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

Section 5: Managing Risk of Serious Harm

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Contents

1. Introduction

There are a small but significant number of children and young people in Scotland who present a risk of serious harm to others as a result of their behaviour.

This group is considered to present a risk of serious harm because their behaviour has already caused serious harm to someone, or has potential to do so. Risk of serious harm is defined as "the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible" (Risk Management Authority, 2011:24)

Many children who are at risk of causing serious harm to others will have complex needs and may have experienced multiple traumas in their lives (Creeden, 2013). This presents challenges for services in respect of the need to manage the risks children present with in order to promote public safety, whilst respecting their rights and supporting them to address their behaviour and realise their full potential (see Section 11). A high level of expertise and training is therefore required. As some teams will only infrequently work with children and young people presenting a risk of serious harm, support from specialists with experience in this field may be beneficial. Appropriate and high quality support to staff is essential as harmful behaviours of a serious nature can also attract considerable public attention and media coverage, generating high levels of anxiety for professionals.

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

2. Key Messages from Research

Violence

Violence is a broad term that has proven difficult to define precisely and distinctions are often made between various types of violence, for example: youth violence, gang violence, domestic violence, sexual violence, knife crime and stalking. The World Health Organisation defines violence as:

> "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug, Mercy, Dahlberg, & Zwi, 2002:5)

There are four means by which violence may be inflicted: physical; sexual; psychological attack; and deprivation (World Health Organization, 1996). According to this definition, the key elements contributing to violence are: the level of intent, whether coercion or force is used, and the potential for harm to the person, whether this is realised or not (Risk Management Authority, 2011; Scottish Government, 2014).

There is an overlap between violent behaviour and harmful sexual behaviour (HSB), insofar as some abusive incidents may be acts of sexual violence (e.g. rape). However, there are also clear differences, in that not all violent behaviour has a sexual component and some sexually abusive acts do not use physical force or physical coercion.

Over the past decade there has been a significant reduction in violence in Scotland (Batchelor, Armstrong, & MacLellan, 2019). Although the number of children and young people engaging in violent behaviour is difficult to determine in Scotland, it appears that the biggest overall contribution to the reduction in violence is the reduction of incidents involving the use of weapons in public places (Skott & McVie, 2019). Offences of Homicide, Attempted Murder, Serious Assault and Robbery have all decreased across the age groups, however, the largest decreases were seen for those aged 16-24 years (Scottish Government, 2019). Despite this significant decrease, levels of violence appear to remain disproportionately high for male children and young people in the most deprived areas (Batchelor et al., 2019).

Key Messages from Research: Violence

- **Physical aggression has been shown to increase from around age 11, peaking around age 13 to 15 (Kirsch & Becker, 2006).** In Scotland, this was the case for both girls and boys (McAra & McVie, 2016). Gallarin and Alonso-Arbiol (2012) highlighted within their paper on parental attachment that it is not just behavioural elements that must be considered, but also the cognitive and emotional aspects of aggression.

- **Childhood violence is a complex phenomenon.** Most children involved in violent behaviour engage in a wide range of harmful behaviours which can include non-violent offending, substance use, self-harm, unauthorised absences etc (Murphy, 2018). However, for some children, violence is the exclusive form of harmful behaviour.

- **Violence often co-occurs with other mental health difficulties or mental disorder.** In a minority of cases, psychopathy can be a factor in violent behaviour, especially when aggression persists into and throughout adulthood. Although the early signs of psychopathy can be identified in adolescence, personality is still highly plastic in pre-adult years. Only a qualified practitioner with an understanding of child development using recognised and validated assessment tools (Risk Managment Authority, 2008) should make a diagnosis in relation to personality disorder in adolescence as this can be difficult to disentangle from other potential diagnoses linked to trauma, attachment and neurodevelopmental issues (Johnstone, 2017).

- **Violence is a predominantly male activity.** In a Scottish context, the majority of offending behaviour by females continues to be non-violent, and over the past ten years there is no evidence to suggest that it is increasing. Although the number of females convicted of a violent crime appeared to be on the increase (McIvor & Burman, 2011) there is no recent evidence that this is the case. In fact the evidence, indicates that violent behaviour by females is decreasing, albeit at a less dramatic rate than in males (Scottish Government, 2019). The Edinburgh Study on Youth Transitions in Crime found that whilst 33% of boys reported involvement in one or

more episodes of violence at age 15, only 12% of girls reported this (McAra & McVie, 2010) (see Section 7: Gender, Equality and Diversity) .

- **Persistent violent behaviour by children is associated with victimisation and social adversity.** The Edinburgh Study of Youth Transitions and Crime (McAra & McVie, 2010) found that key predictors of violent behaviour for boys at age 15 are:

  - Self-harm
  - Crime victimisation
  - Family crises
  - Adult harassment
  - Bullying
  - Alcohol and drug use
  - Early initiation of violence by age 12
  - Poor parental monitoring
  - Weak school attachment
  - Peer offending

  Factors for girls were similar although under-age sexual activity and risk taking were also factors statistically present in the lives of girls involved with violent behaviour at age 15. Children referred to the Interventions for Vulnerable Youth (IVY) service due to their potential risk of causing serious harm to others were found to have experienced high levels of adversity (Murphy, 2018; Vaswani, 2018).

- **Children at risk of serious violent behaviour often display violent behaviours in early years.** Research examining a group of children referred to the IVY project due to concerns about their risk of harm to others found that the mean age of first violence was ten years old, with two fifths of them engaging in violent behaviour prior to 11 years old (Murphy, 2018). There are a range of factors which may be predictive of future violence. These include: bullying or being bullied; sporadic displays of aggression and becoming withdrawn; truanting from school; early formal involvement with police; associating with delinquent peer groups; behaviours such as fire setting and abuse towards animals; substance misuse before age 11; and lack of positive peer influences in early adolescence (Loeber & Farrington, 2001).

- **Most individuals who engage in racially motivated violence are young and male.** In Scotland, reports of hate crime have risen over recent years (Hamad, 2017). Those who engage in hate crime tend to be young, white, male, have previous convictions and be unemployed or in low paid employment (Hamad, 2017). One study that examined religiously aggravated offending in Scotland in 2015-16 found that 41% of the charges were against individuals aged 16-30, and 90% of charges were against males (Scottish Government, 2016).

- **Domestic violence should not be ignored as an issue with children.** An NSPCC study of teenage partner violence found that one in four girls reported partner violence with one in nine girls reporting serious partner violence (Barter, McCarry, Berridge, & Evans, 2009). In Scotland, in 2018-19 there were 936 incidents of domestic abuse recorded by the police where the victim and accused were both under the age of 18 years. Under reporting of this form of violence means that it

rarely comes to the attention of professionals working with children; however, the social prevalence of such behaviours may suggest that attitudes towards gender should be integrated into general intervention work around interpersonal violence.

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

Harmful Sexual Behaviour (HSB)

Sexual exploration and experimentation are normal parts of child and adolescent development and are important in shaping sexual identity and an understanding of relationships with others. As part of this process, children may stretch the boundaries of developmentally expected behaviour in ways that are non-abusive. Distinguishing between experimental childhood behaviour and inappropriate or abusive behaviour can be a complex task and requires practitioners to have an understanding of healthy normative behaviour and issues of informed consent, power imbalance and exploitation (McCarlie, 2009). Further guidance on this subject can be found in the National Guidance on Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns. The Expert Group on Preventing Sexual Offending Involving Children and Young People identified the Brook Traffic Light Tool and Hackett's Continuum of children and young people's sexual behaviours as useful aids to assist practitioners in understanding the developmental appropriateness of sexual behaviours.

Harmful Sexual Behaviour has been defined as:

> "Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult."
>
> (Hackett, Holmes, & Branigan, 2016:13)

This is in line with the definition adopted by the Expert Group on Preventing Sexual Offending Involving Children and Young People (Scottish Government, 2020).

HSB encompasses a range of behaviours and the above definition recognises that sexual behaviours displayed by children can be problematic and harmful but not necessarily coercive or abusive.   Early intervention with problematic behaviours can reduce the escalation of harmful sexual behaviours and prevent offences/crimes taking place.

In the UK around 3% of all crimes committed by children and young people are sexual crimes (Hackett, Phillips, Masson, & Balfe, 2013). A consistent finding in the research is that around one third of sexual offences against children are committed by children under the age of 18 years (Hackett et al., 2016). However, an NSPCC report highlighted that two thirds (65.9%) of contact sexual abuse experienced by children under 18 years was carried out by someone aged under 18. These figures are of course likely to be an underestimate of the level of HSB that occurs as one study has found that four out of five children (82.7%) aged 11-17 who experienced contact sexual abuse from a peer did not tell anyone else about it (Radford et al., 2011).

Scottish Government figures for recorded crime in Scotland indicate that sexual crimes accounted for 5% of all crimes recorded in 2019-20. The number of sexual crimes recorded has increased by 100% since 2010-11. The number of 'Other sexual crimes' recorded by the police has increased over the past few years and is now the largest category within recorded sexual crimes. Research estimates that this growth is largely due to growth in cyber enabled 'Other sexual crimes' such as 'Communicating indecently' and 'Cause to view sexual activity or images'. Almost a quarter of cyber enabled crime had a victim and perpetrator who were both under the age of 16 years in 2016-17 (compared to 8% for non-cyber enabled crimes). A further 28% of these crimes were committed by 16-19 year olds. This increase led to the setting up of an Expert Group on Preventing Sexual Offending involving children and young people. This group, which reported in 2020, commissioned research to further understand the prevalence and nature of HSB involving children in Scotland. Over a two year period there were 260 cases involving children reported to COPFS by the police. A random sample of 96 of these cases was examined and revealed there were 45 cases of children charged with rape, attempted rape and/or sexual assault; 45 cases charged with 'other sexual crimes'; and six cases charged with both categories of offences (Scottish Government, 2020). The group also examined the 216 children referred to SCRA in 2016-17 for allegedly committing at least one sexual offence. Of these, 29 were referred for rape and attempted rape, 101 for sexual assault and 117 for 'other sexual crimes'.

Adolescent white males continue to form the largest group of those who exhibit HSB. However, those from minority ethnic groups, younger children, females and those with a learning disability are to a lesser extent included in any statistical figures (Radford et al., 2011).

Key Messages from Research: Harmful Sexual Behaviour

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

- **Differences in profiles exist across types of HSB.** Research has shown that there may be key differences between children who: harm young children and those who harm peers; engage in contact and non-contact offending; only commit sexual crimes and those who commit non sexual offences and other offences; and those who engage in sexual offending on their own and those who engage in this behaviour within a group (Höing, Jonker, & van Berlo, 2010). Children with intellectual difficulties are often significantly overrepresented in those who have engaged in HSB (Hackett et al., 2013). This group are a particularly vulnerable and neglected group and may need specific intervention responses (O'Callaghan, 1998).

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

experienced more trauma and potentially negative environments than those over 12. Research also indicates that those engaged in Technology Assisted-Harmful Sexual Behaviour (TA-HSB) display different characteristics to those engaged in offline HSB and those engaged in dual behaviours (Jackson-Hollis & Belton, 2017; Scottish Government, 2020).

- **The majority of children who display HSB will not engage in further HSB.** Whilst there will be a small sub-group who are likely to continue such behaviours into adulthood, research shows that targeted interventions can be highly effective in reducing risk even for those children and young people where there is a higher risk of continuing harmful behaviours (Worling & Långström, 2003). Comprehensive assessment and multi-agency risk management through the Care and Risk Management (CARM) process, detailed in the Framework for Risk Assessment, Management and Evaluation (FRAME) with children aged 12-17 can assist in identifying individuals who may be at higher risk of continuing these behaviours into adulthood.

- **Denial of involvement is not an indicator of increased risk of harm** (Hanson & Bussiere, 1998). Many children and young people involved in HSB, as well as their parents/carers will display some form of denial, ranging from full denial of their behaviour to minimising or justifying their behaviour. This is unsurprising as behaviour of this nature is highly stigmatised in society and accepting responsibility is likely to have negative implications for the child. Many children will display some form of thinking that justifies their actions. Overcoming denial should therefore not be considered as a key intervention goal (Marshall, Thornton, Marshall, Fernandez, & Mann, 2001).

- **Sexual abuse often takes place in a secretive context and can involve targeting, coercion or bribery.** Children who display HSB will often be known to the victim, and will sometimes be related (Yates & Allardyce, 2021). The victim is likely to be young and vulnerable and may be deemed not to be a 'credible witness'. When working with children, HSB can often be difficult evidentially to prove and we will not always have a clear legal mandate for assessment and intervention work. Motivation and engagement skills are necessary along with careful consideration of ethical reasons for whether we should or should not engage in intervention work that directly discusses the HSB (Allardyce & McAfee, 2016).

- **Children displaying HSB should not be treated or responded to as 'mini-adults'.** A holistic child-centred approach that considers the child across all of the systems within which they exist - family, education, peer, and community - is crucial. Children benefit from more individualised and child focussed interventions than the group work approaches designed for adults who engage in sexual offending (Hackett, 2014).

HSB and Technology

Children access the internet via phones, tablets and computers for a range of diverse reasons and most offer them positive learning and development opportunities. Technology use is now thoroughly embedded in children's daily lives, with 83% of 12-15 years olds and 37% of 8-11 year olds in the UK having their own smart phone (Ofcom, 2019). Recent

research indicates that around a fifth to a half of all children and young people have been exposed to pornography online by the age of 16 years (Belton & Hollis, 2016). Furthermore, a recent survey of boys in HMP&YOI Polmont reported that they received information regarding sex from online pornography (Scottish Government, 2020).

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

- Some research has found the link between pornography use and self-reported sexually coercive behaviour has been found to be statistically significant (Stanley et al., 2018). There are some views that with the increased availability of high-speed internet access and ease of access to pornography, that pornography can become addictive in nature (Wilson, 2017). Others contest that young people viewing pornography (and specifically indecent images of children) require targeted interventions focussed on dysregulated internet use and atypical sexual arousal (Aebi, Plattner, Ernest, Kaszynski, & Bessler, 2014).

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

- Children in conflict with the law through their use of technology, often have no history of offending behaviour or contact with social services, are of above average intellectual function and from backgrounds which differ to those of the general offending population e.g. not from deprived backgrounds (Aebi et al., 2014; Jackson-Hollis & Belton, 2017; Palmer, 2015; Scottish Government, 2020).

- Children and young people are estimated to be responsible for downloading between three and 15% of indecent images of children (IIOC) (Aebi et al., 2014; Belton & Hollis, 2016).

- A recent survey in Scotland highlighted that the majority of children (78%) were aware that it is an offence to take a nude photo of themselves and share it if they are under 18. However, when boys in HMP&YOI Polmont were asked this question, only one of them was aware that it was illegal (Scottish Government, 2020).

3. Policy Context and Legislation

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

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

- United Nations Convention on the Rights of the Child (UNCRC)
- Getting it Right for Every Child (GIRFEC)
- National Risk Framework (NRF)
- Framework for Risk Assessment, Management and Evaluation (FRAME) with children aged 12-17 and the Care and Risk Management (CARM) process

When working with children who pose a risk of serious harm (Allardyce & McAfee, 2016), in accordance with GIRFEC, practitioners should:

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

In working with children who display risk of serious harm, the NRF is designed to assess wider welfare and child protection concerns and may need to be applied in line with GIRFEC national practice guidance where such concerns are present. The CARM process, based on the FRAME practice standards, was developed to promote child focussed multi-agency practice that values the diversity of the roles, skills and knowledge of the various agencies involved. It is underpinned by GIRFEC and a shared understanding of the language, principles and processes of risk management practice. It is also underpinned by the UNCRC articles. Articles that are specifically relevant to managing the risk of harmful behaviours are:

- Article 3 (best interests of the child): The best interests of the child must be a top priority in all decisions and actions that affect children.

- Article 12 (respect for the views of the child): 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 20 (children unable to live with their family): If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.

- Article 37 (inhumane treatment and detention): 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 (recovery from trauma and reintegration): 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 (juvenile justice): 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 back into society.

Decision-making processes

If a child aged 12-17 years has been charged with a serious offence, there is a presumption that the child will be referred to the Children's Reporter (Gibson, 2019). However, this presumption may be overridden and it may be jointly reported to the Procurator Fiscal (PF) in line with the Lord Advocate's Guidelines. A decision will be made by the PF where the case will be heard.

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

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

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

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

understanding of children, which is developmentally, systemically, vulnerability and trauma informed (Dyer, 2017).

The outcomes from MAPPA and CARM meetings should be recorded in the Child's Plan.

4. Risk Assessment Practice

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

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

FRAME with children aged 12-17 years highlights that assessment is a process that involves four key aspects: Identification, Analysis, Evaluation and Communication.

Identification

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

- Historical and current factors relevant to the child and how these might impact and influence further offending (vulnerabilities) or desistance (strengths)
- Nature of previous and current harmful behaviour
- Seriousness of previous and current harmful behaviour

Following the GIRFEC National Practice Model and FRAME with children aged 12-17, this information should be gathered from a range of sources including from the child themselves, their parents or carers, education, health and the police.

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

- An exploration of beliefs and attitudes that may underpin their harmful behaviour
- The child's understanding of their own history and any prior experiences of victimisation
- Analysis of the function of violence/HSB (Fraser, Burman, Batchelor, & McVie, 2010)
- Strengths, skills and resources
- Future plans and goals

- Exploration of learning style
- Experience of previous interventions/support - what was helpful/unhelpful

Involving Families in the Assessment Process: In addition to gathering information from the child, it is vital to recognise the important roles that parents and carers play in informing risk assessment.

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

Risk Assessment Tools: The information gathered and the identification of the type of harmful and concerning behaviour(s), should inform which risk assessment tool(s) is appropriate. Risk assessment tools ground the assessment in an evidence base and aid consideration of risk. FRAME recommends utilising a structured professional judgement approach. It is the responsibility of the practitioner and the agency to be clear about which risk assessments they utilise within their local authority area, and this may be guided by the Risk Assessment Tools Evaluation Directory (RATED) produced by the Risk Management Authority.

An appropriate instrument is one that is suitable for the individual and in its application, practitioners should be aware of the impact of age, gender, race, mental health and cognitive ability. To ensure that decision-making is responsible, ethical and defensible, risk assessment tools must be applied in line with the guidance provided by the authors of the instrument and should only be undertaken by practitioners who are qualified in the use of the instrument.

Analysis/Formulation

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

- Detailed analysis of past and current harmful behaviour in terms of the pattern, nature, seriousness and likelihood
- Application of a functional analysis in order to explore how, why and when harmful behaviour occurs, periods when it doesn't occur, and begin to identify relevant risk and protective factors (strengths and vulnerabilities).
- A formulation that offers an understanding of the interaction and respective role of risk and protective factors in an episode of harmful behaviour, and helps to identify triggers and early warning signs which may assist in recognising and responding to imminence and inform meaningful risk reduction interventions.
- Identification of likely future plausible risk scenarios based on the evidence you have regarding that child to inform the risk management and risk reduction plan, to develop contingency measures to prevent or reduce the impact of further harmful behaviour.

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

- Helps us consider how general theoretical or empirical knowledge applies to the story of the individual or family that we are working with
- Helps us to understand why a difficulty exists rather than simply describing a set of symptoms, problems or risk factors
- Bridges the gap between describing risk and intervening to manage and reduce risk
- Guides intervention by showing us the pathway that led to the behaviour
- Is individually sensitive and specific
- Allows us to understand complex or co-morbid cases where numerous problems exist together and fuel each other
- Should additionally be trauma, vulnerability, developmentally and systemically informed recognising that harmful behaviour is often a response to unmet need

One of the most commonly used methods of case formulation is the four Ps. For each P, you identify the factors, circumstances or behaviours, which contribute to the harmful behaviour:

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

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

Scenario Planning: An important part of the assessment process involves identifying how risk factors may manifest in the future. This helps to identify what action needs to be built into the risk management plan in order to avert these situations from arising. A scenario planning element exists in a number of structured professional judgement instruments and can prove useful when considering what actions are required to manage the risk. It involves a series of steps. Consideration should be given to identifying the nature, seriousness, victims, circumstances, context and timeframe of harmful behaviour in a number of different scenarios including:

- A similar scenario (repeat), e.g. a repeat of previous behaviours resulting in the same or similar harmful behaviour
- A more serious scenario (escalation), e.g. an escalation in harmful behaviour such as a shift from low level violence to the use of a weapon
- A more positive scenario (improvement), e.g. refraining from harmful behaviour or a reduction in the frequency, seriousness or type of harmful behaviour
- A somewhat different scenario (twist), e.g. evidence of a change in the pattern or circumstances of harmful behaviour, such as variance in location or victim targeting

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

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

Evaluation and Communication

The third and fourth steps in the risk assessment process is evaluation and the communication of this. An assessment can guide a variety of decision-making processes including Children's Hearings, CARM meetings, secure care screening groups and MAPPA. The purpose of the assessment is to inform the decision-making, therefore, the formulation and conclusions should be evaluated against the relevant decision-making criteria in order to determine the most appropriate course of action. The criteria may vary depending on the purpose of the risk assessment, the circumstances and context of the child. In almost every case, evaluation will aid the decision-making process as to whether they are able to remain in, or return to, the community.

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

Terms such as 'high risk' have traditionally been used to attempt to highlight that children present a risk of serious harm; yet such terms fail to capture strengths and positive attributes. The use of such terms also poses a challenge in a world of multi-agency working given that they are subjective and open to interpretation, unless qualified in respect of what we are defining as of concern.

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

- A description of the problem (summarising the nature of the harmful behaviour and the likely risk scenarios that need to be managed)

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

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

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

Additional consideration - frequency of review: Risk is dynamic, changing with time and context, so risk assessments must be reviewed, particularly if there is a significant change in circumstances (for example, further harmful behaviour or a move from secure care back to the community). Also, it should be noted that in line with child development, a risk assessment is likely only to be relevant for a maximum fixed period of six months to a year. Reports should note when risk would need to be re-assessed.

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

In order for defensible decision-making to take place and to ensure proportionate responses to risk, a range of risk management options should be considered.

5. Risk Management Practice

Local authorities should have in place a risk management process for children who display violent or harmful sexual behaviours. FRAME with children aged 12-17 proposes the Care and Risk Management (CARM) process as a best practice formal risk management process. It may be adopted by local authorities as a process with adequate alterations to represent local needs; however, local processes should be signed off by Child Protection Committees (CPCs) and grounded within broader public protection structures and processes (e.g. Community Planning Partnerships). Additionally, local authorities should be cognisant of areas of overlap and the need for CARM processes to complement rather than conflict with existing arrangements (e.g. secure screening panels).

Where aspects of a child's behaviour pose a risk of serious harm, a plan should be developed which clearly outlines how those risks will be managed and reduced. The key areas of this plan should be integrated with the Child's Plan.

The operational requirements for implementing CARM are as follows:

Requirement 1: Referrals to CARM must be made within one day of the behaviour coming to light

Requirement 2: The initial CARM meeting should take place as soon as possible and no later than 21 calendar days after the referral discussion.

Requirement 3: CARM chair must identify appropriate practitioner to complete necessary risk assessments.

Requirement 4: Where a risk assessment has been completed in advance this should be provided five working days in advance to the chair.

Requirement 5: Lead professional is responsible for updating the Child's Plan to incorporate the risk management strategies.

Requirement 6: The CARM chair will establish attendees' views as to whether the child requires ongoing risk management through the CARM process or not and the reasons why.

Requirement 7: Decision of CARM meeting should be reached by consensus, where this is not, it should be recorded and the chair will make final decision whether CARM process is required or not.

Requirement 8: A full minute approved by the chair of the CARM meeting must be circulated to attendees within 15 calendar days.

Requirement 9: The lead professional must communicate key decisions of the CARM meeting to the child and their parent/carer the same day.

Requirement 10: CPC will provide oversight and scrutiny of the functioning of the CARM process, the decision-making, views of children and their parents/ carers involved.

Requirement 11: When a child subject to CARM process has been involved in an incident where further harm has resulted from their behavior the CARM chair must notify the CPC for consideration about whether a Learning Review is required.

- Identification of the type of risks to be managed
- The risk factors/vulnerabilities to be addressed and protective factors/strengths to be developed
- Risk management strategies - monitoring, supervision, victim safety planning and intervention
- Identification of early warning signs or measures of positive change
- Contingency measures
- Limitations

An example of a reporting format for a risk management plan suitable for use with children can be found within FRAME with children aged 12-17.

Monitoring

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

Examples of areas that might warrant monitoring include:
- Frequency of aggressive incidents
- Frequency of unauthorised absences
- Use of pornography (e.g. amount of time/content)
- Frequency of substance use and type of substances used
- The individuals they are spending time with
- Where they are spending time
- Frequency of engaging with supports and seeking advice/guidance
- Frequency of engaging in positive activities or with positive peers
- Use of social networking sites and the content of these
- Emotional state and any changes in these or ability to regulate these

Decisions on what requires to be monitored should be individualised and proportionate to the risk of harm presented. Particular prominence should be given to key factors, which may indicate that the risk of harm is escalating or imminent. Depending on the individual's situation these could be monitored via parents/carers, professionals or in some instances, through electronic monitoring.

Supervision

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

Examples include:
- Building a relationship with an individual

- Motivating an individual to complete an intervention programme
- Allowing activities on the condition the individual is supervised by a responsible adult
- Restricting association, preventing contact with specific peers or adults (including previous or potential victims)
- Restricting activity e.g. preventing a child from attending classes unsupervised
- Restricting movement e.g. curfews, travel bans and prevention from going to certain areas
- Restricting internet use and use of mobile technology
- Preventing telephone or postal contact with previous victims
- A secure placement or custody

A balance must be struck between the child's rights and the safety of others, and this can only be done through a detailed individualised assessment of risk and need, leading to tailored and necessary supervision arrangements. Thought needs to be given to whether risk management becomes so restrictive that the child loses out on significant life experiences. That is to say, that they miss out on 'positive' risk taking experiences, similar to those that most children experience in an age and stage appropriate way, or that risk is inadvertently increased through missed developmental opportunities e.g. restricted opportunities to develop social/relationship skills.

Supervision needs to be linked with monitoring, as breaches in supervision requirements must be ascertained and acted on appropriately. Conversely, the more evidence there is that an individual is able to self-manage and that external circumstances are stable and supportive, then the less need there should be for supervision. This is obviously a dynamic balance that may change over time and there must be evidence across all the systems within which a child exists to support assessment of risk reduction.

Victim Safety Planning

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

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

Where a decision is made to exclude a pupil on grounds of physical or sexual behaviour, this ultimately needs to be premised on a multi-agency assessment of risk. Those making decisions to exclude should be mindful that whilst this may reduce the risk of harm in a school context, it may increase risk in the community due to the child's lack of daily routine and structure.

Interventions

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

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

However, research indicates that interventions with children should be:

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

There is a growing international evidence base for the effectiveness of **Multi-Systemic Therapy** (MST) with violent (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997) and harmful sexual behaviour (Letourneau et al., 2009) although the initial evidence of effectiveness in the UK is limited (Fonagy et al., 2017). Based on social ecological theory, MST is an intensive home-based intervention for families of children with social, emotional and behavioural problems. MST provides an alternative to out of home placements and is designed to address the comprehensive array of factors that contribute to the increased risk of offending, across multiple systems (i.e. individual, family, peer, school, community). MST is one of 18 'model' programmes that meet the high scientific standards effectiveness of Blueprints for Violence Prevention, a project of the Center for the Study and Prevention of Violence at the University of Colorado.

The **Good Lives Model** (GLM) (Ward, 2002) is a strengths-based approach premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of re-offending/harmful behaviour. The authors of the GLM describe offending/harmful behaviour as a way of meeting everyday human needs by inappropriate means. By identifying the person's needs and offering appropriate activities or strategies to meet those needs, this might prevent a repeat of harmful behaviours. The intervention approach for harmful sexual behaviour in Scotland, Safer Lives, is based on the GLM.

In terms of other approaches, increasingly **solution focused approaches** have been employed with children who have engaged in HSB. The signs of safety approach (Myers, 2005; Turnell & Edwards, 1997) is employed by some services in Scotland, and supporters of the solution focused approach stress the importance of collaborative, interactive and motivational methods for working with this group (Jenkins, 2005). There is some evidence that strengths-based, solution focused and empowering approaches are critical in

interventions with vulnerable families and have positive effects on behavioural problems displayed by children, and children who have engaged in offending/harmful behaviour (MacLeod & Nelson, 2000; Seagram, 1997; Woods, 2011).

However, to reduce the likelihood of harmful behaviour in the future, interventions also need to consider the context in which the harm has occurred as harmful behaviours often occur between peers in shared social spaces such as schools, parks, or on the streets. Interventions should therefore also consider peer groups, the locations of harm and patterns of harmful behaviour within these. Simply focusing on the individual child and the family context could result in missed opportunities to prevent further harm (Firmin, 2017). The Contextual Safeguarding approach developed by Carlene Firmin and colleagues is helpful when the harmful behaviour is occurring outwith the home.

Interventions with children where parts of their behaviour pose a risk of serious harm to others is most effective when the young person is in a stable environment and opportunities to re-engage in harmful behaviours are minimised.

In summary, there is a developing evidence base highlighting that the interventions that are effective in reducing harmful behaviours tend to be holistic, trauma-informed, systemic, and address the contexts where harm occurs (Moodie et al., 2015; National Institute for Health and Care Excellence, 2016; Quadara & O'Brien, 2020; Whyte, 2001; Youth Endowment Fund, 2020). See Section 3

Interventions may take place in a variety of circumstances; therefore some comments on the context of intervention work may be necessary here.

Intensive Support and Monitoring Service (ISMS)

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

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

- Holistic assessment: in line with GIRFEC practice and the use of appropriate risk assessment and management processes
- Partnership working: to ensure that supports are effective and consistent
- Corporate parenting: providing children and young people who are looked after with opportunities as highlighted within the alternatives to secure care and custody guidance (2011) and in line with the "staying put" and continuing care philosophies in parts 10 and 11 of the Children and Young People (Scotland) Act (2014).
- Family work: Should focus on factors relevant to the family dynamics considered within risk instruments and consideration given to specific interventions that address systemic family issues, such as Multi-Systemic Therapy (MST) or Function Family Therapy (FFT).
- Accommodation options/supports: Whilst the provision of stable accommodation is crucial for all children and young people there has been recognition of the particular impact for care leavers with Youth Homelessness Prevention Pathway: Improving

Care Leavers Housing Pathways (2019) highlighting the need for transitional support into adulthood and improving accommodation options for such vulnerable groups.

- Immediate provision of support: Speedy responses such as attending court with the child or young person help them to connect responses to their behaviour
- Intensive support/crisis support: Should be flexible and responsive to the needs of children and young people and those who care for them as well as their assessed risks. Consideration should be given to options such as respite care, the provision and intensity of 24/7 support. Frequent reviews of the Child's Plan and services provided is crucial, with the need being to strike the right balance between supports that attend to the risks, yet do not overwhelm the child or their carers, which could contribute to breakdown.
- Monitoring/surveillance where appropriate and proportionate
- Development of community opportunities: should be made available to children where required. This can be in the form of exploring personal interests and identifying pro-social activities for them to become involved in or addressing negative social learning through mentoring and role modelling approaches (Mulholland, Eunson, Murray, & Bowen, 2016).
- Exit strategies/continued support

Movement Restriction Condition (MRC) and Intensive Supports

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

MRCs can be used in a variety of ways:

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

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

Other Agency Measures

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

Police Scotland are able, under the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, to apply for Risk of Sexual Harm Orders (RSHOs), which are civil preventative orders. An application for a RSHO can be made by the police in respect of any person of any age if it appears to the chief constable that that person has, on at least two occasions, engaged in certain inappropriate sexual conduct or communication with a child or children (under 16), and as a result there is reasonable cause to believe that it is necessary for the order to be made. To obtain an RSHO, it is not necessary for the individual to have a conviction for a sexual (or any) offence.

Secure Care

Most children who display harmful behaviour of a serious nature can be managed with appropriate supports in the community. This is, however, not always possible. Secure care (locked facilities within the childcare system) provides a safe and secure environment for children who require care for their own safety and for those who present a risk of harm to others. Secure care currently forms part of a range of measures to bring stability into a child's life and reduce harm to self/others. The Secure Care Pathway and Standards Scotland set out what all children in or on the edges of secure care in Scotland should expect across the continuum of intensive supports and services and provide a framework for ensuring the rights of children are resected and that experiences and outcomes are improved.

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

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

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

The wording of s. 83 (5) of the *Children's Hearings (Scotland) Act 2011* reinforces the gravity of removing a child's liberty and that such a decision must be **necessary** and not merely an option: "having considered all other options including a movement and restriction condition, secure accommodation is considered necessary".

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

Where a Children's Hearing is satisfied a child meets the criteria for secure accommodation, the Hearing **must** consider the use of a movement restriction condition (MRC), as an alternative to a secure placement. This allows the child to continue to reside in the

community but be subject to close monitoring and support with movement restrictions placed on them as a condition of their Compulsory Supervision Order (CSO).

The need for secure care should be assessed as part of the risk assessment process, where the risk presented indicates an imminent likelihood of serious harm, either to the child or other. Where a decision may be made to place a child in secure accommodation, the *Children and Young People (Scotland) Act 2014* highlights that the views of the child should be taken into account (Moodie, 2015).

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

Placement through Children's Hearings

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

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

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

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

In emergency situations children can be held in secure care if the Chief Social Work Officer of the local authority and the Head of a Secure Establishment agree that legal criteria are

met. This type of admission is sometimes termed 'administrative transfer' or 'Social Work Director's transfer'. It is used in situations where there is serious and immediate risk to self or others. Placements through this route need to be considered by a Children's Hearing within 72 hours of being made and should only be used as a last resort.

Placement through the courts

Many secure placements come via the [Criminal Procedure (Scotland) Act](#) 1995 despite the current drive of the Whole System Approach to divert children (including 16 and 17 year olds) from the adult Criminal Justice System. Children awaiting trial can be held in secure accommodation on remand under s. 51 (1). This allows a court to remand children under 16 years to the care of the local authority and this may be (although need not be) in secure accommodation. Remands are generally for an initial seven days and may extend to 140 days. Serious offences involving children are dealt with under solemn procedure. Children convicted of murder may be sentenced under s. 205 of the 1995 Act, which carries a mandatory life sentence. Those convicted of other cases heard on indictment can receive a determinate length of sentence under s. 208. Children convicted of an offence under summary procedure may be sentenced to residential accommodation under s. 44 (1) of the Act for a period of up to a year, although they can only be kept in secure accommodation if the legal criteria above are met.

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

Transitions and Endings

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

In effect, some sort of plan should be in place that ensures:

- The child or young person is in stable accommodation
- There is positive involvement in terms of education or training, with appropriate contacts that can offer support to the child or young person
- The child or young person is able to make positive use of their leisure time
- The child, young person and/or family know who can offer advice or support if required
- The child or young person can appropriately use skills and techniques to self-manage any risky thoughts, feelings or behaviours they may have

- Those key agencies who remain involved with the child, young person or family know how to seek advice if they have concerns in the future.

6. Staff Supervision and Support

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

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

Learning themes from Significant Case Reviews often highlight the need for improvements in staff training, supervision and support (Care Inspectorate, 2016; Glasgow Child Protection Committee, 2013). In particular, the need for reflective supervision practices is often highlighted so that there can be constructive challenge about judgments and progress in reducing risk. This is especially important in complex cases. The SSSC Step into Leadership resource contains a useful supervision learning resource which promotes good practice in supervision across social work and social services, although it is also applicable across other services.

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

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

7. Conclusion

Children will present with behaviours that pose significant and serious risk of harm to others. It is our role to understand these behaviours through robust assessments that take account of all the systems within which the individual child exists and the relevance and impact of these systems and experiences upon that child. Risk practice must be undertaken through a child-centred lens informed by appropriate theories, knowledge and training. Additionally,

appropriate risk assessment instruments should be utilised to ensure robust risk management plans that seek to reduce risks and promote and build the capacity of that individual child and their system of support. Risk practice is not a one size fits all and it should reflect the individuality of that child within meaningful interventions and treatments. It must be reflective and requires review and evaluation of outcomes to ensure adaptation in response to changes in risk, whether these be an increase or reduction in harmful and concerning behaviours. Risk practice must be a collaborative endeavour that necessitates multi-agency collaboration.

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