (Pattoni, 2012). The professional's aim is to help individuals identify and use their knowledge, skills, and strengths to achieve their hopes. This will involve gathering details of what the outcome might look like and identifying the strengths already around on which to build to work towards the outcome (Ratner, George & Iveson, 2012). One of the key therapeutic skills in working in this manner is genuineness and belief in others' capabilities. The positive approach reduces the labelling and stigmatising that can occur as a result of placing the problem 'within' an individual. In addition, in line with systemic practice, solution focused models consider that a change in one element of a system can affect the other elements of the system so that one small change can result in larger system change. There is evidence supporting the use of solution focused approaches to increase optimism and hope with children and families and to reduce

aggression, anxiety and depression as well as improving outcomes for those children who had been involved in offending behaviour (Hopps, Pinderhughes & Shankar, 1995; Seagram, 1997; Woods, Bond, Humphrey, et al., 2011; Milner & Bateman, 2011).

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

Trauma and vulnerability sensitive/responsive practice

Children in conflict with the law and their families have often experienced trauma and adversity within their lives. As such we need to ensure that we practice in a trauma sensitive manner (NES, 2017). Where organisations and staff engage in trauma informed practice this can lead to better outcomes for those using the services. Trauma informed practice is not intended as a specific intervention for trauma related difficulties but as a way of building relationships and reducing the barriers that those who have experienced trauma can often face in accessing the support they require. There are five principles underpinning trauma informed practice: choice, collaboration, trust, empowerment, and safety. Through ensuring that these are a part of interactions the resilience and recovery of those affected by trauma can be enhanced (NES, 2017). It is therefore extremely important that when planning and delivering interventions, these are designed to reduce the risk of trauma related distress. This can be done through building in choice at all points of the intervention approach; working collaboratively with the child and their family or carers and ensuring their views are being sought and incorporated; being open, honest, and reliable to build trust; empowering the child and their family or carers to voice their opinions and to make decisions about their care/support; and ensuring that they view the environment where any meetings take place as a safe environment. In 2017, the Scottish Government and NHS Education Scotland launched Transforming psychological trauma: A skills and knowledge framework for the Scottish workforce. Since this time they have also produced the Scottish psychological trauma training plan and some training resources including an e-learning module for developing trauma skilled practice.

In relation to children in conflict with the law, Creeden (2020) argues that adopting a developmental perspective to intervention recognises the role that adverse childhood experiences and toxic stress can play in a child's functioning and the neurodevelopmental impact that can continue even once the immediate stressor(s) have been removed. However, at the same time adopting a developmental perspective recognises the child's "natural inclination to heal, grow, and change when provided the structure, support, resources, and positive experiences necessary to facilitate positive development" (page 100). Creeden (2020) goes on to highlight that the primary treatment needs to address trauma should be focused on providing a sense of safety and stability for the child through:

- Increasing stable and supportive attachment to consistently available adults
- Providing consistent structure through clear behavioural guidelines and age-appropriate levels of supervision
- Increasing the child's capacities for self-regulation
- Improving flexible decision-making and adaptive problem-solving

Whilst the developmental perspective does not preclude the use of other intervention approaches, it does highlight the need for approaches to be flexible and responsive to the needs of individual children and families where they have experienced adversity and trauma.

As well as being trauma informed any intervention approach should be vulnerability informed and responsive to any individual vulnerabilities. Vulnerabilities can be wide ranging including for example substance use issues, mental health disorders, acquired brain injuries, neurodevelopmental difficulties and speech, language and communication needs. Intervention approaches therefore need to be responsive to individual needs and communication and ways of working need to be adapted to best meet the needs of the individual.

Due to the individual nature of a child's (and their families or carers) vulnerabilities and strengths, the need to be responsive and the need for collaborative development of interventions/support, it is not feasible to provide resources or tools that will meet all these individualised needs. Throughout this intervention planning approach, we will therefore provide a few examples of resources or tools as used with the case studies here but in the main we will signpost to places where other tools or resources can be found that might be helpful.

Section 3: Planning interventions

Although risk assessment tools are often intended to inform intervention planning, they often do not provide guidance on how to do this and research indicates that intervention plans often do not address the needs identified through assessment (Viljoen, Schaffer, Muir et al., 2019; Viljoen, Cochrane, Shaffer et al., 2019). This section therefore provides some information on matching interventions to the case formulations that result from assessments, determining the steps of the intervention plans and reviewing the progress of interventions and next steps.

Matching intervention plans to case formulation

The development of intervention plans should be based on a clear assessment and formulation. Formulation provides the link between assessment and intervention and provides a narrative about the origins, development, and maintenance of behaviours (Lewis & Doyle, 2009). Viljoen et al. (2014) provide a useful model for developing intervention plans that are matched to formulation. There are 5 key steps to this:

1. Matching the intensity of intervention to the risk of adverse outcomes occurring
2. Addressing critical vulnerabilities/risk factors
3. Leveraging and building key strengths/protective factors
4. Using scenarios to plan out specific steps
5. Identifying any additional goals to foster healthy development

Whilst it may appear to be common sense to match interventions to clear assessments and formulations, research indicates that in practice this does not tend to be the case (Viljoen, Cochrane & Jonnson, 2018; Viljoen, Shaffer, Muir et al., 2019). Therefore, to illustrate how this can look

in practice, the case examples contained in this document have an example of a formulation and broad intervention plan detailing the type of risk presented, the critical vulnerabilities driving the risk, the key strengths that may buffer or reduce the risk, and the plausible scenarios of concern and improvement the child might experience over the next few months.

Determining the steps of the intervention plan (PLAN)

The initial formulation and broad intervention plan, as described above, generally detail what we are trying to achieve over the next few months and the changes that can be made to improve outcomes/reduce the risk of harm. This is the level of information that is generally recorded in the Child's Plan. However, it tends not to provide the details of how this broad intervention plan will be broken down into smaller, achievable, steps and who will be involved in each of the steps. Therefore, the following weekly intervention plan template is useful in identifying how the interventions identified in the broad intervention plan can be broken down into the more detailed steps required over the next week and identifies what needs to be monitored to ensure it is having the desired effect. Frequently, the outcomes we monitor are focused on whether the identified problematic behaviours diminish i.e., the absence of negative behaviours rather than the development of positive behaviours. Creeden (2018) states:

> "A narrow focus on behaviour management in many of our systemic and individual treatment interventions leads to a situation where treatment progress for the adolescent is frequently measured by 'the absence of bad' behaviour rather than the acquisition of skills and experiences that provide the foundation for long-term growth and pro-social development" (page 793).

It is therefore important that we ensure we are also focusing on monitoring the development of positive skills and behaviours.

The template overleaf is an example of how the intervention plan can be made more detailed so that it is more focused, and progress is easier to monitor. It is not intended to replace the Child's Plan but rather to help those working directly with the child and their family think through the detail behind the broader intervention specified in the Child's Plan.

WEEK ONE - PLAN			
Set objectives:			
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know if our intervention is working?):**

Reviewing of progress and next steps (DO, STUDY, ACT)

Quite often interventions can drift or be taken off track. This is commonly the case when families experience repeating patterns of behaviour and can result in responding to seemingly new crises every week. However, the causes of these crises when examined tend to be generated by the same underlying patterns. By reviewing the progress with interventions matched to formulations this drift can be limited and progress remains focused on the underlying drivers. Allardyce and Yates (2018) highlight that the rapid changes that occur in a child's physical, cognitive, emotional, and social development mean that progress should be evaluated on a regular basis. They suggest that various measures of progress should be used such as behavioural information, self-report, and reports from others in the child's life.

In this intervention planning approach, it is suggested that the indicators are reviewed within the weekly review sheet. The following weekly review sheet is designed to assist with reviewing progress and determining the steps for the next week, feeding back into the PLAN stage and the continuation around the PDSA cycle. Again, this is an example template designed to help with focusing and reviewing progress with the intervention plan. It is not intended to replace the Child's Plan but rather to provide detail behind the relevant broader intervention specified in the Child's Plan.

Examples of using these planning sheets in practice are provided for the case examples in Section 5.

REVIEW OF WEEK ONE - DO, STUDY, ACT			
Observations:	**What does the data tell us:**	**What was learned (what worked well/not so well):**	**What changes need to be made:**
Were the steps of the objective met:			
Were there any barriers to progress:			

Section 4: Common elements of interventions

This section provides information on common elements of interventions that are helpful when working with children in conflict with the law, their families or carers, and their communities. As highlighted previously, all interventions should be trauma sensitive, individualised and developed collaboratively with the child and their parents or carers so not all of these elements will be relevant in each case. They should be matched to the assessment and formulation and the resources or tools that are signposted in this document should be adapted to be responsive to individual needs. Where there is a risk of serious harm, interventions should be part of a wider formal risk management/harm reduction plan in line with FRAME and CARM (Scottish Government, 2021) and the supporting document Managing risk of harm in the community: A guide for practitioners and managers working with children. The resources cited within this section have been pulled together in Appendix A into a toolkit for quick access.

Collaborative goal setting and identification of strengths

As highlighted previously strengths-based and solution focused approaches are important for achieving positive outcomes. As such it is important to focus on what outcomes the child and their family want to achieve and to identify the strengths they have to help them get there. One model to do this, originally developed by Haaven and Coleman (2000) is the 'Old Life - New Life' model or the 'Future Me' model. This model asks individuals to identify what they want to leave behind from their old life and what their new life goals are for the future. The crucial aspect is that this should be motivational, focusing on strengths to achieve the future goals, rather than focusing on the avoidance of harmful behaviour. This can be done in a variety of ways using activities such as posters, collages, drawings, paintings, films etc to help them consider aspects such as where they will be, who will be important to them and what they will think about them self. Their ideas may be unrealistic given

the current circumstances (e.g., world class footballer) but it is important not to dismiss them and shut them down, as careful questioning (e.g., what would that mean for you, how would other people view you) will reveal what it is about their dream that is important to them (e.g., lots of friends, financial security, popularity). Once their goals have been identified then these can be broken down into smaller, achievable steps to help them work towards achieving their goals. This can be done through a variety of means such as creating timelines, roadmaps to their future goals, a journey along a river or up a mountain etc.

There are some helpful resources with ideas of interactive ways of goal setting. The NSPCC toolkit Solution-focused practice: A toolkit for working with children and young people gives some great ideas of activities that can be undertaken and suggestions of questions and strategies that can be used to gather information and stay solution-focused. It also has excellent activities that can be used to identify strengths and hopes. These should of course be adapted to the developmental stage and interests of the specific child that is the focus of the intervention and their family. The principles and techniques behind the activities can also be applied with adults in a manner that is individualised to their own circumstances.

Treisman (2018) has also produced *A therapeutic treasure box for working with children and adolescents with developmental trauma* which contains creative techniques and strategies for identifying hopes, goals, and strengths. Her website Safe hands thinking minds also provides information on resources available.

At times children and their families or carers will find it difficult to identify strengths and it will be important to highlight that everyone has strengths. Exploratory questions that focus on why the situation is not worse and what people have done that has contributed to this can help identify strengths. It can also be helpful to explore times when the harm is not occurring or when the harm has not been so severe, as these harmful behaviours form only one part of the individual's behaviour.

Where children and their families or carers are ambivalent about change, a motivational interviewing approach can be beneficial to help build and strengthen motivation to change. Motivational Interviewing (MI) is "a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion" (Miller & Rollnick, 2012). The foundation of MI is its underlying spirit, which has four key interrelated elements: partnership, acceptance, compassion, and evocation. In practice this is delivered through four overlapping processes: engaging (establishing a helpful working relationship), focusing (developing and maintaining a specific direction), evoking (eliciting their own motivations for change) and planning (developing commitment to change and formulating a specific plan of action). The skills to deliver these processes include using open questions, affirmations, reflective listening, and summarising, as well as offering information and advice where this is appropriate and desired. There is considerable evidence for the benefits of a motivational interviewing approach with both adults and children (Miller & Rollnick, 2012; Naar-King & Suarez, 2011). However, "MI is different with young people because the normal developmental processes of adolescence regularly (and sometimes unpredictable!) affect the young person's motivations, decisions, and goals" (Naar-King & Suarez, 2011). Therefore, it is important that understanding of these developmental processes is incorporated into practice. NHS Education Scotland have developed an e-learning module on Motivational Interviewing which provides more detail about Motivational Interviewing as well as practical examples of its use. Additionally, the book by Naar-King & Suarez (2011) *Motivational Interviewing with Adolescents and Young Adults* provides practical examples of how motivational interviewing can be used with children.

Safety planning

Whilst working towards future goals it can sometimes be necessary to concurrently ensure that the risk of harm to individuals is reduced. Safety planning is used across many different fields and for many different types of risk. Although research into the use of safety planning in relation to

children is very limited (Drapeau, 2019), that does not mean that it shouldn't be used when there is a risk of harm to self or others to minimise the risk of the harm occurring and impact should it occur. Safety plans can be needed for individual behaviours at home but also in relation to wider groups or environments in the community including educational settings.

In relation to developing safety plans for individual children, safety plans should be developed collaboratively with the child and their family as they should feel that the safety plan is beneficial. One of the purposes of safety plans is to ensure that the individuals involved know in advance the actions that they can take to reduce the escalation of situations and that are likely to reduce the harm from occurring. They therefore need to be individualised for that specific individual and family and draw on their own knowledge and experiences of risk situations.

Safety planning – functional analysis. When developing safety plans it is helpful to understand the sequences of thoughts, feelings and behaviours that frequently underpin the harmful behaviours. These should include any triggers, how others tend to respond to initial behaviours and the impact these responses have on subsequent behaviours. As well as examining sequences of thoughts, feelings and behaviours, safety planning should also consider the physical environment in which the sequence occurs such as other people present, spaces, objects etc. Attention should also be given to whether everyone has the skills required to carry out the actions in the plan and how to develop these if required.

In order to better understand the harmful behaviour that children are engaging in it can be helpful to use a behavioural analysis approach to gain a better understanding of possible triggers and the function of the behaviour – a functional analysis. This involves monitoring and recording occurrences of the harmful behaviours, including what happened before and what happened afterwards, and can often highlight repeating patterns to the behaviour. Functional analysis recording sheets can take various formats. The recording sheet below is one example and can be adapted as required:

Date	Describe the behaviour of concern E.g. What was the behaviour? How long did it last? How intense was it?	Describe the circumstances E.g. Where and when did it happen? Who was there? What was said/done? Did anything notable happen immediately before/earlier that day?	Describe what happened afterwards E.g. Did they avoid something? Did they achieve/get something?

As well as limited research, there is also limited guidance on safety planning for children in Scotland. However, there are some detailed examples of what should be considered when developing home, residential, school and community safety plans in the *Multi-agency risk*

management framework and protocol for children with sexually harmful behaviours published by East Dunbartonshire's Child Protection Committee.

Safety planning - home. In the UK there are a few useful resources available online which could assist in developing safety plans largely focused on the home environment. Kent and Medway domestic abuse strategy group have produced Adolescent violence to parents: a resource booklet for parents and carers, which includes a section on safety planning. The organisation *Reducing the risk of domestic abuse* also have resources available online which can help in safety planning for children. Additionally, Family Lives provide some advice in relation to children who are violent at home which contains some helpful considerations to build into safety planning. Outside the UK, the Massachusetts Behavioural Health Partnership website has guidance on safety/crisis planning that provides useful information on areas to consider when developing safety plans with families.

Safety plans can be helpful for various types of behaviours including self-harming behaviour. There is an example safety planning form for use with self-harming or suicidal behaviours along with a video about suicide safety planning on www.pookyknightsmith.com. Whilst not specific to Scotland, the *Professional resource pack for supporting young people with self-harm and suicidal behaviours* developed by Nottingham City Council and partners also contains some useful information and resources.

The organisation Stop it Now have information and advice for safety planning where you think that a child may be at risk of sexual harm.

All safety plans should be reviewed regularly and revised as necessary. It should also be anticipated that safety plans may not work as intended first time round and that some tweaking and skill development needs might become apparent. It will therefore be helpful to consider

what some of the difficulties or barriers might be to implementing the safety plans beforehand and to problem solve how to overcome these in advance if possible.

Safety planning - community. In relation to safety planning in the wider community, several tools have been developed in the UK as part of the Contextual Safeguarding Network. The All Around Me tool can be used to gather information about the people and places that matter most to children. It is a contextual mapping tool designed to gain the child's view and to identify strengths and conflicts with a view to assisting with safety planning with the child (Broughton, 2018a). Where there are concerns about locations in the child's local area the Safety Mapping Tool can be used to identify safe and unsafe areas from the child's view and to assist with safety planning (Nyarko, 2018). A further tool, the What's Happening Tool, has been developed to help gather information from parents or carers about their understanding of the strengths and vulnerabilities of a child across various contexts, the support they can provide to keep them safe and where they need additional support from others to be able to do so (Broughton, 2018b).

Understanding and modifying unhelpful thoughts, feelings, and behaviours

Although interventions should be holistic and systemic there will at times be the need for some individual work. In order to achieve future goals, it may be important for an individual to be supported to understand the harmful behaviours they have engaged in and the needs this met/meets, as this can have an effect on how they cope. Sometimes simply having a better understanding of a behaviour can result in changes in the behaviour due to more awareness or insight into the circumstances surrounding it. To develop a better understanding, gaining more insight into an individual's thought processes and the link between these, their emotions and the behaviour can be helpful. As children tend to spend considerably more time with parents or carers and friends than with practitioners, consideration should be given to how involved they are in this work and their role in supporting the individual on a day-to-day basis.

Recording sheets to assist in gathering this information can vary, however, the website TherapistAid.com has some useful cognitive behavioural therapy (CBT) resources including a guide on cognitive restructuring. There are resources for children and adolescents including a worksheet for looking at the connection between thoughts, feelings and actions, a resource to help them identify feelings and the effect this can have on behaviour and a worksheet with examples of common thinking errors. There are also resources suitable for use with adults which may be helpful if parents or carers require some support to explore the link between their own thoughts, feelings, and behaviours.

Think Good – Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People (Stallard, 2002) provides detailed information on techniques that can be useful in helping children identify their thoughts, feelings, and behaviours and how these can be changed, as well as example worksheets to support this. As Miller (1983) indicated "A person is more likely to integrate and accept that which is reached by their own reasoning processes" so your style of engaging with the individual and your use of open Socratic questions will be crucial (see information on Motivational Interviewing on page 38).

In addition, it can sometimes be helpful to provide information/knowledge about specific emotions and behaviours, as well as the reasons why others have engaged in these behaviours, to aid the understanding of their own behaviour. Think Good – Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People (Stallard, 2002) provides a specific focus on the more common feelings of stress, depression, and anger. The SafeSpot website also has four workbook resources in relation to stress/anxiety: What is stress?, Behaviour and Stress, Thought Patterns and Stress, and Problem Solving and Wellbeing. More information on aggression and violence, self-harm and suicide, harmful sexual behaviour and substance use is provided below. Whilst this work focuses on individual factors, parents or carers and relevant others should be involved in this work so that any strategies or techniques being tried can be supported and reinforced at home, school etc.

Aggression and violence. The website TherapistAid.com has information and worksheets that can help children identify and understand various emotions such as anger. There are also several websites that contain resources and information sheets to help parents or carers understand aggressive behaviour in children and how to de-escalate situations to minimise the risk of harm. For example, the NHS provide advice on teen aggression and arguments and what to do if the child becomes violent. Additionally, Relate, Family Lives and HelpGuide provide information on the reasons why children can be aggressive and violent and advice on how to manage and reduce these behaviours.

When there is a risk of aggression occurring, either in the home towards family members or carers, or towards professionals, de-escalation techniques can be used to minimise the potential for harm. The National Institute for Health and Care Excellence (NICE) guideline on management of violence in healthcare settings describes de-escalation as “talking with an angry or agitated service user in such a way that violence is averted and the person regains a sense of calm and self-control” (NICE 2015, p 30). De-escalation involves a range of verbal and nonverbal communication skills to prevent escalation of aggressive behaviour. Verbal strategies can include maintaining a calm tone of voice and not verbally threatening or shouting at the person. Non-verbal strategies can include being aware of body language, eye contact, and personal distance. However, there is little research into the specific techniques and the efficacy of these (Spencer, Johnson & Smith, 2018). In clinical settings ‘The Assault Cycle’ is a theoretical model, which describes five phases in aggressive behaviour: the trigger phase, escalation phase, crisis phase, recovery phase, and depression phase (Kaplan & Wheeler, 1983; Leadbetter & Paterson, 1995). De-escalation aims to arrest the progress of the assault cycle during the escalation phase. Some of the skills and techniques used to arrest the assault cycle, include the avoidance of confrontation, attitude and use of language, awareness of personal space, and posture. The Crisis Prevention Institute provide ten tips for how to respond to hostile and aggressive behaviour in order to avoid physical harm. As detailed above, understanding the reasons why behaviour is likely to become aggressive and the circumstances surrounding this will allow de-escalation and prevention techniques to be more effective. As many people will not naturally have the skills and understanding to de-escalate situations these will often need to be rehearsed and practiced with the support of others.

Where anger and aggression is occurring it will be important to help individuals to understand their anger symptoms or warning signs and to help them develop alternative coping strategies to the use of aggression. TherapistAid.com provide a range of worksheets that could be used or adapted to meet the needs of individuals, whether children or adults. They also have some videos that may be helpful to explain anger warning signs and develop relaxation techniques. However, at the same time it will be important to focus on future goals of what the child wants to work towards in a solution-focused and strengths-based manner.

There are some, albeit limited, resources in relation to children involved in gangs. The Relate website provides some advice for parents or carers of teenagers who have joined gangs as does the Family Lives website. Childline have a webpage for children which provides information including why people join gangs and tips on how to leave a gang. Additionally, the NSPCC have a helpline dedicated to concerns about children involved in gangs.

In relation to the carrying of knives, the No Knives Better Lives website has a range of information and resources for children, practitioners, and parents. These include educational resources and resources designed to shift attitudes such as stories from children and young people, a fact sheet on knife crime, tool kits and a resource specifically designed to support secondary prevention work with children who have carried a knife or who may be particularly at risk of making the decision to carry a knife.

Self-harm. There are various reasons that individuals engage in self-harming behaviour such as to escape, to release feelings, to communicate emotional pain through physical pain, to punish themselves, or because they are not aware of better ways of managing their problems (Knightsmith, 2018). It can be difficult to stop self-harming behaviours because it is fulfilling a purpose and because it can become habit forming. As with other behaviours it is therefore important to try and understand the function of the behaviour, triggers to the behaviour

and to assist individuals to develop more healthy coping strategies over time. However, whilst healthier coping strategies are being developed it will be crucial that individuals are aware of how to self-harm safely and how to look after their injuries. *Can I tell you about self-harm: A guide for friends, family and professionals* is a helpful book written from the perspective of a child to help with understanding why some children feel the need to self-harm and providing techniques for developing more positive coping strategies. It introduces the 'self-harm cycle' which clarifies why the self-harming behaviour can continue over time: big feelings, can't cope, crisis moment, relief, guilt and shame, big feelings (Knightsmith, 2018).

NHS Education for Scotland and Public Health Scotland have recently produced animated learning resources promoting children's mental health and preventing self-harm and suicide. These are designed to help practitioners understand the factors that influence mental health and resilience in children; engage proactively with children about mental health, self-harm, and suicide; and recognise when to seek help to support those in their care. There are also a variety of resources supporting the understanding of self-harm and the development of alternative coping strategies. Useful information booklets have been published by the Mental Health Foundation on *The truth about self-harm* and SAMH on *Understanding self-harm* which have been designed for anyone who self-harms and their friends and family. They include information on what self-harm is, the reasons why some people self-harm and helpful tips for reducing self-harming behaviour. There is also a guide for parents and carers that has been developed: *Coping with self-harm: A guide for parents and carers* by researchers at the University of Oxford. The website www.pookyknightsmith.com has pulled together some helpful resources including potential healthy coping strategy ideas suggested by people who have self-harmed in the past, a video on strategies to get through the crisis point when the urge to self-harm is present, a video about creating self-soothe boxes, a video sharing recovery ideas for self-harm and a video creating a healthier coping plan. The Young Minds website also provides a range information and advice in relation to mental health and self-harming behaviour including blogs and videos of real stories and advice on self-harm and the *No Harm Done resource packs*. The *Professional resource pack for supporting young people with self-harm*

and suicidal behaviours developed by Nottingham City Council and partners also contains some useful information and techniques and potential worksheets to help develop more healthy coping strategies.

There are also other tools available which may help individuals as part of an intervention/support package. For example, Calm Harm is a free app that provides support and strategies to help individuals resist or manage the urge to self-harm and MeeTwo is a free app that provides peer support and resources for children.

At the same time as working to reduce harm it will be important to focus on working towards the child's future goals in a solution-focused and strengths-based manner.

Harmful sexual behaviour. As there is no universal cause of harmful sexual behaviour it therefore needs to be understood on an individual case-by-case basis (Griffin & Wylie, 2013). Children can engage in harmful sexual behaviour for a variety of reasons and due to a variety of contributing factors including personal and contextual factors. It is also important to note that recent research indicates some differences in characteristics between those who engage in contact harmful sexual behaviour and those who engage in technology assisted harmful sexual behaviour (Hollis & Belton, 2017). It will therefore be important to help the child and their family or carers to understand their harmful sexual behaviour so that appropriate and relevant interventions can be developed. As identified above this can be achieved through completing a functional analysis, as well as identifying the link between thoughts, feelings, and behaviours where this is appropriate. The NSPCC website contains some information on recognising, responding to and protecting children from harmful sexual behaviour which may be helpful in starting to understand the behaviour. Likewise McGrath (2019) has written guidelines for parents and carers to assist with understanding and managing sexualised behaviour in children and adolescents. Comprehensive assessments of harmful sexual behaviour utilising an assessment tool such as the *AIM3 Assessment Model* (Leonard & Hackett, 2019) will also help to inform understanding and the development of effective

interventions. The book *The Good Lives Model for Adolescents who sexually harm* (Print, 2013) is a helpful resource which provides therapeutic guidelines for working with children who have displayed harmful sexual behaviour and provides some useful case illustrations.

One of the contributing factors to children engaging in harmful sexual behaviour can be a lack of appropriate knowledge about healthy sexual relationships. This lack of knowledge could be for a variety of reasons. For example, it may be that they have missed periods of school, or been out with the main classroom, when this part of the curriculum was delivered. Alternatively, it could be that the material was delivered in a manner that wasn't accessible to them due to their specific learning needs. In addition, some children will have received unhelpful messages about sexual relationships either through modelling in the home or community environments or through direct abuse. It is therefore critical that where children have engaged in harmful sexual behaviour, we assess their level of knowledge and understanding about healthy sexual relationships and the elements that contribute to this. Where there is a gap in knowledge and understanding then work should be undertaken to help them develop this. A great Scottish web-based resource has been developed *Relationships, Sexual Health and Parenthood* that provides educational resources for children across various educational levels. As well as being useful for the provision of information and knowledge these are also helpful as tools to aid discussion and gather views or beliefs. The resources include learning plans, information sheets and suggested discussion activities for use by schools, practitioners and parents or carers. Some of the topics covered include consent, sexual health, romantic relationships, social media, sending and sharing images, pornography, and abuse in relationships. The website sexpositivefamilies.com also provides a range of information and resources on various topics to aid healthy sexual development. The Thinkuknow website has activity sheets for different age groups that cover different topics around online safety including the sharing of nude images and healthy online relationships as well as advice for parents and carers.

The organisation Stop It Now has a range of information on harmful sexual behaviour and self-help resources. There is a section focused on helping individuals who are concerned about their thoughts or feelings about children with a specific module focused on *Understanding the*

behaviour. This module is intended for individuals who are concerned about their own harmful sexual behaviour to work through at their own pace. Whilst it is not suggested that a child is directed to look at this section or module, it could be a useful resource for practitioners to help consider the work being undertaken with an older child, if adapted to their individual circumstances and learning needs. The resources developed by Stop It Now also contain a self-help module on *Wellbeing and self-care* which contains elements such as recognising and dealing with feelings, opening up to others, self-esteem and assertiveness, problem solving and self-talk. These provide some useful information and techniques/strategies that can be used and could inform interventions with older children if adapted to their specific circumstances and needs. The Lucy Faithful Foundation/Stop It Now UK! has a range of resources to prevent harmful sexual behaviour, which are designed for parents, carers, family members and professionals, to help everyone play their part in keeping children safe. They contain links to useful information, resources, and support as well as practical tips to prevent harmful sexual behaviour and provide safe environments for families.

Many of the needs that children attempt to meet through harmful sexual behaviour (see information on the Good Lives Model) can be addressed though interventions that are not necessarily specific to harmful sexual behaviour e.g. increased self-regulation, improved coping strategies, development of social skills. However, where one of the contributing factors to harmful sexual behaviour is a specific sexual interest (e.g., in pre-pubescent or younger children or sexual violence) then specialist support should be sought. Additionally, where a child is experiencing sexual preoccupation or intrusive sexual thoughts it is recommended that medical support is sought as this may be due to a form of Obsessive Compulsive Disorder which would require more specialist intervention.

Substance use. As with other harmful behaviours the drivers underlying substance use vary for individuals. To develop effective and appropriate interventions it is helpful to have a good understanding of these underpinning drivers. The functional analysis and cognitive behavioural therapy resources highlighted above will be useful in helping develop this understanding. There are educational resources available for parents or carers to help them understand the issues surrounding substance use and the reasons their child may be using

substances. For example Young Minds have a resource *Supporting your child – drugs and alcohol* and Family Lives have a range of informational resources on this topic. The Young Scot website has a range of educational resources for children about alcohol and drugs. The TalktoFrank website has information on a range of substances and advice if you are worried about a friend or a child or experiencing peer pressure. The drivers underpinning the substance use will determine the nature of interventions to reduce the substance use, whether this is developing coping strategies, developing skills, improving relationships, or modifying thoughts and beliefs. Some common reasons for using substances include to fit in, to have fun, to experiment or to escape. Building on existing strengths and developing alternative skills or ways of meetings these needs should help but will take time. In the meantime, safety plans to reduce the risk and minimise potential harm may be required.

Developing skills

One factor that can often contribute to harmful behaviours is children and/or their parents or carers not having adequate skills in certain areas. For example, limited problem-solving skills or social skills can frequently contribute to violence or harmful sexual behaviour. In relation to problem-solving skills there are various resources for children that can be used to help develop these skills. For example, Think Good – Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People (Stallard, 2002) has a section on learning to solve problems and focuses on learning to stop and think, identifying different solutions and thinking through the consequences. One of the workbooks on the SafeSpot website also focuses on Problem Solving and Wellbeing. A Problem Solving Packet is available on the Therapist Aid website which may be useful for older children and parents or carers as it covers the five steps to problem solving – defining the problem, generating solutions, choosing a solution, trying the solution and reviewing the process.

Social skills are wide ranging, and individuals may have skills in some areas but not others. It will therefore be important to be clear about what the focus of any work should be and what the individual thinks will be helpful. Although some of the content is a bit dated and for use in a group

setting, Shapiro's (2004) activity book *101 Ways to teach children social skills* contains some great ideas of how to teach a variety of social skills that could be updated and adapted for individual use. It includes sections on communication, non-verbal communication, being part of a group, expressing your feelings, caring about yourself and others, problem solving, listening, standing up for yourself and managing conflict. The website Worksheetplace.com has a variety of worksheets on social skills including worksheets focused on body language, listening skills, friendship skills and conflict resolution skills as well as ideas for role-playing various social skills. However, social skills take practice so it will be crucial that safe and supported opportunities to practice these skills are created and that improvements are recognised and positively reinforced. The use of structured activities such as board games or group sports can be a helpful and less intrusive/intense way to practice social skills whilst having a focus on an activity.

Improving relationships and support

Another factor that can contribute to children engaging in harmful behaviours is experiencing problems in relationships. This could be relationships at home with parents or carers, with friends at school or in the community, or with wider social networks. Again, the difficulties that individuals face will vary greatly so an understanding of what the specific difficulties are will be needed. The assessment and formulation that forms the basis for this intervention and the collaborative goal setting should help guide intervention planning and what is required in way of improvement.

Relationships - home. Relationships at home can be difficult for a variety of reasons including difficulties in the parent-child relationship but also difficulties in the relationship between the parents or carers. Children in conflict with the law have often experienced difficulties with the quality of the parent-child relationship, sometimes linked to their parent's own experiences of being parented. When these difficulties are linked to the harmful behaviours the child is displaying then interventions will be required to try and improve the quality of the parent-child relationship. Research has clearly shown that an authoritative parenting style results in the development of secure attachments and that affective warmth,

sensitivity and acceptance, and emotional accessibility of parents are all linked to secure attachments (Zeinali, Sharifi, Enayali et al., 2011). Some families will require support to develop a more authoritative parenting style, although the nature of the intervention will obviously be dependent on the type of difficulties present and the existing parenting style. There are some resources available that could assist with this such as the NSPCC guide *Positive Parenting,* which provides advice and tips for setting boundaries and developing healthy parent-child relationships. Save the Children have also produced *A guide to building healthy parent-child relationships* which describes the principles of building strong and healthy parent-child relationships (focusing on long-term goals, providing warmth and structure, understanding how your child thinks and feels, and problem-solving) and contains a section on adolescents. The website Therapist Aid also has a section on parenting and behaviour which includes tips on how to effectively use rewards and consequences and time outs. The Australian website raisingchildren.net.au has some good tips and advice in relation to parenting including communication and family relationships.

At other times difficulties may occur because there are conflicts or disagreements between parents or carers about their parenting styles, whether living in the same home or separately. If this is the case then it may be beneficial for interventions to focus on helping parents or carers to improve aspects such as their communication with each other, their ability to express emotions, their conflict resolution skills, their ability to negotiate and compromise, how they are looking after themselves and if appropriate their intimacy and warmth with each other. The Australian website raisingchildren.net.au has some good tips and advice in relation to parenting including how to work as a team and back each other up, how to communicate with each other and manage conflict and how to look after yourself and manage emotions. In addition, the website Relationships Scotland has resources in relation to parenting apart.

Whilst these resources provide helpful advice and guidance most families will require support to discuss these, practice the new skills, review their use and to plan for how they can continue using these new skills in the future.

Relationships - peers. The All Around Me tool (Broughton, 2018a) can be used to explore children's peer relationships. Once their peers/friends have been identified discussions can then focus on what they like about them, their strengths, and the support that they provide to the child. When there is a clear understanding of their peer relationships interventions can be collaboratively developed to best meet their needs and reduce harmful behaviours. Interventions that might be considered are increasing positive peer relationships, increasing how involved parents or carers are with peers, increased supervision of time spent with peers as well as where and what they are doing. Interventions should draw on the strengths present and, on the child's own interests. Parents or carers may have different views of the peers their child is spending time with or the child may not be willing to share information about their peers. It may therefore be necessary for parents or carers to find out more about who their child is spending time with through other sources or to contact the parents or carers of their child's peers and to ask for their help in supervising or monitoring their child. Depending on the parent or carers' confidence and skills they may need support to do this which could include helping them to think through who they are going to speak to, what they are going to say/ask and practicing before they do this. Another aspect to improving relationships with peers is ensuring that they understand what makes good friendships and that they have the skills to form and maintain friendships. The same also applies to intimate relationships as they start to form these. The Relationships, Sexual Health and Parenthood resource provides a range of information and resources that can help with this.

Relationships - community. Interventions may also be required to help children and their parents or carers to build, maintain or repair relationships in the community. For example, relationships with people in areas such as education, leisure, or employment. Depending on the individual circumstances it may be important for relationships to be built with school staff to ensure good communication in relation to the sharing of strategies or supervision plans or to help with monitoring. Good relationships with school staff will also be key to helping ensure that children are achieving to the best of their potential in school and that any issues impacting on this can be discussed and problem solved. Staff in leisure activities, clubs, or locations where children spend time could potentially provide supervision or monitoring, so building these

relationships may form part of the individualised intervention. Where children are not engaging in structured leisure activities then building up these relationships could help with motivating and encouraging engagement and therefore widening friendships and support.
As highlighted previously, where contextual safeguarding is required, change is often beyond the scope of parents or carers or even practitioners. The help and support of various services, agencies or people may be required and could include community safety staff, the Police, British transport police, retailers, park attendants etc. Again, parents or carers may require support to be able to identify who could help, to think through what it is they need from them and with the confidence and skills to be able to do this. Alternatively, it may be that this request needs to come from practitioners through a multi-agency forum. This is particularly likely to be the case where criminal exploitation is suspected and there is a need to divert children from being exploited by Serious and Organised Crime.

The NSPCC have a range of information and resources to protect children from peer-on-peer sexual abuse, which can occur in a wide range of settings including in school and in public settings, and is useful for those working with children in community and school settings. Additionally, the Education Scotland National Improvement Hub have a webpage to help staff in education and training settings to identify, understand and respond appropriately to sexual behaviours in children. The Managing and Preventing Harmful Sexual Behaviour Guidelines on this web page provide case examples and strategies that can be used for various situations.

Support. Support provided by others can take various forms such as practical, financial, emotional, informational etc. It is helpful to identify firstly what type of support would be beneficial, particularly in relation to reducing or managing harmful behaviours, and then to think about who might be able to provide that support. Alternatively, it might be helpful to identify who already exists in the support network and to identify what support they are able to provide. Where gaps are identified then a problem-solving approach should be taken to address this. The Australian website raisingchildren.net.au provides advice on how to build social connections and the NSPCC toolkit Solution-focused practice: A toolkit for

working with children and young people has a section on developing children's 'solution teams' with some lovely practical resources to explore who is/could be in their team.

Restorative Justice

Where it is thought that children would benefit from making amends for their harmful behaviour then Restorative Justice (RJ) could be considered where there are suitably trained practitioners. RJ is a process whereby there is independent, facilitated contact between the individuals who have experienced harm and the individuals who were responsible for the harm and can have benefits for all parties involved (CYCJ, 2021). Restorative practices or approaches are being used more frequently in schools and within youth services and the implementation of Restorative Justice in Scotland is being driven forward by the Scottish Government and partners through their action plan. The Guidance for the Delivery of Restorative Justice in Scotland (Scottish Government, 2017) details the key principles of RJ and information on conducting an RJ process. The key principles are: honest, informed, voluntary, safe, respectful, accessible, appropriate, confidential, not about establishing guilt, proportionate, empowering and facilitating, and looking to the future as well as the past. CYCJ has published Restorative Justice resources on their webpage that includes case studies, blogs, and an information sheet.

Closure and endings

The ultimate aim of interventions should be to empower the child and their family to be able to make and sustain changes to reduce harmful behaviours and improve outcomes without the ongoing need for professional support. The PDSA model will help with monitoring changes in the frequency and severity of the harmful behaviours the intervention was intended to reduce, the improvements that have been made to achieve this as well as improved wellbeing and outcomes. This monitoring will guide the timing for ending the intervention. Whilst it should be clear from the outset that the aim is empowerment, it will be necessary to prepare individuals for endings and to ensure that they have the resources required for maintaining change. This will include records of any plans or strategies they have been using and reminders of strengths,

achievements, and skills. It will also be helpful for them to think about their support networks and how they can continue to access support from those around them when the intervention ends. The NSPCC *Solution-focused practice toolkit* has a section on planning and working towards endings which has some creative ideas for how the changes that have been made can be recorded and kept for future use.

Section 5: Case examples

This section contains case examples that aim to demonstrate the weekly planning and review process based on the initial assessment and formulation and to highlight some of the common elements of intervention in practice. The example interventions cover some of the common elements of interventions that could help to reduce the risk of harm across various types of risk of harm. These examples do not cover the full package of intervention that would have been developed to reduce the harmful behaviours presented in the formulation but rather are designed to provide a sample of some of the interventions developed for that individual's circumstances as a means of illustration. A brief summary of the case examples, the type of risk presented, and the sample interventions focused on is provided below:

Name:	Kaylie
Type of harm:	Violence, unauthorised absence, and potential victimisation through exploitation
Elements of intervention:	Collaborative goal setting and identification of strengths Safety planning – functional analysis Safety planning – home Safety planning – community

Name:	Jayden
Type of harm:	Harmful sexual behaviour
Elements of intervention:	Developing skills – social skills Improving relationships and support – relationships peers

Kaylie: Risk of violence, unauthorised absences, and victimisation

Kaylie is 14 years old and lives at home with her mother Mae and older brother Sam. She was referred to Social Work due to concerns around her leaving home without permission, increased verbal and physical aggression in the home and the potential risk that she could be being criminally and/or sexually exploited. A START:AV assessment was completed with the family which identified the critical vulnerabilities and key strengths contributing to the risk of these adverse outcomes occurring. As a result, it was agreed that the family could benefit from some immediate support and that the Social Worker (Jackie) would work with the family to reduce the risk of adverse outcomes happening in the future.

Collaborative goal setting and identification of strengths. To inform the intervention plan Jackie met with Kaylie, Mae, and Sam separately, at a place of their choice, to discuss what their hopes were in terms of outcomes for the future and to identify what they viewed as their strengths. To help gain insight into their hopes Jackie asked them about their best hopes based on the NSPCC (2014) template. When Kaylie struggled to identify strengths, Jackie used some pre-made strengths cards to help Kaylie with some ideas. Jackie also fed back some strengths that she had already seen or heard about for each of them.

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STRENGTHS

Me: Like to help others, care about friends, can speak to friends about difficulties, can make others laugh, good at dancing, determined, want to do well in school

Mum: Good at cooking, funny, wants us to get on, likes to do fun things, strong – doesn't give up

Sam: Good at football, looks out for Mum - so caring, good at helping round the house, clever

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STRENGTHS

Me: Love my kids and want the best for them, can be funny, can speak to people I know well, help others, can stand up for myself, good at singing and cooking

Kaylie: Bright, caring, has good friends, likes to have fun, wants to do well at school, great at dancing, knows what she wants

Sam: Helpful, supportive, protective, good footballer, wants to do well, has good friends, determined

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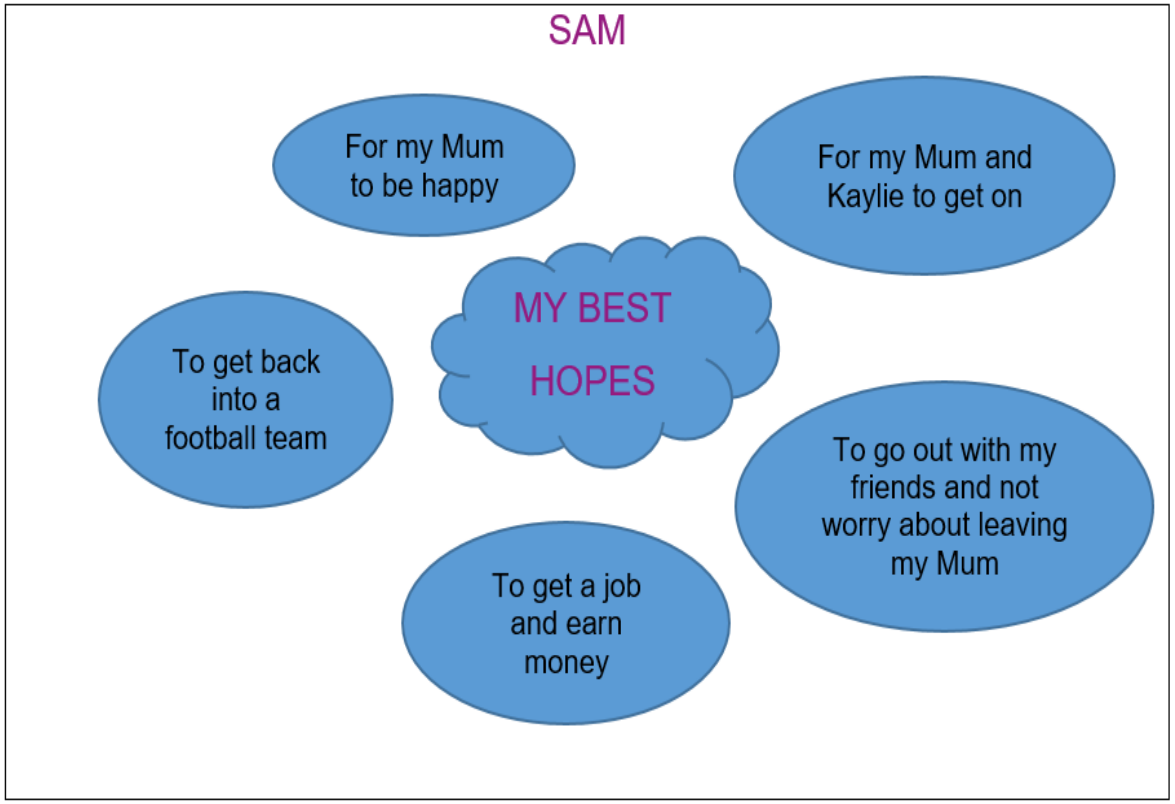


STRENGTHS

Me: Want to look after my family, like football, got good friends, caring, hard worker, enjoy cooking

Mum: Brave and strong, can make great food, wants the best for us, can be funny, keeps going

Kaylie: Likes to have fun, wants to help others, clever, good dancer, good friends

After Jackie met with each of them separately, she spoke to Mae and it was decided that they would all meet in the house to share everyone's goals/hopes and all the strengths that there were in the family to help achieve these. It was explained that a plan for achieving everyone's goals/hopes would be worked out together but that while working towards this the plan would also look at how to keep everyone safe from harm.

Initial formulation and intervention plan. The initial formulation and intervention plan below is based on the START:AV assessment and informed by the family's hopes for the intervention outcomes. The initial intervention plan is for the forthcoming three months. The case example shows how the interventions (columns on the right) are matched to the formulation (columns on the left).

Kaylie: Initial formulation and intervention plan • What adverse outcomes does the intervention plan focus on: Violence Unauthorised absence Victimisation	
What are the nature of the adverse outcomes?	What intensity of interventions are required to address these?
Unauthorised absences - Kaylie is frequently leaving the home without permission and spending considerable periods of time missing in the community. Victimisation - Kaylie is at potential risk of criminal and sexual exploitation from older peers and adults when she spends time with them following leaving home without permission. Violence - there is an imminent risk of assault from Kaylie to her mother (Mae) and brother (Sam) when they try to prevent her leaving the home without permission. She has also threatened them with a knife.	Immediate and intensive interventions are needed to protect Kaylie from being victimised and exploited in the community and to help her family keep her safe without experiencing violence from her. As such a safety plan needs to be developed as a priority.

What critical vulnerabilities contribute to or drive the risk of adverse outcomes happening?	What interventions should be used to reduce these critical vulnerabilities?
Mae experiences difficulties with her mental health because of her own experiences growing up and as such often uses substances to cope with her anxiety and depression. This has an impact on her ability to parent Kaylie effectively and she has at times not been able to meet Kaylie's needs. Mae can also find it difficult to put appropriate boundaries and supervision in place. Kaylie's experiences have led to her having difficulties in regulating her own emotions, often feeling angry and worthless, and having limited coping skills. At times of difficulty in the home, Kaylie will become angry, engage in violent behaviour towards Mae and Sam and then leave the home without permission. She will often be out for hours at a time and on occasion overnight with older peers and adults known to be involved in drug dealing and offending. There are concerns that Kaylie's low sense of self-worth increases her vulnerability to exploitation as she may feel a sense of being valued and important when in these situations.	Jackie will work with the family to improve relationships in the home and to help everyone develop more adaptive coping strategies. Jackie will support Mae to develop her parenting skills so that she can put boundaries in place, manage conflict and supervise Kaylie more effectively. Jackie will provide opportunities for Mae to access interventions in relation to her mental health and substance use and encourage and support these.
What key strengths may reduce the risk of adverse outcomes happening?	**What interventions should be used to build on these strengths?**
Although the community Kaylie lives in is in an area of deprivation there are a good level of varied recreational activities on offer through the school and the community centre. Kaylie has a good group of friends at school who are caring and offer her support when required. Kaylie can confide in her friends and for the most part treats her friends well. Mae has expressed a desire to improve the situation at home and is willing to work with Social Work to help her do this.	Jackie will support Kaylie and Mae to engage in some of the recreational opportunities on offer in the community so that they can spend some enjoyable quality time together e.g., activities involving dancing/singing or watching Sam play football. Jackie and Mae will consider the role that Kaylie's friends and their parents could play in the safety plan e.g., encouraging them to spend

	time in each other's houses or in structured activities, working together to find them when they don't return home. Kaylie to be offered opportunities, encouraged, and supported to spend more time with her friends out with school in structured activities of their choice e.g., dancing, sports.

What are the specific scenarios or situations that could lead to the adverse outcomes?	What interventions should be used to help prevent these?
If Mae continues to ask Sam to prevent Kaylie from leaving the home, the situation could result in further violence with Kaylie, Sam or Mae being significantly injured. The violence is likely to involve kicking, punching and potentially the use of weapons.	Jackie will help Mae to clarify family roles and responsibilities so that everyone has a shared understanding. Jackie will support Mae to develop the skills and confidence to parent Kaylie effectively e.g., creating and implementing boundaries, developing assertiveness, communication, and de-escalation skills.
If Kaylie spends longer periods of time away from home there is an increased risk of her not attending school, drifting apart from her friends, and losing the positive, stabilising influence these have as well as the structure and purpose they provide.	Jackie will support Mae to plan the actions that she will take if Kaylie continues to leave home without permission e.g., use smart technology, go looking for her, contact police if she doesn't return home. Jackie will help Mae to build up her support network and to identify appropriate others to contact and assist in finding Kaylie if she does leave home without permission.
If Kaylie continues to abscond from home and spend time with older peers, she could become more entrenched in the culture of substance use and offending with increased risk of exploitation.	Jackie will support Mae to enlist the help of appropriate others to monitor where Kaylie is spending her time when away from home and to contact the police if there is a risk of harm to Kaylie or a need to disrupt safe houses.

What could happen that could lead to reduced risk of adverse outcomes occurring?	What interventions should be used to bring about these?
If Kaylie had a strong sense of self-worth and more adaptive coping strategies, then she would be more likely to be able to cope with difficulties and make safer choices reducing the risk of harm to others and herself.	Kaylie to be provided with opportunities and encouraged and supported to engage in these to improve her sense of worth and her ability to cope with difficult situations e.g., promoting activities she is good at will give her a sense of responsibility/achievement. Mae, Sam, and school staff to be included in discussions about this work and consideration of what they can do to reinforce this work at home and school.
Are there additional goals that are important to healthy development?	**What interventions should be used to work towards these?**
Kaylie has voiced an interest in studying psychology but there are no options available within her current school to do this.	Kaylie to be supported to have discussions with the school so that alternative options for her accessing psychology classes can be explored; helping her find out the steps to becoming a psychologist and working towards them.
Kaylie wishes to find out more about her biological father.	Jackie will support Kaylie and Mae to explore the pros and cons of Kaylie being able to find out more about her biological father so that she can make an informed decision about whether to progress this or not.
Sam has expressed a desire to spend time with his friends, join a football club and gain employment. If achieved this could reduce resentment and friction in the home.	Mae to support and encourage Sam to achieve these; identify local teams he may wish to join; source appropriate employment for him and encourage/support him to apply; invite his friends over, encourage him to go out.

Jackie and Mae discussed the plan and agreed to work together over the next three months to improve the current situation. Jackie explained that the overall aim would be to help the family develop the skills and confidence they needed to be able to manage without her input. It was agreed that each week they would develop a plan of manageable steps and monitor progress.

Week One: Plan. Using the PDSA model this is the first weekly intervention plan that was developed. It provides an example of how the interventions identified in the initial intervention plan were prioritised and broken down into smaller and more achievable detailed steps required over the next week. It also details what needs to be monitored to ensure the plan is having the desired effect.

Kaylie: Intervention - Week one (PLAN)			
Set objective:	Implement home safety plan		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If we develop a home safety plan that everyone understands and can act on then the risk of harm from violence, unauthorised absences and victimisation will be reduced.	Jackie and Mae will explore the benefits of having a home safety plan. Jackie and Mae will review typical situations/sequences where conflict arises at home and develop some alternative coping strategies that can be used to prevent conflict and improve relationships. Jackie and Mae will develop the home safety plan together. The home safety plan will cover violence and unauthorised absences and will consider which other appropriate social supports need to be included. Mae will be supported by Jackie to share the home safety plan with Kaylie and Sam, and they will be given the opportunity to develop their parts in the home safety plan. Jackie will support all three (and any other social supports) to develop the skills necessary to carry out their part in the home safety plan.	Within the week Weekly for next five weeks Within the week Within the week Within the week	The number of times the following occur in a week: • Kaylie attempts to leave home without permission (Last week 6) • Kaylie leaves home without permission (Last week 6) • Violence is used in response to disagreements (Last week 4) • Kaylie spends time with older peers and adults involved in substance use and offending (Last week 6) • Kaylie stays out overnight (Last week 4) • Kaylie goes out with approved friends, at times and places as agreed with Mum (Last week 0) • Disagreements in the home are resolved in a calm manner (Last week 0)

	Jackie will contact police colleagues to see whether they could assist with identifying who these older males are and where Kaylie is spending her time when with them.	Within 2 days	• Kaylie is in a safe place overnight (at home or in the home of approved friends) (Last week 2)

Week One: Safety planning – functional analysis. The template below was used to gather some information on the details on the incidents of conflict and physical aggression at home to try and identify patterns of behaviour. Examples from the last four incidents were given by Mae.

Date	Describe the behaviour of concern E.g. What was the behaviour? How long did it last? How intense was it?	Describe the circumstances E.g. Where and when did it happen? Who was there? What was said/done? Did anything notable happen immediately before/earlier that day?	Describe what happened afterwards E.g. Did they avoid something? Did they achieve/get something?
Wednesday last week	Shouting, screaming, punching and kicking Sam, threatened us both with kitchen knife. Lasted about two hours in total.	Kaylie was upstairs in her bedroom getting ready to go out. Me and her started arguing because she wouldn't tell me who she was going out with or where to. I asked Sam to have a word with her. She started screaming at him that he couldn't tell her what to do and to keep out of it. I went downstairs to the kitchen to make dinner. She came down a bit later to ask for money. I said I didn't have any and she started screaming at me that I hate her and don't care about her. Sam came in and told her to shut up and say sorry to me. She started screaming at him that it was nothing to do with him. He said she wasn't going out and blocked the kitchen doorway. She lost it and started punching and kicking him, telling him to get out of the way. Then she grabbed a kitchen knife that was lying on the work surface and shouted for him to get out of her way. He moved out the way and she left.	She left house and stayed out overnight. Didn't try to find her. Sam phoned police to say she had threatened us with a knife.
Thursday last week	Being cheeky, shouting, screaming.	I was clearing up after dinner in the kitchen and she said she was going out. I asked her where, but she wouldn't give me details. She asked for money and I said no. She started calling me names,	She left house and came back about 2am. Didn't try to find her or call police.

	Lasted about 10 minutes.	saying that I don't care about her. I shouted at her to get to her room, but she ran out the front door. Sam was at the shop.	
Friday last week	Being cheeky, shouting. Then kicking and punching Sam. Lasted about 15 minutes.	I'd had an argument with her earlier in the day about the state of her room and she'd had a go at me about the state of the house saying what difference did it make that her room was a state. After dinner me and Sam were in the living room. Kaylie came in to get money. I asked her where she was going. She wouldn't tell me, so I said she wasn't going anywhere. She started shouting that she didn't care what I wanted she was going anyway. I shouted that she wasn't going out until she told me and that she wasn't getting any money. I got up to stop her getting to my purse and told Sam to stop her getting out the door. Sam shouted at her to stop being an idiot and said she was going nowhere and that she needed to apologise to me. He stood in the doorway to block her getting out. She started kicking and punching him and pushed past Sam.	She left the house without money and didn't come back till after lunchtime Saturday. Didn't try to find her or call police.
Saturday last week	Being cheeky, shouting, screaming. Pushing me and kicking and punching at Sam. Tried to kick me but missed. Went on for about 30 minutes.	When Kaylie came back, I started asking her where she had been but she wouldn't say and went to her room. I followed her into her room and was trying to find out where she had been – shouting at her that I didn't know where she was all night. Sam came through and told her she looked a state accusing her of being out drinking. She started screaming at him to get out her room. He refused until she told him where she had been and who with. At that point she lost it and ran at me pushing me over and then started kicking and punching Sam, pushed passed him and headed out the house again.	She left the house again and didn't come back until Sunday teatime. Didn't try to find her or call police.

Mae and Jackie agreed that Jackie would also speak to Sam and Kaylie separately about the incidents to gain their views of what happened. The views of all three were fairly consistent and based on the emerging patterns the safety plan below was developed.

Week One: Safety planning - home. The following is the safety plan that was developed in week one of the intervention. Jackie supported Mae to discuss it with Kaylie and Sam, explain what the expectations were and what would happen if certain behaviours happened, and to get their views of calming strategies and safe spaces that could be used.

Goal of home safety plan: To keep everyone in the home safe and protected from physical violence	
Actions:	
If Kaylie… • **says she is going out without permission** • **gives dirty looks** • **storms about house loudly** • **slams doors**	**Try…** • **giving calm reminders that you love her and want her to be safe** • **reminding her that she can spend time with her friends from school at their house or invite them over but that you need to know where she is and to speak to their parent first** • **reminding her that she is able to manage her feelings of hurt/anger without hurting others and that she has done this really well before** • **helping her engage in an acceptable activity/distraction**
If Sam… • **starts to get involved and tell Kaylie what she can/can't do** • **calls Kaylie names or is unkind**	**Try…** • **thanking him for his support but giving him a calm reminder that you will deal with this** • **helping him to engage in an acceptable activity/distraction**
If Mae… • **feels the situation still has the potential to escalate**	**Try…** • **giving a second reminder** • **giving a second attempt to arrange to meet up with school friends** • **giving a second attempt to engage in an acceptable activity/distraction** • **calmly going to a different room** • **disengaging from circular discussions that will result in escalation of emotions**

If Kaylie… • starts to get ready to leave home without permission • attempts to leave home without permission • threatens to hurt someone • starts to throw things around **If Sam…** • continues to tell Kaylie what to do • starts to shout at Kaylie • tries to block a doorway **If Mae…** • feels that the situation is continuing to escalate despite putting in place the actions in the plan	**Try…** • giving a short clear warning that you love her, but her behaviour is not acceptable • telling her to take some time out in her room so that everyone can take some time to calm down • asking her to use her calming strategies e.g., colouring, calling her friend • stating that it will be discussed later when everyone is calm **Try…** • giving a short clear warning that you love him, but his behaviour is not acceptable • telling him to take some time out in his room so that everyone can take some time to calm down • asking him to use his calming strategies e.g., go to the park and kick a football about, have a shower • stating that it will be discussed when everyone is calm **Try…** • making sure you have your mobile phone on you • removing potential weapons to a safe place including kitchen knives • calling a friend for support • arranging for Kaylie and/or Sam to go elsewhere for a short period/overnight
If Kaylie… • does not listen to instructions • lashes out to hurt someone	**Try...** • asking Sam to leave the house and go to an agreed safe place e.g., his friends, neighbours • giving Kaylie extended time out in her room so that everyone has time to calm down • calling support to come round to the house • following Kaylie at a safe distance if she leaves home to ask her to come home as you care about her and are worried for her safety

If Mae… • **feels the situation can no longer be managed without someone being seriously hurt** • **cannot find Kaylie to bring her home**	**Try…** • **calling the police**

Week One: Do, Study, Act. The following weekly review sheet examines progress with the week one intervention plan and identifies what changes need to be made for the following week's plan.

Kaylie: Review of week one (DO, STUDY, ACT)			
Observations:	**What does the data tell us:**	**What was learned (what worked well/not so well):**	**What changes need to be made:**
Were the steps of the objective met: All steps of the objective were met except - Jackie and Mae will review typical situations/sequences where conflict arises in the home and develop some alternative coping strategies that can be used to prevent conflict and improve relationships - Some sequences were gathered showing clear patterns of behaviour and points where these patterns can be interrupted and de-escalated. Developing strategies will start this week and will be ongoing over 4 weeks. Jackie will support all three (and any other social supports) to develop the skills necessary to	Kaylie tried to leave home without permission on 6 occasions this week (Last week 6). She actually left home on 2 occasions this week (Last week 6). In both these instances Sam became involved in attempting to stop her from leaving. During these 2 incidents Kaylie kicked and punched him before leaving (Last week 4). No weapons were used. Disagreements were resolved in a calm manner on 1 occasion this week (Last week 0) and Kaylie went out with approved friends, at a time and place agreed with Mum on this occasion (Last week 0). The other evenings there were arguments and Kaylie shut herself in her room.	When following the agreed plan Mae can be effective in reducing risk of harm. The number of times Kaylie attempted to leave home without permission has not reduced from the previous few weeks but the number of times she has actually left has reduced indicating that the home safety plan is having some effect. Insufficient time was spent helping Sam to understand his role within the home and the changes needed to his behaviour. By taking away the parenting role he has taken on, he thinks that he does not have a role and feels rejected. Mae does not feel safe trying to retrieve Kaylie and keep her safe once she has left home and does not feel supported in doing this.	Further work is needed to help Sam take a step back from the parenting role he has taken on and to develop a more appropriate role. Safety plan to be reviewed and support built in for Mae if Kaylie does leave the home. Family work will be prioritised to improve relationships in the home and to help the family develop adaptive coping strategies. This should reduce Kaylie's attempts to leave home and Mae's use of substances at times of stress.

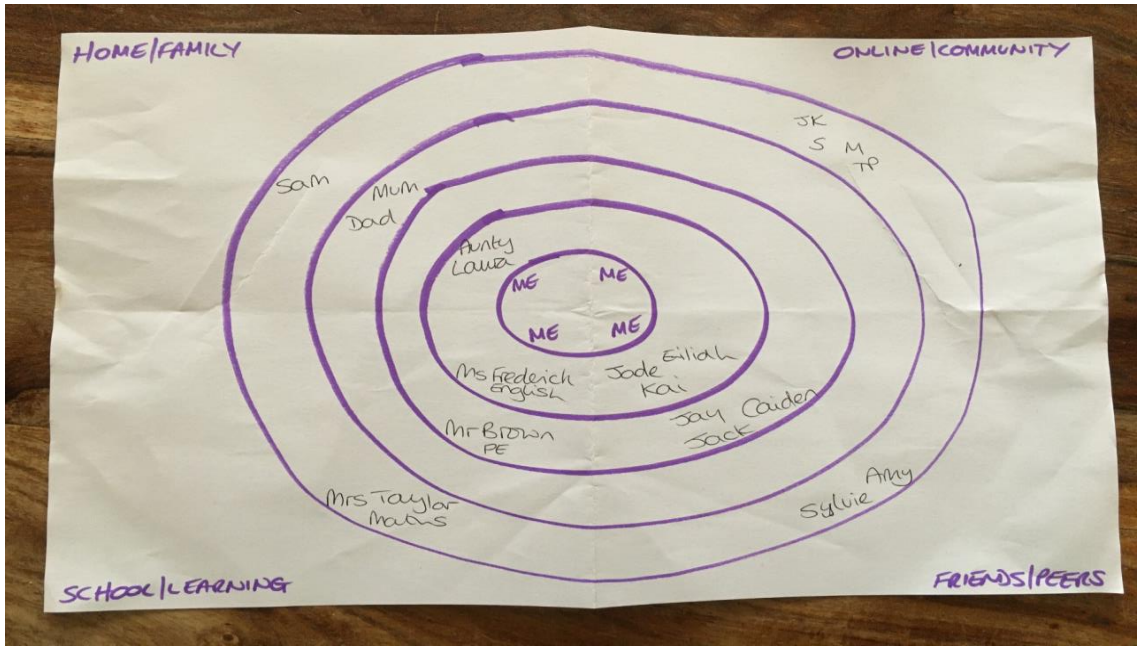
carry out their part in the home safety plan.	Mae did not follow through with trying to find Kaylie and get her back home as detailed in the plan, so she stayed out overnight twice this week (Last week 4). It is believed that on both these occasions she spent time with/stayed with older peers/males, but it is difficult to know for sure (Last week 6). Kaylie was in a safe place overnight on 5 occasions this week (Last week 2)		
Were there any barriers to progress: Mae was under the influence of alcohol and cannabis on two occasions when trying to develop the home safety plan meaning that the sessions needed to be postponed.			

Week Two: Plan. Based on the review of week one the intervention plan for week two was developed:

Kaylie: Intervention week two (PLAN)			
Set objectives:	Clarify family roles and responsibilities Improve relationships and adaptive coping in the home Develop community safety plan to retrieve Kaylie and keep her safe if she leaves home without permission		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If family roles and responsibilities are clarified so that everyone has an appropriate role, relationships at home are improved, and adaptive coping strategies are developed then there will be less conflict at home and the risk of harm from violence and unauthorised absences will be reduced.	Jackie will support Mae and Sam to have a conversation about roles and responsibilities where Mae explains that she needs to take on the parenting role but would like his support in other areas in the home. Jackie will support Mae to consider some options that could be put in place to improve relationships and the atmosphere in the home. Jackie will support Mae to have a similar conversation with Kaylie and Sam so that they can come to a shared agreement and plan of how to spend some nice family time together. Jackie will support Mae to find out what activities are available in the community and to have a conversation with Kaylie about taking part in something together.	At next meeting in two days Start conversation today on phone and review at next meeting in two days Within week Start conversation today on phone	The number of times the following occur in a week: • Kaylie attempts to leave home without permission (Last week 6) • Kaylie leaves home without permission (Last week 2) • Violence is used in response to disagreements (Last week 2) • Kaylie spends time with older peers involved in substance use and offending (Last week 2) • Kaylie stays out overnight (Last week 2) • Kaylie goes out with approved friends, at times and places as agreed with Mum (Last week 1) • Disagreements in the home are resolved in a calm manner (Last week 1)

		and review in two days	• Kaylie is in a safe place overnight (at home or in the home of approved friends) (Last week 5)
	Jackie and Mae will review typical situations/sequences where conflict arises in the home and to develop some alternative coping strategies that can be used to prevent conflict and improve relationships.	Weekly for next four weeks	
If we understand more about where Kaylie is going and with whom, we can put plans in place to improve safety in the community and improve the support available to Mae, so if Kaylie leaves home without permission, Mae will feel more able to retrieve Kaylie and bring her back home and the risk of Kaylie experiencing victimisation will be reduced.	Jackie will meet with Kaylie to complete the All Around Me tool to assist with understanding and safety planning for risk in the community.	Within week	
	Jackie will help Mae to 1) map out what we know about the older peers and adults Kaylie is spending time with, where they are spending time, which of Kaylie's other peers are doing the same, and what the gaps in information are; and 2) map out who Mae has available to support her, the type of support they could potentially offer her and what the gaps in support are.	Within week	

Week Two: Safety planning - community. The All Around Me tool was used with Kaylie to gather information from her about the people and places that matter most to her and who she feels safest with. Through discussion with Kaylie, it was identified that her friends Jade, Kai and Eilidh were those closest to her and that she felt safest with. She disclosed that Jade was also spending time with the older males in the community and having difficulties at home. Kaylie also identified that she had good relationships with her Auntie Laura and Ms Frederick from school. Although Kaylie was not willing to share the names of the older males in the community, she did give initials from their nicknames and indicated that although she did not feel safe with them, they had fun and they provided a place for her and Jade to go to in the evenings.



The What's Happening Tool was used with Mae to help identify what she knows about Kaylie's peers, where they are spending time in the community and who she spends time with online. It was also used to examine the supports available to help Mae keep Kaylie safe, which revealed that although there were some potential supports available these were not currently being used. Following completion of the matrix it was clear that Mae has little knowledge of Kaylie's friends or their parents and whether they are experiencing similar difficulties. She was also unclear about what was happening in the community or online.

	Home/Family	**School/Learning**	**Friends/Peers**	**Community**	**Online/Social Media**
What is Kaylie doing at the moment that you are happy with?			When she spends time with Eilidh and Kai at their houses.		
Is there anything that you are concerned about?			The fall outs she has with a couple of girls at school, they pick on her and are really nasty. Think she has met up with Jade before when she has gone out overnight but not sure.	Her disappearing and not knowing where she is or who with.	The girls who pick on her make nasty comments about her posts on social media – that's when she is worse at home.
What might you do to help Kaylie to be safe?			Encourage her to spend more time with Kai and Eilidh. But she doesn't invite them over to the house – so find out		Block them from her account.

			why she doesn't want them over to the house.		
Who else can help and how?			Speak to the school about the girls picking on her - don't know who their parents are. Try and contact Jade's Mum to see whether she knows anything that could help figure out where Kaylie is going.	Mae is not keen to meet with the local police to discuss her concerns.	

Week Two: Do, Study, Act. The following weekly review sheet for Kaylie examines progress with the week two intervention plan and identifies what changes need to be made for the following week's plan.

Kaylie: Review of week two (DO, STUDY, ACT)			
Observations:	**What does the data tell us:**	**What was learned (what worked well/not so well):**	**What changes need to be made:**
Were the steps of the objective met: All steps of the objective were met except: Jackie and Mae will review typical situations/sequences where conflict arises in the home and develop some alternative coping strategies that can be used to prevent conflict and improve relationships. Developing strategies will start this week and will be ongoing over 3 weeks.	Kaylie tried to leave home without permission on 7 occasions (Last week 6). She actually left home on 2 occasions (Last week 2). In both these instances Sam started to become involved but when Mae asked him to leave it to her, he removed himself from the situation. There was no physical aggression, and no weapons were used (Last week 2). Disagreements were resolved in a calm manner on 3 occasions (Last week 1). Following each of these Kaylie ended up going out with approved friends, at a time and place agreed with Mum (Last week 1). On the 2 occasions when there were arguments, but Kaylie did not leave the house	Mae and Sam's conversation about roles and responsibilities seems to have helped as he has stepped away from the parenting of Kaylie but has started painting the living room to make it look fresher (painting was one of the ideas that Mae had about improving the atmosphere at home). Although Kaylie has continued to leave home without permission there has been no physical aggression indicating the safety plan is working in part. However, changes have not yet been made to strengthen the plan as last week was spent gathering further information about supports to develop the plan.	Mae to keep praising Sam for his change in role and providing reminders when required. Mae to recognise and praise Kaylie for her efforts to change. Safety plan to be reviewed and support built in for Mae if Kaylie does leave the home.

Were there any barriers to progress: Mae does not wish to meet with local Police to discuss concerns about the older males. Although Mae spoke to Kaylie about doing something together Kaylie is not keen to engage in an activity with her mum, so this has not been arranged.	she spent them in her room on her own. Although Mae followed Kaylie into the street and asked her to come back when she left without permission, she did not follow through with trying to find Kaylie and get her back home as detailed in the plan, so she stayed out overnight on 2 occasions (Last week 2), it is believed with the older peers/males (Last week 2). She was at home safe overnight on 5 occasions (Last week 5).	The work looking at what is known about Kaylie's peers and the older males identified gaps in knowledge that school or other parents might be able to help with. Kaylie has positive friendships that can be built on. All agreed on a family activity each week – pizza, film, and popcorn night.	

Week Three: Plan. Based on the review of week two the intervention plan for week three was developed:

Kaylie: Intervention week three (PLAN)			
Set objectives:	Improve relationships and adaptive coping in the home Develop community safety plan to retrieve Kaylie and keep her safe if she leaves home without permission		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If we improve relationships in the home and develop adaptive coping strategies, then there will be less conflict in the home and the risk of harm from violence and unauthorised absences will be reduced. There will also be an increased likelihood that Kaylie will want to spend more time at home and invite peers over.	Using the sequences Jackie will spend some time with Mae to develop skills to de-escalate situations, prevent conflict and improve relationships. Mae to organise the pizza, film, and popcorn night that Sam and Kaylie agreed to have together as a family once a week. Mae to re-emphasise that she would like to spend more time with Kaylie after they have had the film night together. Mae to have a conversation with Kaylie about her friends and the type of things they like doing and ask her what would make it easier for her to ask her friends over to the house. Mae to keep praising Sam and Kaylie for changes in behaviour and provide reminders when required. Jackie to support Mae to set up a meeting with the school to discuss 1) her concerns about where	Weekly for next three weeks Within week Within week Within week Within week Within week	The number of times the following occur in a week: • Kaylie attempts to leave home without permission (Last week 7) • Kaylie leaves home without permission (Last week 2) • Violence is used in response to disagreements (Last week 0) • Kaylie spends time with older peers involved in substance use and offending (Last week 2) • Kaylie stays out overnight (Last week 2) • Kaylie goes out with approved friends, at times and places as agreed with Mum (Last week 3) • Disagreements in the home are resolved in a calm manner (Last week 3)

If we understand more about where Kaylie is going and with whom, we can put plans in place to improve safety in the community and improve the support available to Mae so if Kaylie leaves home without permission, she will feel more able to retrieve Kaylie and bring her back home and the risk of Kaylie experiencing victimisation will be reduced.	Kaylie is spending her time and to see if the school could help put her in touch with the other parents and 2) to ask if the school had heard any information at all about the older males, who they might be or where they might be spending time. Safety plan to be reviewed and support built in for Mae if Kaylie does leave the home. Jackie to support Mae to explain to Kaylie that she is really worried about her safety and although she wants her to be able to have fun, she will be phoning the police from now on if she does not know where Kaylie is, and she does not return home by 11pm. Jackie to discuss Mae's reluctance to have contact with the police and to think about what she might find supportive. Jackie to review the All Around Me tool with Kaylie to see whether there are any more details that Kaylie would like to add.	Within two weeks Immediately End of the week End of the week	• Kaylie is in a safe place overnight (at home or in the home of approved friends) (Last week 5)

The use of the PDSA model would continue to be used to review progress with the intervention until the risk of harmful behaviours had been reduced and outcomes improved.

Jayden: Risk of harmful sexual behaviour

Jayden is 14 years old and lives at home with his maternal grandmother, June. He has lived with his grandmother since he was four years old because of the neglect he experienced in his mother's care due to her substance use. Jayden does not know his biological father. He has no brothers or sisters. He was referred to Social Work due to concerns about his harmful sexual behaviour, specifically the two police charges he received in relation to sexually assaulting two females, aged seven years and eight years, by digital penetration. The victims are the granddaughters of June's friend and the alleged abuse occurred in June's home. As a result, he has been placed on a Compulsory Supervision Order through the Children's Hearing System. An assessment was completed with Jayden and June using the GIRFEC National Practice Model and the AIM3 assessment model. The AIM3 identified domains and factors where there are strengths and concerns. It was agreed that immediate support would be provided to Jayden and June to reduce the risk of further harm in the future and improve outcomes and that this support would be provided by the Social Worker (Tom) who completed the assessment. The formulation resulting from the assessment led to the collaborative development of an intervention plan which took into account Jayden and June's hopes for the future and the strengths within the family and wider community that could support this work.

Initial formulation and intervention plan. The initial formulation and intervention plan below is based on the assessment which was informed by the AIM 3 assessment model. The initial intervention plan is for the forthcoming three months. The case example shows how the interventions (column on the right) are matched to the formulation (column on the left).

Jayden: Initial formulation and intervention plan • What harmful behaviour does the intervention plan focus on: Harmful sexual behaviour	
What is the nature of the harmful behaviour?	**What intensity of intervention is required to address it?**
Harmful sexual behaviour - at present there is a risk that Jayden could engage in further contact harmful sexual behaviour against prepubescent females if unsupervised in their company. This could occur within homes or outdoors if the opportunity were to arise. The assessment also indicates that if given the opportunity there is a risk of contact harmful sexual behaviour towards older vulnerable females. The harmful behaviour is likely to involve Jayden inserting his fingers into the female's vaginas and getting the females to touch his penis, although there is the potential for this to escalate over time.	There is a need for intensive interventions to be put in place to reduce future risk of harmful sexual behaviour with an immediate need for safety planning (home, school & community) to protect others and for an increase in the supervision and monitoring of Jayden.
What key factors contribute to or drive the risk of the harmful behaviour happening?	**What interventions should be used to reduce these key factors?**
June is quite isolated with limited social supports and tends to cope with difficult situations by using avoidance strategies. She has struggled to deal with the impact that bullying at school has had on Jayden's behaviour and his reluctance to attend school. This coupled with limited opportunities for Jayden to interact socially with peers out with school has led to Jayden becoming socially isolated. As a result of these factors Jayden experiences low self-esteem and his social skills are limited. He feels more comfortable with younger children as he believes they are less likely to make fun of him and laugh at him. Due to irregular attendance at school and June's reluctance to have conversations about relationships and sexual health Jayden's knowledge is very limited. He has therefore sought out this information through the internet as he has reached puberty. This has	Tom will support June to improve her knowledge of the internet and technology and to increase her supervision and monitoring of Jayden online, at home and in the community in line with the safety plans developed. Tom will support June to work with the school to address the bullying and to develop a plan for Jayden to return to school. Tom will work with Jayden, June, and the school to help develop Jayden's social skills and adaptive coping strategies. Tom will work with Jayden, June, and the school to improve Jayden's knowledge and understanding of relationships and sexual health with

included accessing adult mainstream pornography which appears to have been through curiosity about sexual relationships. There does not appear to be a specific sexual interest in prepubescent females at this time and there is no evidence of Jayden accessing indecent images of children. However, June's limited knowledge of technology means that she does not know how to provide the supervision or monitoring required to ensure the safety of Jayden or others online.	a specific focus on consent, what is legal/illegal sexual behaviour and pornography.
What are the key factors that may reduce the risk of the harmful behaviour occurring?	What interventions should be used to build on these factors?
Jayden's general behaviour is good. He can adhere to rules and has not engaged in any antisocial behaviour, offending or substance use. He has an interest in computers and gaming and would like to become a computer programmer. Jayden has a couple of friends that he plays computer games with online. Jayden has demonstrated good problem-solving skills when applied to practical tasks. Although embarrassed, Jayden appears to be taking responsibility for his harmful sexual behaviour and motivated to work with professionals. June provides a stable and nurturing home environment. She appears to be willing to engage with professionals and understands the seriousness of the charges.	Tom will make sure the work around relationships and sexual health draws on Jayden's ability to adhere to rules and problem solve. Tom will support June to explore opportunities for Jayden to engage in computer programming/gaming clubs so that he can have increased opportunities to socialise with peers and develop his self-esteem. Tom will assist June to find out more about Jayden's online gamer friends e.g., who they are, how old they are, where they live etc. and whether it would be appropriate to encourage face-to-face contact.
What are the specific scenarios or situations that could lead to the harmful behaviour?	What interventions should be used to help prevent these?
If Jayden remains isolated from peers, he will continue to experience low self-esteem and emotional congruence with younger or more vulnerable females which could result in him engaging in further harmful sexual behaviour. If Jayden continues to access unchallenged information about relationships and sexual health through the internet and pornography his views and sexual interests could become unhealthy and	Tom will support June and Jayden to consider the characteristics he would value in peer friendships and to problem solve how he could start to form new peer friendships. Tom will help June to put parental controls in place so that Jayden is less likely to be able to access age-inappropriate material on the internet and to improve her knowledge about how to monitor sites accessed.

entrenched leading to further, and potentially more varied, harmful sexual behaviour.	Tom will support June to link in with the school to discuss the ongoing learning that Jayden will receive at school about relationships and sexual health and how she can reinforce this learning at home.
What could happen that could lead to reduced risk of the harmful behaviour occurring?	What interventions should be used to bring about these?
If June and Jayden have increased socialisation opportunities and support networks, there will be more opportunities to be able to learn from others and discuss issues around adolescent relationships and sexual health. If Jayden has enjoyable peer relationships, then he will be more likely to be able to form age-appropriate intimate relationships in the future.	Tom will work with June and Jayden to help them develop their support networks so that they can access advice and guidance both formally and informally. Tom will support June and Jayden to consider the characteristics he would value in an intimate relationship and to consider how he might meet such a person in the future.
Are there additional goals that are important to healthy development?	What interventions should be used to work towards these?
None identified at present.	

It was agreed by everyone that they would work together over the next three months to reduce the risk of further harmful sexual behaviour and to improve Jayden's circumstances, with a review of progress at this point. Tom was clear that the overall aim was to help them develop the skills and confidence they need to be able to manage without formal input in the future. It was agreed that each week they would develop a plan of manageable steps and monitor progress. However, it was acknowledged that it was important everyone felt safe and comfortable with

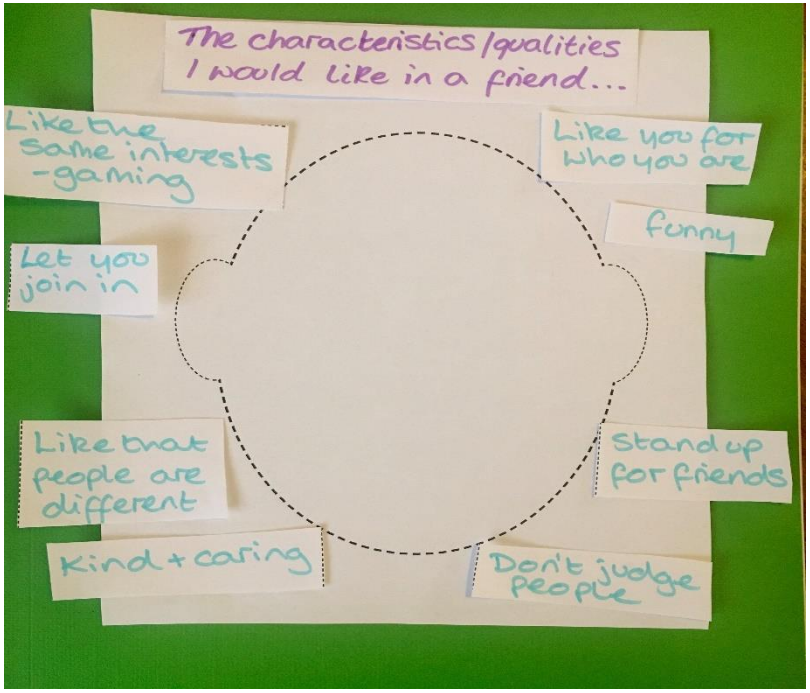
each other as some of the issues that would be discussed may be uncomfortable at times. It was therefore agreed that there would be regular discussions about the pace of the work, where this took place and how safe and comfortable everyone was feeling. The first three weeks were spent developing safety plans for home and the community and helping June to increase supervision and monitoring of Jayden so that everyone was kept safe while other skills are learnt. A meeting with the school was also held to discuss getting Jayden back into school by addressing the bullying he has experienced and by developing a school safety plan to reduce the risk of any opportunities for harmful sexual behaviour to occur. During these three weeks Tom also started working jointly with June and Jayden to introduce them to work on relationships and sexual health. It was agreed that for the most part this work would be undertaken with both Jayden and June so that Jayden would have ongoing support from a trusted adult if he needed to discuss anything. This initial work included helping them to become more comfortable with the topic, ensuring everyone had an understanding of different body parts and an agreed language for these, the effects of puberty on bodies on what sexual intercourse is. The plans for weeks four, five and six of the intervention and how these looked are detailed below.

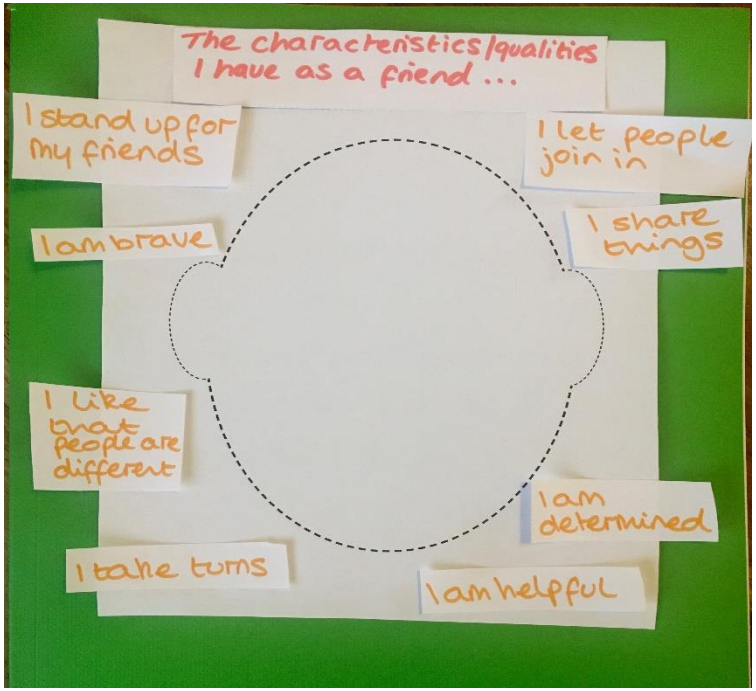
Week Four: Plan. Using the PDSA model this is the intervention plan that was developed for week four. It provides an example of how the interventions identified in the initial intervention plan were prioritised and broken down into smaller and more achievable detailed steps required over the next week. It also details what needs to be monitored to ensure the plan is having the desired effect.

Jayden: Intervention - Week four (PLAN)			
Set objective:	Tom will support June and Jayden to consider the characteristics he would value in peer friendships and to problem solve how he could start to form new peer friendships. Tom will work with Jayden, June, and the school to help develop Jayden's social skills and adaptive coping strategies.		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If Jayden has enjoyable peer relationships, then he will be more likely to be able to form age appropriate intimate relationships in the future.	Tom will use the RSHP Second level resources as a basis for educating Jayden and generating discussion between Jayden and June on: • What is a friend • Making and keeping friends Tom will provide Jayden with opportunities to practice conversation openers and to think about what his body language communicates. June and Jayden (supported by Tom) will have a follow up meeting with the school to identify what support they can put in place to help Jayden form new friendships when he returns to school.	Monday's session Wednesday's session Friday's session Tuesday	The number of times the following occur in a week: • Jayden follows the safety plans (Last week 7 days) • Jayden attends school (Last week 0 days) • Jayden attends structured leisure activities (Last week 0 days) • Jayden uses appropriate/newly learnt social skills (Last week 0 times) • Jayden has positive social interactions with age-appropriate peers (Last week 0 times) • Jayden does not attempt to access any inappropriate sexual content online (Last week 7 days)

			• Jayden does not attempt to have unsupervised contact with pre-pubescent children (Last week 7 days)

Week Four: Developing skills – social skills. The RSHP second level module on Friends and Friendship was used as the basis for discussions with June and Jayden about the positive characteristics that Jayden would like to have in a friend and the positive characteristics that he brings as a friend. Jayden identified the following:





Although Jayden was quite clear about what he valued from others in terms of friendship, he struggled to identify what qualities he had as a friend. He became quite emotional discussing this as he is aware that he is quite isolated and has no real friends that he spends time with. With some exploration Jayden was able to identify some qualities that he demonstrates with people when he is gaming online and was able to see that these qualities were transferable to any relationship. The RSHP resource was also used to have a discussion with Jayden and June about how Jayden could work towards making friends. The focus of the discussion was on where and how it would be best to do this as well as how Jayden could make sure he was making age-appropriate friendships. Through the discussion it was identified that it would be best to try and make friends with people that he knew were the same age as him through being in the same class year at school or through organised clubs for his own age group. Jayden had some limited ideas about how he could go about trying to form new friendships and so some of the top tips from the slides on making friends in the RSHP resource were shared and discussed. As Jayden did not feel confident at all about trying these tips out, time was spent practicing them on a 1:1 basis, starting with those he felt most comfortable with. As he became more comfortable with practicing them there was an increased focus on body language and facial expressions as well as what was said verbally. The importance of June being aware of who Jayden was spending time with was also discussed so that she can help Jayden make sure they are appropriate friendships, can supervise them as required, and can help Jayden if any problems arise.

Week Four: Do, Study, Act. The following weekly review sheet for Jayden examines progress with the week four intervention plan and identifies what changes need to be made for the following week's plan.

Jayden: Review of week four (DO, STUDY, ACT)			
Observations:	**What does the data tell us:**	**What was learned (what worked well/not so well):**	**What changes need to be made:**
Were the steps of the objective met: All steps of the objective were met. There is a plan in place for Jayden to return to school next week. He will be supported by a carefully matched peer buddy during breaks and lunch. There is a safety plan in place which will ensure close supervision at all times. There will also be close monitoring and reinforcement of his social skills and positive peer interactions. **Were there any barriers to progress:** No.	• Jayden follows the safety plans (Last week 7; This week 7 days) • Jayden attends school (Last week 0; This week 0 days) • Jayden attends structured leisure activities (Last week 0; This week 0 days) • Jayden uses appropriate/newly learnt social skills (Last week 0; This week 0 times) • Jayden has positive social interactions with age-appropriate peers (Last week 0; This week 0 times) • Jayden does not attempt to access any inappropriate sexual content online (Last week 7; This week 7 days) • Jayden does not attempt to have unsupervised contact with pre-pubescent children	There has been an absence of harmful or attempted harmful behaviours over the past week and Jayden has been following the safety plans every day. However, there is still an absence of more positive behaviours that demonstrate improved skill / outcomes and therefore reduced risk of harm. Jayden and June have engaged well in the work around friendships and developing social skills. Jayden has been able to practice some social skills in a 1:1 situation this week but is still not confident in using these and there is still a lack of opportunities for Jayden to engage in positive behaviours and practice social skills out with the home and with peers.	Continued practice of social skills. Opportunities for Jayden to have positive interactions with age-appropriate peers in a safe, supervised environment need to be provided so that skills can be practiced and reinforced. An understanding of consent and legal/illegal sexual behaviours needs to be prioritised alongside developing social skills.

	(Last week 7; This week 7 days)		

Week Five: Plan. Based on the review of week four the intervention plan for week five was developed:

Jayden: Intervention - Week five (PLAN)			
Set objective:	Tom will support June and Jayden to consider the characteristics he would value in peer friendships and to problem solve how he could start to form new peer friendships. Tom will work with Jayden, June, and the school to help develop Jayden's social skills and adaptive coping strategies. Tom will work with Jayden, June, and the school to improve Jayden's knowledge and understanding of relationships and sexual health with a specific focus on consent and what is legal/illegal sexual behaviour		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If Jayden has enjoyable peer relationships, then he will be more likely to be able to form age-appropriate intimate relationships in the future. If we develop a better understanding of consent, then the risk of harmful	June to support Jayden to attend school as planned. At the start of each session this week Jayden and Tom will spend a few minutes continuing to practice social skills. June and Jayden will explore and come up with plans about potential organised computer programming/gaming clubs that Jayden could join. Tom will use the RSHP Third and Fourth level resources as a basis for educating Jayden and generating discussion between Jayden and June: • What consent means in a relationship	Monday Every session this week By Wednesday Monday's session	The number of times the following occur in a week: • Jayden follows the safety plans (Last week 7 days) • Jayden attends school (Last week 0 days) • Jayden attends structured leisure activities (Last week 0 days) • Jayden uses appropriate/newly learnt

sexual behaviour will be reduced.	• The age of consent Tom will check Jayden's understanding about what consent means and the age of consent and will provide him with opportunities to consider ways in which he could ask for consent and to think about what body language communicates.	Wednesday's session Friday's session	• social skills (Last week 0 times) • Jayden has positive social interactions with age-appropriate peers (Last week 0 times) • Jayden does not attempt to access any inappropriate sexual content online (Last week 7 days) • Jayden does not attempt to have unsupervised contact with pre-pubescent children (Last week 7 days)

Week Five: Developing skills - social skills; Improving relationships and support - Relationships peers. As well as continuing to practice social skills at the start of each session the RSHP third and fourth level module on Consent was used as the basis for discussions with June and Jayden on what consent is, situations where you do not have consent and how you know that you do have consent. Some of the slides were used to clarify understanding at the start about what an intimate relationship is, what a healthy relationship is and to ascertain Jayden's understanding of consent. Although Jayden was aware of the basic meaning of consent it was clear that a deeper understanding needed to be developed. The YouTube videos in the resource were used to explain what consent is in more detail along with the slides explaining what consent means and how you know someone has given their consent. The scenarios were also used to gauge Jayden's understanding of what

had been discussed. The age of consent cards were used to find out Jayden and June's understanding of the law in relation to the age of consent and to clarify any misunderstandings.

Jayden: Review of week five (DO, STUDY, ACT)			
Observations:	**What does the data tell us:**	**What was learned (what worked well/not so well):**	**What changes need to be made:**
Were the steps of the objective met: All steps of the objective were met. Jayden continued to follow safety plans including the safety plan in place at school. He has attended school every day this week and has been observed to have positive interactions with his peer buddy every day. He has also been observed to start a conversation with two different peers in class this week. They have identified a suitable computer programming club that is held every week that Jayden can start going to. **Were there any barriers to progress:** No.	• Jayden follows the safety plans (Last week 7; This week 7 days) • Jayden attends school (Last week 0; This week 5 days) • Jayden attends structured leisure activities (Last week 0; This week 0 days) • Jayden uses appropriate/newly learnt social skills (Last week 0; This week 2 times) • Jayden has positive social interactions with age-appropriate peers (Last week 0; This week 5 times) • Jayden does not attempt to access any inappropriate sexual content online (Last week 7; This week 7 days) • Jayden does not attempt to have unsupervised contact	The peer buddy has worked well in helping Jayden settle back into school and he has had the opportunity to practice the social skills he is learning. He has been reinforced for these new skills at school. June has been unable to provide praise for this at home as she has not had any feedback from the school.	Improved communication between home and school so that behaviours can be monitored by June and reinforced.

	with pre-pubescent children (Last week 7; This week 7 days)		

Week Six: Plan. Based on the review of week five the intervention plan for week six was developed:

Jayden: Intervention - Week six (PLAN)			
Set objective:	Tom will support June and Jayden to consider the characteristics he would value in peer friendships and to problem solve how he could start to form new peer friendships. Tom will work with Jayden, June, and the school to help develop Jayden's social skills and adaptive coping strategies. Tom will work with Jayden, June, and the school to improve Jayden's knowledge and understanding of relationships and sexual health with a specific focus on consent and what is legal/illegal sexual behaviour.		
Make predictions:	**Plan to carry out the cycle (who, what, when):**		**Plan for data collection (What do we need to monitor to know our intervention is working?):**
If Jayden has enjoyable peer relationships, then he will be more likely to be able to form age-appropriate intimate relationships in the future.	Tom will support June to contact the school and have a conversation with them about sharing information about Jayden's progress so that this can be reinforced at home as well. At the start of each session this week Jayden, Tom and June will spend a few minutes reviewing his use of new social skills (what went well/not so well). June will support Jayden to attend the computer programming club. Building on Jayden's problem-solving skills and using the information from the initial assessment about triggers to the	On Monday Every session this week On Wednesday Monday's session	The number of times the following occur in a week: • Jayden follows the safety plans (Last week 7 days) • Jayden attends school (Last week 5 days) • Jayden attends structured leisure activities (Last week 0 days) • Jayden uses appropriate/newly learnt

If we develop a better understanding of consent, then the risk of harmful sexual behaviour will be reduced.	harmful sexual behaviour (feeling down, lonely, sexually curious) Tom will spend a session with June and Jayden to explore what strategies Jayden can use in the future as alternatives to harmful sexual behaviour. Tom will spend a couple of sessions with Jayden and June building on and developing the adaptive coping strategies that can be used when these feelings occur.	Wednesdays and Friday's session	social skills (Last week 2 times) • Jayden has positive social interactions with age-appropriate peers (Last week 5 times) • Jayden does not attempt to access any inappropriate sexual content online (Last week 7 days) • Jayden does not attempt to have unsupervised contact with pre-pubescent children (Last week 7 days)

The use of the PDSA model would continue to be used to review progress with the intervention until the risk of harmful sexual behaviour had been reduced and outcomes improved.

Section 6: Communicating intervention outcomes

Communicating intervention outcomes is incredibly important firstly so that progress and strengths can be recognised and secondly so that informed decisions can be made. There are various aspects to consider when communicating intervention outcomes to ensure that this is done effectively - who the audience is that you are communicating with, how accessible what you are communicating is, what content is important to communicate and what language is being used to do this. These aspects are considered below.

Audience and accessibility

One of the first considerations when communicating the outcomes from interventions must be who the information is being communicated to. This will differ depending on the individual circumstances and may include other professionals such as Panel Members from the Children's Hearing System, Social Work Managers, Court Personnel, Education staff or the Chairs of Care and Risk Management (or equivalent) meetings. Each of these will have their own standards and formats as to how information should be communicated. However, the audience will also always involve the child and their parents or carers and so consideration must be given to the most appropriate format for communicating this information. Where professional reports are required, The Promise has highlighted that "The workforce must be considerate and write reports in a clear, relatable way, in plain English. Reports must be written in the assumption that the young person will read them at a later date" (page 69). The Calls to Action in the Our Hearings, Our Voice Zine includes an action that 'Social Workers must spend time with me to explain the things they write in my reports'. In addition, Standard 36 of the Secure Care Pathway and Standards Scotland states "I am supported to contribute to and comment on all reports that are written about me in a way that works for me. The person writing the report consults with me and I have my say about all the recommendations and decisions that affect me".

It is therefore essential that the chosen reporting format is accessible for children and their parents or carers. Many children who find themselves in conflict with the law have speech, language, and communication needs (SLCN), which 'invites the conclusion that youth justice practitioners must approach their work with young people with the expectation that SLCN will be present, unless there is specific evidence to the contrary' (CYCJ, 2021; page 14). To assist with understanding of SLCN's Section 9 of *A Guide to Youth Justice in Scotland: Policy, Practice and Legislation* provides some general speech, language and communication guidance.

A document by the organisation Change, *How to make information accessible: A guide to producing easy read documents*, contains some helpful tips that can be incorporated into written reports. The guide highlights that information should be accessible with short, simple sentences without any hard words or jargon. Where it is necessary to include jargon then an explanation of its meaning should be provided. It advises that you should always ask yourself whether there is an easier or shorter word that you can use instead and if there is not then to explain what the word means. It is suggested that the information is broken up into smaller chunks and that a clear and easy to read font such as Arial or Tahoma is used. It is also helpful when the font is at least 14pt in size and when extra space is added between lines of text e.g., 1.5 spacing. The recommended ideal number of letters in a line of text is 60 and it helps to have the text aligned to the left with a ragged edge on the right. In addition, a toned background behind the text can reduce the glare of the paper. These tips for written communications should make the content more accessible for people.

Collaborating with the child and their parent or carer should enable their views to be heard and incorporated into any report and enable them to ask any questions and make comments on the report content after it has been discussed and explained.

Content and language

As well as considering the audience and accessibility of the communication of any intervention outcomes, the content also needs to be given considerable thought. Research into a sample of children who were referred to the Intervention for Vulnerable Youth project for a consultation about their violent behaviour found that overall, very little detail was available regarding the interventions that had been tried with children or their parents or carers. It may have been that the detailed elements of intervention were absent or that they were just not explicitly reported in the referral and during the consultation (Murphy, 2018). However, the detailed elements of interventions are necessary for progress to be monitored and to assist with decision making and planning going forward in the future. At a minimum the content should include the collaborative aims or desired outcomes of the intervention, the action plan in place and strategies tried to achieve these, the progress or barriers to achieving the outcomes and the evidence for this from the monitoring of specific behaviours. Any tools used to guide the initial assessment (e.g., the START:AV, SAVRY, AIM3) should be revisited and the evidence of change clearly documented. As discussed above, the content should include the views of the child and their parents or carers as to the progress and achievements made, what helped or did not help, what their strengths were and what support if any is needed to help achieve their hopes for the future following intervention. The Secure Care Pathway and Standards Scotland highlights the importance of content in Standard 37: “I am confident that any decisions, reports and plans made and shared about me focus on my hopes, strengths, achievements and goals, as well as on my needs and risks”. Communication of intervention outcomes that share a balanced perspective is crucial for maintaining motivation, hope and for future planning.

The language used within communications also needs to be given great consideration as it can have a considerable impact on children and their families. Additionally, the language that is used in communications can influence views and decisions and stays on record for significant periods of time. The Our Hearings, Our Voice Zine has highlighted the need to stop labelling children e.g., ‘troublemaker, aggressive, unstable’. The Promise has also stressed that the language surrounding care experienced children must change as it ‘compounds a sense of being

different, can exacerbate low self-esteem and is stigmatising' (page 10). Some words specifically highlighted by children that need changed include 'unit', 'placement', 'contact', 'respite', 'siblings' and 'LAC' (looked after child) as they are not the same as those used by their non-care-experienced peers. The recent policy paper by Barnardo's (Kirkman, 2020) on the sexual exploitation of children involved in the Children's Hearing System in Scotland found that the language used in reports can be victim blaming, when making statements such as children 'putting themselves at risk'. The report documented the need to reframe the wording of statements and to be explicit about what is happening to children such as 'they become vulnerable due to their circumstances and when their needs are not being met, which is exploited by abusers' (page 11).

When communicating intervention outcomes, it can be helpful to describe behaviours and to provide context rather than labelling the behaviour. For example, rather than 'she was involved in assaulting another child', specific detail such as 'she slapped a female peer across the face in an instant reaction to being called unkind names' or 'she pulled a female peer to the ground by her hair and proceeded to kick her in the stomach and head for a period of about 5 minutes in reaction to being call unkind names by her the week before'. By providing a description and context it is easier to understand the nature, severity, and drivers of the behaviour, whereas the term 'assault' can be wide ranging. Applestein (1998) provides good examples of how some common labels given to children can be reframed in a positive/hope-based manner. For example (see overleaf):

Pejorative Label	Positive, Hope-based reframe
Obnoxious	Good at pushing people away
Rude, arrogant	Good at affecting people, expressive
Resistant	Cautious
Lazy, uninvested	Good at protecting oneself from further hurt
Manipulative	Good at getting needs met
Just looking for attention	Good at caring about and loving oneself
Closed	Loyal to family/friends
Different, odd	Under appreciated
Stubborn, defiant	Good at standing-up for oneself

These aspects - audience, accessibility, content, and language - should be considered every time that intervention outcomes are communicated so that strengths and progress can be recognised and can clearly inform future decision making.

Conclusion

Children in conflict with the law: An intervention planning approach outlines an approach to reducing harm and improving outcomes for children whose harmful behaviour has brought, or may bring, them into conflict with the law. It aims to pull together in one place existing literature, research evidence and resources and provides a format that can assist with structuring the development of individualised, holistic, and systemic interventions as well as some examples of how these can be utilised in practice. It is hoped that the intervention planning approach will be helpful for practitioners, whether used in full, or in part. Practice develops and evolves, and this document will be updated on a regular basis to reflect this.

We welcome feedback on our resources so that they can be adapted, updated, and added to. Please e-mail cycj@strath.ac.uk if you have any comments or suggestions or would like to discuss the resource further.

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Appendix A: Resource toolkit

Goal setting and identification of strengths

NSPCC toolkit - Solution-focused practice: A toolkit for working with children and young people

Treisman - Safe hands thinking minds

NHS Education Scotland - e-learning module on Motivational Interviewing

Safety planning

East Dunbartonshire's Child Protection Committee - *Multi-agency risk management framework and protocol for children with sexually harmful behaviours*

Home

Kent and Medway domestic abuse strategy group - Adolescent violence to parents: a resource booklet for parents and carers

Reducing the risk of domestic abuse - safety planning for children

Family Lives - children who are violent at home

Massachusetts Behavioural Health Partnership - developing safety plans with families

Knightsmith - safety planning form for use with self-harming or suicidal behaviours; video about suicide safety planning

Nottingham City Council and partners - *Professional resource pack for supporting young people with self-harm and suicidal behaviours*

Stop it Now - safety planning where you think that a child may be at risk of sexual harm

Community

Contextual Safeguarding Network - All Around Me tool; Safety Mapping Tool; What's Happening Tool

Understanding and modifying unhelpful thoughts, feelings, and behaviours

TherapistAid - cognitive behavioural therapy (CBT) resources; cognitive restructuring; worksheet for looking at the connection between thoughts, feelings and actions; identify feelings; common thinking errors

Stallard (2002) - Think Good – Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People

SafeSpot - stress/anxiety

Aggression and violence

TherapistAid - anger

NHS - advice on teen aggression and arguments

Relate

Family Lives

HelpGuide

Crisis Prevention Institute - ten tips for how to respond to hostile and aggressive behaviour

TherapistAid - worksheets; videos that may be helpful to explain anger warning signs and develop relaxation techniques

Gangs - Relate; Family Lives; Childline; NSPCC

Carrying of knives - No Knives Better Lives

Self-harm

NHS Education for Scotland and Public Health Scotland - animated learning resources

Mental Health Foundation - *The truth about self-harm*

SAMH - *Understanding self-harm*

University of Oxford - *Coping with self-harm: A guide for parents and carers*

Knightsmith - helpful resources

Young Minds - *No Harm Done resource packs*.

Nottingham City Council and partners - *Professional resource pack for supporting young people with self-harm and suicidal behaviours*

Calm Harm

MeeTwo

Harmful sexual behaviour

NSPCC

McGrath (2019) - guidelines for parents and carers

Relationships, Sexual Health and Parenthood

sexpositivefamilies.com

Thinkuknow - activity sheets; advice for parents and carers.

Stop It Now - helping individuals who are concerned about their thoughts or feelings about children; *Understanding the behaviour*; *Wellbeing and self-care*; harmful sexual behaviour,

Substance use

Young Minds - *Supporting your child – drugs and alcohol*

Family Lives

Young Scot - alcohol; drugs

TalktoFrank - information on a range of substances; advice if you are worried about a friend or a child or experiencing peer pressure

Developing skills

Stallard (2002) - Think Good – Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People

SafeSpot website - Problem Solving and Wellbeing

TherapistAid - Problem Solving Packet

Shapiro (2004) - *101 Ways to teach children social skills*

Worksheetplace.com - worksheets on social skills

Improving relationships and support

Home

NSPCC - *Positive Parenting*

Save the Children - *A guide to building healthy parent-child relationships*

TherapistAid - parenting and behaviour; rewards and consequences and time outs

Raising Children - communication and family relationships; how to work as a team and back each other up; how to communicate with each other and manage conflict; how to look after yourself and manage emotions.

Relationships Scotland - parenting apart

Peers

Contextual Safeguarding Network - All Around Me tool

Relationships, Sexual Health and Parenthood

Community

NSPCC - protect children from peer-on-peer sexual abuse

Education Scotland National Improvement Hub - identify, understand and respond appropriately to sexual behaviours in children

Support

Raising Children - on how to build social connections

NSPCC - Solution-focused practice: A toolkit for working with children and young people

Restorative Justice

Scottish Government and partners - action plan.

Scottish Government (2017) - Guidance for the Delivery of Restorative Justice in Scotland
CYCJ - Restorative Justice resources

Closure and endings

NSPCC - *Solution-focused practice toolkit*