

CHILDREN AND YOUNG PEOPLE IN CONFLICT WITH THE LAW: POLICY, PRACTICE AND LEGISLATION

Section 9: Theory and Methods

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1. Introduction

Since the implementation of [Getting It Right For Every Child](#) (GIRFEC) in 2006, the youth justice landscape has changed significantly. The approach to working with children and young people in conflict with the law has moved away from a specialist assessment intervention model, becoming increasingly multi-agency and holistic in nature. Much of this work is done out-with specific youth justice teams, and whilst this may have benefits in terms of providing a consistent approach to meeting the needs of all children and young people, it also has implications for the maintenance of specialist knowledge and skills, professional confidence and the wider workforce development. This section aims to provide information on the key theories and methods relevant to all practitioners working with children and young people in conflict with the law.

Theories and methods used are not unanimously agreed upon, with some more developed, and youth specific, than others. This section will outline and evaluate the most prevalent child development and offending behaviour theories, and consider what research currently tells us about the most effective methods for achieving positive outcomes for children and young people who come into conflict with the law. Importantly, these theories must be considered within the Scottish context of the [Whole System Approach to Young Offending, GIRFEC](#) and Children's Rights, particularly given the recent passing of the [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#).

The labelling of children's behaviour as criminal can be harmful as it has the potential to stigmatise and reinforce negative self-image and behaviour (Sapouna, 2015). This is supported by the findings of the Edinburgh Study of Youth Transitions and Crime (McAra & McVie, 2010), which has shown that children and young people involved in offending behaviour who are warned or charged but have no further contact with the youth justice system have better outcomes than those who have further involvement. In fact, the findings suggest that in some cases, doing nothing is better than doing something in terms of achieving reductions in serious offending (Goldson et al., 2010). This study was influential in the development of the [Whole System Approach](#) (WSA) in 2011.

The WSA prioritises early and effective intervention (EEI), where rather than charging children who come into conflict with the law police work with other relevant agencies to provide timely and appropriate interventions to address the behaviours bringing them to the attention of police. This can also involve no further action. The WSA also states that where possible action should be taken by the Crown Office and Procurator Fiscal Service (COPFS) to divert children and young people away from formal systems, which may lead to compulsory measures, prosecution or custody, where there is an identified need which diversion from prosecution may better address (which should be the presumption for all under 18's). The [Early and Effective Intervention Framework of Core Elements](#) sets out the minimum expectations for the effective delivery of EEI, with [Section 10](#) of this guide providing fuller information. The [National Guidelines on Diversion from Prosecution in Scotland](#) and [Section 11](#) of this guide provide further details on Diversion from Prosecution. The theory and methods discussed in this chapter will inform the assessment and interventions carried out with individuals under either of these disposals.

Under the WSA, when children and young people cannot be diverted away from formal systems due to the frequency or severity of their behaviour, they must be supported to attend court and to understand this process. UNCRC Article 40 states children should not be

in adult justice systems and should be where possible dealt with in child specific systems like the Children's Hearing System, or Youth Courts, where they can fully participate and have their rights upheld. [Section 13](#) discusses best practice when supporting children and young people at court.

The WSA highlights, that for children and young people whose behaviour may meet the threshold for secure care or custody, robust community alternatives must be considered in accordance with the Havana Rules for the protection of juveniles deprived of their liberty (United Nations Committee on the Rights of the Child, 1990). Where there are no alternatives to the removal of liberty, clear pathway planning and support should be present at every stage of the process, and support plans prepared ahead of their return to the community. See [Section 16: Reintegration](#), [14: Residential Childcare](#) and [17: Alternatives to Deprivation of Liberty](#). The WSA also covers managing children and young people who present a risk of harm, at liberty or otherwise, with further guidance in this section and [Section 15: Managing High Risk](#). The [Standards for those working with children in conflict with the law 2021](#) must be followed at all times.

In relation to Children's Rights, the United Nations Convention on the Rights of the Child (UNCRC, 1989) sets out the civil, political, economic and social rights of every child under the age of 18. The WSA aims to uphold all 54 articles in the UNCRC (1989), including those pertinent to the justice system. Of particular relevance to this chapter (as summarised by [UNICEF](#)) are:

- Article 18 (parental responsibilities and state assistance): 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 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.

To uphold these rights, practice should be directed by theoretical knowledge and evidence, and aimed at achieving meaningful outcomes for children, young people, and their families. In order to carry out holistic, child-centred assessments, develop comprehensive formulations (plans incorporating a summary and nature of a person's issues, projection of what may go wrong in the future and how to prevent this), and deliver effective, outcomes-led interventions with children and young people who are in conflict with the law, practitioners must have a good understanding of the drivers behind distress and offending behaviours, as well as what assists desistance and social integration. The age, stage and social context of the child, along with their cognitive, social and emotional development, and

'hooks for change' (Giordano et al., 2002) should inform the intensity, duration and sequencing of the content and delivery of any targeted intervention.

2. Child Development Theories

Children and young people involved in patterns of offending, or more serious offending, are often our most vulnerable, victimised and traumatised children (CYCJ, 2016). Whilst the link between Adverse Childhood Experiences (ACEs) and offending is well established and continually evidenced, severity and nature of ACEs may also play a role in offending (Malvaso et al., 2022) with links between childhood maltreatment and offending also influenced by individual, social, and contextual risk and protective factors (Braga et al., 2017). It is essential therefore we ensure children's wider needs are met as these are often the drivers behind offending or harmful behaviours.

Good practice with children and young people in conflict with the law (including preventative practice) is informed by child development theories, which collectively emphasise the need to promote positive social and emotional development to reduce vulnerability to future offending or harmful behaviours. Some examples of these theories are:

- Resilience, vulnerability and protective factors (Daniel & Wassell, 2002)
- Attachment Theory (Ainsworth et al., 1978; Bowlby, 1958)
- Neurodevelopmental Theory (Perry et al., 1995)

2.1 Resilience

Resilience is understood as "the capacity for positive adaptation in the face of adversity" (Goldstein & Brooks, 2023, p. 5) Building resilience should therefore be an aim of all work with children, young people and their families, across all disciplines, particularly for children and young people whose experiences of adversity indicate they are at greater risk of displaying harmful behaviours, which may bring them into conflict with the law.

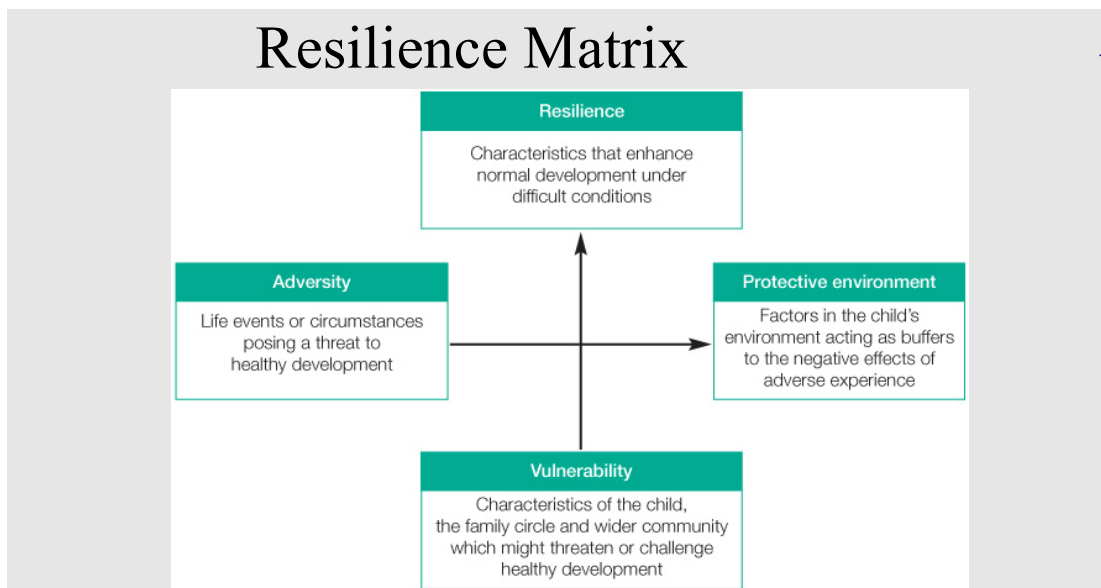
Gilligan (1997) describes the three fundamental building blocks of resilience as:

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

These qualities in children and young people do not develop in isolation, but from a complex interplay of internal factors, experiences of people around them and of the environments in which they grow: resilience building is a "biopsychosocial phenomenon" (Goldstein & Brooks, 2023, p. 6). This ecological systems theory approach to child development has formed the basis of the GIRFEC approach to promoting wellbeing.

Later influencing GIRFEC, Daniel and Wassell (2002) highlighted that resilience factors are located at three ecological levels: the child, their family relationships, and the wider community. They asserted that the intrinsic qualities of an individual (individual resilience)

fall on a dimension of resilience and vulnerability, whereas the external factors (family and community) fall on a dimension of protective and adverse environments. The GIRFEC framework recommends practitioners consider these dimensions as set out in the resilience matrix below, which forms part of its [National Practice Model](#), guiding wellbeing assessment.



The [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) contains indicator sheets for each factor at each ecological level, with further guidance on using the matrix to inform assessment and intervention contained within the [National Guidance for Child Protection in Scotland 2021 - updated 2023](#). When the balance of these factors and their interactions are considered together, they provide a framework for analysing resilience, informing interventions to improve outcomes.

The relatively low levels of control children and young people have over many external resilience factors, related to home and community environments, has implications for where and at whom interventions should be targeted. Positive experiences of parents or carers, families and significant others build resilience in children and young people (Black & Lobo, 2008), however childhood experiences of children in conflict with the law may hinder this. Building 'social resources' may require family or 'asset-based interventions' tackling structural inequalities (Masten & Barnes, 2018), reflective of [The Promise](#) goals of building whole family and community supports and assets; essentially community resilience.

Resilience can be built throughout the life-course, with individual resilience comprising attitudinal and behavioural aspects, including individual coping strategies, as-well as social resources (American Psychological Association (APA), 2018). Research has also revealed 'windows of opportunity' which facilitate resilience building, following adversity and its opportunities for change, and during periods of brain plasticity in human development, such as early childhood and late adolescence (Masten & Barnes, 2018), discussed later in this chapter. Essentially two key messages from resilience research have been that exposure to (Masten & Barnes, 2018)adversity builds resilience, and a need to focus on personal agency

in doing so: focus must be less on external risks and more on how the individual deals with them (Rutter, 2006).

Hodgkinson et al. (2021) carried out a systematic review of psychological resilience interventions aimed at reducing re-offending in young people, concluding that interventions which achieved significant increases in psychological resources also reduced re-offending. Of particular benefit were interventions building a sense of coherence (SOC), the ability to see connections between events and actions, identify personal internal and external resources and use them positively, responding effectively to stressful situations and seeing life as manageable. Positive results were also seen with interventions involving emotional skills training, improving abilities in read facial expressions, empathising, and processing emotions. Some interventions were also successful in reducing the severity of offending, which the authors pose may be the beginning of the desistance process for some. There was evidence of motivation to engage as contributory to intervention success, and in the role of empowerment in increasing motivation.

The development of resilience in children in conflict with the law is therefore likely to contribute to reductions in offending or harmful behaviours and interventions should promote the development of:

- Emotional wellbeing
- Emotional literacy
- Good social skills including empathy, communication, and pro-social behaviour
- Conflict resolution / problem solving skills
- Sense of self-esteem and self-control
- Sense of hope, motivation for personal achievement
- Positive peer group influence
- Positive, supportive and caring adults in their life
- Opportunities for meaningful participation; and
- Access to wider support networks

Asset based approaches highlight 'external assets' such as support, empowerment, boundaries and expectations and constructive use of time, as well as 'internal assets' such as commitment to learning, positive values, social competencies and positive identity, are recognised as being important constructs to build resilience and social competencies (Fulcher et al., 2011).

2.2 Attachment Theory

Attachment theory pioneered by John Bowlby (1958) and becoming the most prevalent theory of child development, is based on the premise that infants are biologically wired to form attachments to ensure survival. It focusses on the importance of a child's emotional bond with their primary early caregiver in forming the basis of future socio-emotional development, influencing emotional regulation and future relationships.

Babies are born dysregulated and require from their carers attuned care, co-regulation, and positive interactions to feel safe, and to provide them with a secure base from which to explore the world and self-regulate emotionally. Caregivers who are emotionally available

and respond consistently and positively to their infant's needs for support and proximity build this sense of security in the child, and the crucial secure parent-child attachment relationship is formed. Conversely, when a child's need for nurture and protection is not met reliably by caregivers, perhaps due to parental inconsistencies caused by stress, substance use, or poor mental health, abuse or neglect, they develop attachment strategies that maximise their chances of receiving care (Schore, 2001; Ainsworth et al., 1978). Research has gone on to reaffirm Bowlby's early assertions that as children grow, they rely on these early experiences of attachment to guide social interactions (Bretherton, 1992).

Research has identified four attachment styles reflective of the strategies children develop to have their early needs met: secure, insecure-avoidant, and insecure-resistant (Ainsworth et al., 1978); and insecure-disorganised (Main & Solomon, 1986; Main & Solomon, 1990):

- **Secure attachment** reflects experience of consistent and responsive care and tends to result in an internal working model (a mental representation of our relationship with our primary caregiver) in which the child is loveable, others are caring, and they have the confidence to form healthy relationships.
- **Insecure-avoidant attachment** reflects an experience of caregivers who were rejecting and unavailable and tends to result in an internal working model in which others are rejecting/unresponsive and the child withdraws, becoming undemanding and self-sufficient.
- **Insecure-resistant/ ambivalent attachment** reflects experiences of inconsistent care and may result in an internal working model in which the child feels unworthy, developing tendencies to seek attention and care from others, often through risky or coercive behaviours.
- **Insecure-disorganised attachment** reflects a care experience where the caregiver is frightening but, out of necessity, the frightened child seeks care and protection from this caregiver. This confusing experience tends to result in an internal working model in which they are unlovable, and others are frightening, which often leads to unpredictable and volatile presentations from children and young people.

Identifying attachment behaviours can help inform assessments and interventions for children and young people, and to meet the needs denied by their early attachment experiences. To this end National Institute for Clinical Excellence (2015) guideline [Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#) recommends training in the recognition and assessment of all those working with children and young people in any setting, though clear that specialist training is required for diagnosis of specific attachment disorders.

Research on attachment styles in children and young people who are in conflict with the law is limited, however indicates that insecure attachments are linked to higher levels of hostility and anger than secure attachments (Muris et al., 2004). In addition, children diagnosed with oppositional-defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) frequently display insecure attachment problems, possibly due to early abuse, neglect, or trauma. ([See Section 8](#)). Concurrent with earlier research, Sroufe (2005) found disorganised attachment to be predicted by carer intrusiveness and maltreatment, such as physical abuse and emotional unavailability, entirely reflective of caregiver relationship and

not on inherent infant neurological traits. This has relevance for assessment of children in conflict with the law who have a higher prevalence of abuse and neglect in their histories.

Emerging therapeutic approaches view high-risk behaviours (self-harm, violence, harmful sexual behaviour, fire-setting) as being driven by adaptive attachment strategies which are aimed at survival either by eliciting care or by keeping people at a distance (Rogers & Budd, 2015). Hughes (2017) explaining the background to his [Dyadic Developmental Psychotherapy](#) (DDP), asserts that building and maintaining quality relationships with children demonstrating these traits is key to repairing insecure attachment behaviours. Neuropsychological findings now support attachment theory, showing when we feel safe, we are good at communicating, becoming 'open and engaged with others', the best way to generating that response in them, the same being true of responses to defensive behaviours (Porges, 2011). This describes 'blocked trust', when children block the pain of rejection by being consistently defensive and non-responsive to carers, potentially leading to 'blocked care', when the carer loses all enjoyment from the relationship and meets only basic needs, no longer open and engaged Hughes and Baylin (2016) promotes the consistent and enduring application of playfulness, acceptance, curiosity, and empathy with children, allowing them to accept and process who they are without fear of the consequences, enjoying aspects of life knowing they can rely on the adults in their life not to respond negatively to negative emotions, though addressing behaviours that harm (Hughes, 2017) Whilst part of a wider therapeutic programme, applying these principles to relationships provides children with positive attachment and relationship experiences.

Golding (2007) indicates that identifying the need behind the behaviour can enhance carer/practitioner empathy, in turn making it more likely that the child will experience more positive relational experiences. Carer/practitioner empathy, acceptance and curiosity form the starting point from which children can develop trust and learn new ways of relating to others. Sroufe (2005) findings reinforce Bowlby's hypothesis that working models are complementary; confidence in caregiver capacity to provide regulatory assistance builds confidence in regulatory capacity i.e. the growth of emotional regulation. The lack of this capacity in children who come in conflict with the law could be linked to insecure attachment. Ainsworth's early findings revealed that by around one year old babies whose mothers had been highly responsive in the first months of their life cried less, relying more on facial expressions, gestures, and vocalisations quoted in Bretherton (1992).

Researching the impact of emotional recognition training on offending behaviours Hubble et al. (2015) found that fear, anger, and sadness recognition improved significantly for the cohort who received the training, accompanied by a significant reduction in the severity of offending behaviour, thought to be due to increased recognition of the impact of their behaviours on others. This was unparalleled in the control group. The authors advocate for more investment in neurophysiological interventions which target correlates of antisocial behaviour, given high prevalence of lack of ability to recognise negative emotions in children and young people in conflict with the law and with conduct disorders, noting the intervention used comprised two hours total.

Golding (2015) [Pyramid of Need and Assessment Grid](#) documents the priority therapeutic needs for children who have experienced trauma within the pyramid, the accompanying grid guiding assessment and interventions at each level. Base level is feeling safe physically and emotionally, an essential starting point for any effective intervention. Next comes developing relationships so children can accept nurture before moving towards the third level, which

focuses on comfort, co-regulation of emotions, and eliciting care from relationships. The next level focuses on empathy and reflection, how to manage behaviour in relation to others and develop empathy for others. The focus then moves to developing resilience and resources with a focus on development of self-esteem and self-identity. The top level of the pyramid focuses on exploring trauma and mourning losses. It is suggested that only when the building blocks from the previous levels of the pyramid are in place will specialist and specific interventions to help cope with and process traumatic memories potentially be helpful for children and young people (Golding, 2020). Attachment theory and associated interventions discussed above illustrate how this translates into practice.

Addressing trauma, and indeed any interactions with children and young people, must be trauma informed. NHS Education for Scotland's (NES) [Matrix - A guide to delivering evidence-based psychological therapies in Scotland \(2023\)](#) includes information on the prevalence of trauma and the effectiveness of interventions to address trauma. The new [National Trauma Transformation Programme](#) provides training, tools and guidance aimed at everyone in Scotland. Organisations and practitioners should access the 'Knowledge and Skills' section to assess what level of trauma training their role requires and access appropriate recourse. In addition, the developmentally informed attachment, risk and trauma (DART) approach is an emerging approach for working with children and young people in secure settings who are engaging in high-risk behaviours towards themselves and others (Rogers & Budd, 2015).

2.3 Neurodevelopment theory

The association between adverse childhood experiences (ACEs) and negative outcomes throughout the life-course is well evidenced, ['Polishing the Diamonds': Addressing adverse childhood experiences in Scotland](#) providing an overview with a Scottish perspective. It has been proposed that ACEs cause such harm through; engaging in health-harming behaviours; the impact on social determinants of health such as education, employment, and income; and through neurobiological and genetic pathways as responses to stress, leading to physical changes in the way the brain develops.

Early years:

The first growth period for a child's brain is in utero up to age three, a significant period in terms of prevention and early intervention. Neurological perspectives reveal the damaging effects of pre-birth and early childhood abuse, neglect, and trauma on infant brain development. Poor parental attachment relationships, as seen above, and exposure to abuse and trauma impact negatively on brain development and can engender enduring negative emotional and behavioural responses. Perry et al. (1995) outlined the potential impact of early years neglect and trauma on the functional capacity of the neural systems mediating our cognitive, emotional, social, and physiological functioning. This can result in a variety of difficulties, for example, delayed language, issues with fine and large motor skills, impulsivity, dysphoria, and hyperactivity. It appears that the longer the child is in an adverse environment, and the earlier and more pervasive their experience, the more pervasive and enduring the impact is. Findings have indicated that there can be some recovery of functional capacity when children are removed from adverse environments, though lesser time spent in an adverse environment seems to lead to more robust recovery (Perry, 2002; Perry et al., 1995).

Adolescence Brain Development:

Adolescence is now known to be a critical period of neurological development, largely due to a process called 'pruning'. For humans to function, brain cells send messages (neurons) to each other, connecting at points (synapses) to do so. The childhood brain has many more cells and synapses than it requires, and in adolescence 'pruning' eliminates those we do not use. At the same time other connections are newly established and our more commonly used connections are strengthened, increasing their efficiency and the speed at which information travels. This process is more pronounced in the early years but also significant during adolescence, with suggestion this 'rewiring' of the brain improves efficiency and promotes the establishment of more adult-type brain patterns (Spear, 2012).

These 'pruning' and 'rewiring' processes are referred to collectively as 'neural plasticity'. Neural plasticity is impacted by both developmental and experiential demands, given that whether connections are used or not, and consequently strengthened or lost, depends on our individual experiences and environment. Neural plasticity occurs in different parts of the brain at different times, thought to help explain adolescent typical behaviours, and varying rates of maturation (Dow-Edwards et al., 2019).

Impact on Behaviour: The brain is split into multiple areas each responsible for certain functions. Neural plasticity in the parts of the cortex, the outer covering of the brain governing motor and sensory functions, slows down much before adolescence, whereas the pre-frontal cortex, the area behind our forehead governing responses such as empathy, insight, emotional regulation and response flexibility, and the areas behind this governing further cognitive functioning such as inhibition and judgement, continue to develop though adolescence into early adulthood. Delays in the maturation of these front areas of the brain are thought to explain why adolescents continue to display developmental immaturities in cognitive/ executive control (the process by which our goals or plans influence behaviour), attentional regulation (maintaining calm whilst receiving and organising information/ stimulus before responding), response inhibition (suppressing inappropriate reactions), and other cognitive functions (Spear, 2012).

Risk Taking: Adolescent studies on the part of the brain that responds to rewards, the Ventral Striatum, show an exaggerated response to rewards, and a much lower level of response to anticipatory rewards, or cues for rewards, than both adults and children, a characteristic also linked to increased risk-taking behaviours (Schneider et al., 2012). The disparity between the more developed limbic system of the brain, responsible for emotional and behavioural responses, and the lesser developed prefrontal control system may also account for adolescent risk taking. Teenagers can make rational decisions, but this ability is impaired in more emotional/ stressful situations (e.g., in the presence of peers or with the prospect of an immediate reward), when rewards and emotions will have greater influence on behaviours than rational decision-making processes (Konrad et al., 2013).

Adolescent risk taking can also be attributed to a lesser neuro response to things that could trigger adverse or harmful outcomes, such as threats or consequences, than in adults, responses only generated when penalties are particularly high (Spear, 2012). This could explain why they appear more motivated by easily attainable rewards than they are deterred by future penalties, and why they may be unable to appreciate the risks associated with reward behaviours.

Teenage mindset: Peer acceptance and status are important to adolescents (Crone & Dahl, 2012), with popularity shown to be positively related to risky behaviour (Mayeux et al., 2008) indicating peer acceptance influences behaviours. It has been shown that peer observation increases risky decision making in 16- to 18-year-olds whilst the simple presence of a peer does not (Somerville et al., 2018). This age group are more conscious than any other of their reputation amongst peers, linked to increased reward seeking given that activation in this part of the brain peaks in adolescence and then reduces up to around age 30 (Braams et al., 2015). Studies on the influence of peers and mothers have shown that whilst peer influence increased risk-taking behaviours the mothers' presence reduced it (Chein et al., 2011; Telzer et al., 2015), indicating social influence can also result in more positive decision making. This has implications for interventions, such as the promotion of increased time with those who are regarded as positive influences in social/ education/ family spheres, and targeted work to improve relationships with those positive persons whose acceptance the child desires and values.

Implications for Practice:

Care planning for all children and young people must involve careful consideration of brain development. We must set realistic expectations, recognising failure to follow parental direction, plan-ahead, and think consequentially are not things they have full control over, even if they appear rational at times. Consequences which aren't immediate, such as offence grounds or criminal convictions, likely won't deter behaviours with more immediate rewards/ negative impacts more likely to cause motivation.

Neurodevelopmental Issues:

Neurodevelopmental disorders and acquired brain injuries also impact brain functioning and should be given consideration in assessment and care planning for children in conflict with the law, particularly given their prevalence within this cohort. They are discussed in [Section 8, Mental Health](#).

Harmful Sexual Behaviour (HSB):

Link relation to children who have engaged in harmful sexual behaviour, Creeden (2018) notes that utilising a developmental model ensures a holistic approach where intervention goals include: facilitating stable family relationships; providing a safe living environment, increasing the child's capacity for self-regulation; actively teaching adaptive problem solving and coping skills; increasing social skills and providing opportunities for pro-social peer interaction; improving school performance and vocational competency; enhancing their capacity for personal intimacy; and providing clear and accurate sex education that promotes healthy sexuality.

Given what is known about the impact of trauma and attachment on neurodevelopment, it is also important to ensure that interventions are delivered in a variety of modes rather than focusing solely on 'talk therapies' as this can limit progress (Creeden, 2018). Interventions should be applicable to the developmental stage of the child and may involve developmentally appropriate play to assist with this.

3. Offending Behaviour Theories

This section provides an overview of theories drawn on in youth justice and should be read in conjunction with [Section 15 Managing High Risk](#).

3.1 Risk Need Responsivity Model

Following its inception in the 1990s, the Risk Need, Responsivity (RNR) model (Andrews & Bonta, 2010) heralded a shift from punishment to the rehabilitation of those who offend. It revolutionised offender rehabilitation approaches internationally, with considerable empirical support gathered across several countries, within diverse offender samples (Andrews & Bonta, 2010; Koehler et al., 2013; Ward et al., 2007). It led to the development of multiple empirically based risk assessment tools aimed at predicting re-offending, such as the LSCMI, therefore, whilst its suitability for application in youth justice has been questioned (Brogan et al., 2015) is an important starting point to understanding the development of current justice principles and theory and continues to evolve.

Its stated underlying approach promotes adequate consideration of the psychology of human behaviour in crime prevention, asserting that efforts which ignore, dismiss or are unaware of these implications are likely to underperform (Andrews & Bonta, 2010). RNR is not an intervention but a framework through which intervention should be delivered to enhance effectiveness.

The model has three underlying theories:

Psychology of Criminal Conduct (PCC): This looks at individual differences in propensity for offending, aiming to establish psychological correlates of crime, that is the social and psychological factors regarded as causes of crime, which can then be targeted through individual treatment plans to reduce offending. Individual variations in criminal conduct are described as key to PCC (Andrews & Bonta, 2003).

General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP): This is a framework built on the best established 'risk factors' for offending behaviours, across a variety of domains. These are identified as antisocial cognition, antisocial associates, history of antisocial behaviour, and features of antisocial personality (i.e. impulsivity, hostility, callousness). Criminal behaviour is viewed as having a variety of causes, drawn from research from both personality and social learning constructs. Three causal factors are said to each independently result in offending; a 'high-risk situation' (one where one perceives the rewards to outweigh the costs), the presence of 'delinquent' associates, and the individual's 'crime supportive' attitude (Andrews & Bonta, 2003).

Personal Interpersonal Community-Reinforcement Perspective (PIC-R): Notably this is stated to be one potential model derived from the GPSPP, depending on the prevalent risk factors. The PIC-R looks at the mechanisms which trigger and maintain offending behaviour and how individual characteristics interact with the 'high-risk situation' to this end, with acknowledgement of structural and cultural factors (Andrews & Bonta, 2003).

The relationship between these three models and how they should be used is somewhat unclear, with critics questioning the theoretical conformity of each model and therefore

theoretical underpinnings of the central principles of risk, need and responsivity and in turn those of the overarching RNR model (Ward et al., 2007).

The model is based on the premise that preventing further offending requires determining individual risks and needs, as-well identifying factors related to the individual's responsivity to treatment when establishing interventions. Interventions must follow these three core principles:

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

It describes; who should receive services (moderate and higher risk cases); the appropriate targets for rehabilitation services (criminogenic needs); and the powerful influence of strategies for reducing criminal behaviour (cognitive social learning) (Andrews & Bonta, 2010). It asserts that treatment programmes should address client needs but “not indiscriminately”, claiming addressing ‘criminogenic needs’ such as substance misuse or pro-criminal attitudes positively impacted recidivism (the reduction of offending), and addressing ‘non-criminogenic needs’ did not (Bonta, 2023, p. 5).

Risk factors, or ‘criminogenic needs’ are factors which contribute to offending behaviour, suggested to generally fall into the following categories: individual, family, social, school, and community Farrington (2015a). More recent strengths-based approaches place importance on protective factors, those which nullify the effects of risk or predict a low probability of offending among a group at risk (Ttofi et al., 2016), which can be categorised similarly (see table below).

	Risk factors	Protective factors
Individual	Impulsiveness; attention problems; low intelligence; low empathy (Farrington, 2015a; Jolliffe & Farrington, 2009)	High academic achievement & intelligence; high self-control; low hyperactivity (Farrington et al., 2016; Darrick Jolliffe et al., 2016; Vassallo et al., 2016)
Family	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 youth, caregivers and siblings (Farrington, 1996; Farrington, 2015a; Henggeler et al., 2009)	High parental interest in education; good parental supervision; high family income; good quality caregiver relationships; strong bonds with family (Farrington et al., 2012; Farrington, 2015a; Farrington et al., 2016; McAra & McVie, 2016)
Social	Peer delinquency; socio-economic deprivation; early victimisation (Farrington et al., 2012; Farrington, 2015b; Hawkins et al., 2000; McAra & McVie, 2016)	Low peer delinquency; having a good relationship with peers; high likelihood of getting caught (D. Jolliffe et al., 2016; Vassallo et al., 2016)
School	Low school achievement; educational problems; poor	Academic achievement; positive education experiences; retained in education; positive

	attendance; school exclusions (Farrington, 1989; Farrington, 2015b; McAra & McVie, 2010; McAra & McVie, 2016)	relationship with teachers (Farrington et al., 2012; Farrington et al., 2016; Darrick Jolliffe et al., 2016; McAra & McVie, 2016; Vassallo et al., 2016)
Community	High crime levels in community; neighbourhood issues (Farrington et al., 2012; Farrington, 2015b; Hawkins et al., 2000)	Community involvement and engagement (Farrington et al., 2016; Darrick Jolliffe et al., 2016)

The protective factors identified through research so far are in line with resilience-based approaches (Ttofi et al., 2016). Analysis of risk and protective factors through a wellbeing and needs based lens is the core tenet of the GIRFEC and associated Whole System Approach (WSA), underpinning all proactive work with children and young people in conflict with the law.

Although further research is required to examine the interactions between risk and protective factors, research clearly indicates that not only does offending and violent behaviour increase as a function of cumulative risk factors, but that it also decreases as a function of cumulative protective factors (Andershed et al., 2016; Dubow et al., 2016). A more complete understanding of protective factors for offending behaviour assists with a more strengths-based, focused approach to intervention.

There have been a number of criticisms of the RNR Model, not least its focus on criminogenic needs, and resultant deficit-based approach (Ward & Stewart, 2003). A further criticism of has been the presentation of risk factors as individual characteristics, and there is a lack of distinction between those factors that can be changed through the efforts of the individual themselves and those which are socially imposed deprivations that can only be changed by broader social or economic measures (Raynor & Vanstone, 2016). It is claimed that this has led to the social and structural context of offending being ignored and risk reduction efforts being overly focused on deficits and the individual themselves (Hannah-Moffat, 2009). The model's dismissal of the importance of addressing 'non-criminogenic needs' such as anxiety or low self-esteem in addressing recidivism (Andrews & Bonta, 2010) is at odds with current knowledge on the drivers behind distress behaviours that often constitute offending in adolescence, as seen earlier in this chapter.

In response, Bonta has accused such critics of focussing on the three original principles at the expense of the full model, which he states continues to evolve "as evidence accumulates and constructive suggestions for improvements are implemented" (Bonta, 2023, p. 10). Bonta (2023) noted that the most recent RNR model now includes 15 principles, under three themes: Overarching Principles, Core RNR Principles and Key Clinical Issues, and Organisational principles. Though these now include instruction to assess for strengths and some scope for 'professional discretion' there remains a focus on criminogenic needs and individual characteristics, with arguably a slight nod to wider community considerations depending on interpretation of 'human' services, although Bonta argues there is scope within the model to integrate wider theories such as the Good Lives Model (Bonta, 2023), discussed later in this chapter.

McAra and McVie (2010) discuss the 'what works' agenda, of which targeting criminogenic needs over general welfare needs is a key tenet, noting it "has done the most to uncouple the victim-offender nexus within the Scottish juvenile justice system" (McAra & McVie, 2010, p. 183) that is to say it focusses on the 'offender' and associated risks, disregarding any

notions of adversity and victimhood. The resultant mechanistic practice and more punitive policy, such as the management of serious violent and sexual offenders reflective of this approach, are applied to children and young people this contravenes Kilbrandon welfare-based principles.

The use of actuarial tools does not complement the [Framework for Risk Assessment Management and Evaluation \(FRAME\) with children aged 12-17](#). Providing practice standards, guidance, and operational requirements for risk practice in Scotland, the first standard states:

“Risk assessment will involve identification of key pieces of information, analysis of their meaning in the time and context of the assessment, and evaluation against the appropriate criteria. Risk assessment will be based on a wide range of available information, gathered from a variety of sources. Risk assessment will be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision-making, acknowledging any limitations of the assessment. Risk assessment will be communicated responsibly to ensure that the findings of the assessment can be meaningfully understood and inform decision-making. Risk will be communicated in terms of the pattern, nature, seriousness and likelihood of offending” (Scottish Government, 2021:7).

FRAME guidance promotes a structured professional judgement (SPJ) approach to risk assessment, “underpinned by holistic formulation of the relevant developmental, dispositional and environmental factors” (Scottish Government, 2021, p. 8). The use of scores and converting these to risk bands or categories does not encourage the practice of developing a comprehensive formulation which considers the underlying drivers for harmful behaviours, many of which we know are not within the control of the individual.

The Scottish Government, Risk Management Authority and CYCJ have worked in collaboration to train the workforce on a more holistic SPJ approach to the assessment of harmful behaviours. The favoured Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV) assessment tool considers a wide range of vulnerabilities and strengths with implications for interventions. [Evaluation of START: AV Training](#) showed trainees reported increased knowledge and understanding of both the START: AV tool and the SPJ approach, as well as increased confidence and skills in using them (Murphy, 2020). This is in line with the current Scottish Government [Standards for those working with children in conflict with the law \(2021\)](#) which highlight the need for a move to an SPJ approach in assessing risk of harm.

It has been seen that contact with formal justice systems can result in negative outcomes for children (McAra & McVie, 2010), with intense offence focussed interventions in response to high prevalence of ‘criminogenic’ needs promoted by the RNR model potentially contradicting this and causing stigma. It has however been highlighted that rather than inherent within the model itself, some criticisms are reflective more of how it has been applied in practice (Ward et al., 2007). Rehabilitative elements of the RNR model could be applicable to youth justice however developmental differences must be taken into account and adapted specifically to ‘juvenile criminogenic needs’ (Brogan et al., 2015) with research showing adherence to the need and responsibility principle’s and not the risk principle, relating to positive outcomes (Singh et al., 2014). RNR is an individualistic approach to risk

assessment and treatment with little regard to the external factors that have and continue to impact children and young people which are out-with their control. Whilst it may contribute to assessment a more holistic approach to assessment and intervention reflects current research and policy. On reviewing RNR and other approaches with children and young people. Brogan et al. (2015) highlight interventions targeting maladaptive thought processes, regulation of impulses and problem-solving, and more family focussed interventions as most effective in reducing youth behavioural programmes and recidivism.

3.2 Good Lives Model

The [Good Lives Model](#) (GLM) (Ward, 2002) is a strengths-based, holistic approach to the rehabilitation of those who have been involved in offending behaviour, whereby interventions enhance personal functioning rather than focussing purely on addressing problems, as with previous deficit-based approaches. It aims to promote aspirations and plans for more meaningful and personally fulfilling lives (Ward, 2010). The GLM and the traditional RNR approach to rehabilitation are not mutually exclusive: risks and needs can be reduced or managed within the GLM framework, which delivers a more holistic, client-centred, and engaging framework within which to do so (Ward & Fortune, 2013).

According to the GLM, all individuals have similar needs and aspirations, referred to as 'primary goods. Research by Ward and colleagues has identified 11 'primary goods': life; knowledge; excellence in play; excellence in work; excellence in agency; inner peace; friendship/ relatedness; community; spirituality; pleasure; and creativity, with instrumental, or secondary 'goods' the ways by which these are achieved. For example, football may be how to meet the need for excellence in play (Purvis et al., 2011).

The GLM asserts that offending behaviour results not from people striving for the 'wrong' things, but flaws in how they seek to attain them (Ward & Stewart, 2003). The four ways in which this occurs are; the means by which they go about gaining goods, an over-restricted range of primary goods (which can lead to imbalance in life), conflict in the pursuit of different goods, and lack of personal capabilities to attain them (Ward et al., 2007; Ward & Stewart, 2003; Willis et al., 2013). For example, harmful sexual behaviour can be a means to meet the need for inner peace or friendship/relatedness. To reduce reoffending and help individuals achieve a satisfying life without harming others, GLM interventions should build capabilities, strengths, opportunities, and resources in individuals.

Following research on how well 'goods' are understood in practice, alternate terminology of 'common life goals' for primary goods, and 'instrumental goods' as secondary goods, has been suggested (Willis et al., 2013). A GLM based treatment plan centres on supporting individuals to achieve common life goals in prosocial ways, working towards a Good Life Plan (GLP) which is incompatible with future offending. This is done through exploring the relationship between offending and life goals, i.e. looking at which 'goals' the behaviour was meeting, and developing a plan to meet these pro-socially, simultaneously reducing risks of offending (Willis et al., 2013). GLPs can incorporate evidenced based techniques, such as mindfulness for emotional regulation, or education for employment (Harper et al., 2021). Whilst this highlights the potential for the inclusion of RNR components by addressing criminogenic needs, it does so in goal focussed not exclusively avoidant way, focussing on building prosocial behaviours, and shifting goals, not exclusively focussing on targeting criminogenic needs and criminal behaviours (Ward et al., 2012). In this sense the GLM has

been said to augment the RNR principles of risk, need and responsivity through strengths-based rehabilitation (Willis et al., 2013).

For adolescents, the 11 'primary goods' in the original GLM have been condensed to eight 'needs': having fun; achieving; being my own person; having people in my life; having purpose and making a difference; emotional health; sexual health; and physical health. The GLM-A (adolescent version) is a framework to help understand the needs that drive an adolescent's behaviour and inform the interventions that should be implemented and prioritised to help them meet those needs more appropriately (Print, 2013). The primary needs of the GLM-A are largely consistent with the [GIRFEC SHANARRI Wellbeing Indicators](#).

There has been limited research on the Good Lives Model with children and young people. However, there are indications that, with some adaptations, the GLM assumptions fit with children and young people in conflict with the law, even when gender is taken into account (Barendregt et al., 2018; van Damme et al., 2017). In addition, initial evaluation findings on the value of the GLM-A have indicated that practitioners and children found it to be a positive and motivational approach (Leeson & Adshead, 2013; Simpson & Vaswani, 2015). Loney and Harkins (2018) examined the effectiveness of the GLM in addressing antisocial behaviour, specifically acquisitive, violent, and drug related offending, based on a sample student population who were not justice involved. They found the assumption that the GLM primary goods are universal to hold true, and that maladaptive ways of achieving them directly related to all three types of offending behaviours explored. Their findings are indicative of the applicability of the GLM to more diverse groups of offenders and younger populations.

Despite positive findings, one of the criticisms of the GLM is that it is too focused on the individual level of analysis. Given the evidence about the significance of social capital in desistance, it has been argued that there is also a need for more focus on interventions around the familial and social contexts of offending and that legitimate opportunities to develop social capital be improved (McNeill & Weaver, 2010). It has also been criticised for its lack of empirical evidence supporting its key assumptions and intervention outcomes (Andrews & Bonta, 2010). Mallion, Wood & Mallion's (2020) review of studies which used the GLM aimed to address this claim, establishing to what extent the GLM could be regarded as an ideological and intuition-based model, versus an empirically supported model. Results were mixed with around half of the studies reviewed supporting the assumption that offending behaviour represents an attempt to gain primary goods. It also showed however that GLM-consistent interventions were just as effective as risk prevention ones, with the additional benefits of enhancing participant motivation to change, engagement in treatment, and future optimism. More research is needed however the authors concluded "the GLM is tentatively emerging as an empirically supported model" Mallion et al. (2020, p. 10).

The [Publications](#) section of the official [Good Lives Model website](#) is updated with all research to date incorporating a GLM approach, including resources and practice guides to inform treatment.

3.3 Desistance Theory

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

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

Ontogenic theories which stress the importance of age and maturation and suggest that children and young people can outgrow certain behaviours as they mature.

Sociogenic theories which stress the importance of strong social bonds, suggesting that if the individual has positive family ties and social relationships, and is in education or employment, they are less likely to offend as they have more to lose than those who have no, or weak, social bonds.

Narrative Theories which stress the importance of changes in the person's sense of self-identity, personal and social 'connectedness' or integration, triggering changing motivations, greater concern for others, and consideration of the future, impacting behaviours.

These theoretical perspectives are interconnected and stress the importance of the relationships between 'objective' changes in a person's life (things that have factually changed) and 'subjective' assessment of the value or significance of these changes (how *they* view and experience what happened to *them*). They support the case for more holistic responses to promote desistance in children and young people, suggesting the key to desistance is likely to reside somewhere in the interface between developing personal maturity, changing social bonds associated with life transitions, and individuals' subjective experiences of these. Indeed, Maruna and Farrall (2004) have distinguished between *primary* and *secondary* desistance where primary desistance is the change in behaviour and secondary desistance is a related change in self-identity as a non-offender. More recently researchers have also referred to *tertiary* desistance which refers to a shift in an individual's belonging to and acceptance by a moral community (McNeill, 2016). Long-term change therefore also depends on how the individual is seen by others and the actions others take, and there is recognition that desistance is not just a personal process but a social and political process (McNeill, 2016; Nugent & Schinkel, 2016). We therefore need to engage with situations and contexts, as well as individuals, to support change and manage risks (Bottoms, 2014).

Nugent and Schinkel (2016) have proposed replacing primary, secondary and tertiary desistance with: *act desistance* – ceasing offending; *identity desistance* - the internalisation of a non-offending identity; and *relational desistance* - recognition of these changes by others. This terminology is said to better describe the different spheres of desistance and does not suggest sequencing in time or importance. Analysing results of two studies the authors argue that desistance does not always involve the establishment of a new identity, often focussed on avoiding situations where offending is more likely, thus can result in often long periods of act desistance with no identify change. This level of self-control can lead to 'pains of desistance' such as is isolation and loss of identity, acutely felt by those who had served lengthy prison sentences and adolescents who had been supported by justice services in the community. Males were seen to particularly struggle with establishing relational desistance, often afraid of reaching out for fear of rejection, merely existing, with barriers to achieving relational desistance on community and societal levels (i.e. struggles to access employment) undermining their act and identity desistance and adding to 'pains'.

This supports earlier review of the research evidence on desistance, McNeill et al. (2012, p. 2) stating "desistance requires engagement with families, communities, civil society and the state itself". They identified eight central principles for practice:

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

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

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

Wigzell and Bateman (2024) indeed argue that whilst desistance theory is applicable to children and young people it is different than when applied to adults, and very much context dependent, given the different trajectories children have based on varying starting points in life (broadly categorising these), round which supports and interventions should be based. They argue that for children identity development as opposed to an identity shift is said to be required, removing the supposition that there has been an 'offender' identity, with pro-social identity promotion encouraged. In relation to children, the authors "contend that desistance –

particularly in relation to children – can be more broadly understood as describing the process of growing out of crime” (Wigzell & Bateman, 2024, p. 4). This is reflective of the well-established ‘age crime curve’ where offending rates peak in adolescence and decline from late teens/ young adulthood (Matthews & Minton, 2018), correlating with what we have learned about the process of maturation from a neuro-developmental perspective earlier in this chapter.

McNeill (2016) argues that desistance from offending behaviour involves supporting relationships and building strengths and hope, rather than focusing on risks and deficits. A recent thematic analysis examining children’s narratives of their journey towards a good life following a stay in a closed institution found that the following key themes were important: strengths and resilience; re-building personally valued lives; making sense of past experiences; moving away from a harmful lifestyle; and (in-)formal social supports (Van Hecke et al., 2019). Again, these findings indicate that while individual offence focused work might be appropriate for some individuals, the social needs of the child or young person must also be addressed. This correlates with notions of ‘progressive desistance practice’ taking account of children’s diversity of circumstances, pathways, and needs (Wigzell & Bateman, 2024) and is consistent with GIRFEC and the WSA’s holistic, needs-led ecological assessment and intervention principles.

4. Methods

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

4.1 Relationship between worker and client

Building therapeutic relationships with clients is increasingly valued as the cornerstone of effective practice across human disciplines. It is crucial to ensuring that comprehensive, collaborative assessments and formulations can be undertaken and that interventions are effective. In social work, where focus is on achieving behavioural change, effective relationships are key to successful outcomes, even when mandated work programmes are implemented (Ingram & Smith, 2018). In mandatory services therapeutic relationship can be instrumental in turning the client from a passive to a willing participant (Fullerton et al., 2021) the relationship between client and worker is therefore pivotal in promoting or hindering desistance.

Successful outcomes are strongly related to the quality of the interaction between worker and client (Trotter, 2015). Workers who can positively influence their clients are more likely to be enthusiastic, warm, and optimistic, using creativity and imagination. McNeill (2002) describes optimism, trust, loyalty, clear roles, boundaries and mutual expectations as being

essential to effective working relationships with children and young people, whilst Green et al. (2013) suggest genuineness and advocacy are important elements. In their review of research on how best relationships can bring about change in youth justice, (Fullerton et al., 2021) found trusting, person-centred, strength-based, collaborative relationships were valued, with significant worker attributes identified as respect, persistence, dependability, openness, and enthusiasm, and acknowledging the reality of the young person's lived experience.

Trust is a significant factor in motivating children and young people to engage with adults, Milbourne (2009) highlighting previous negative experiences within statutory services and residential care impact on a child or young person's ability to trust others. Robertson et al. (2006) found trust to be crucial in promoting desistance in young people, noting once trust was established it led to more meaningful engagement with structured interventions and deeper change.

Research shows that the notions of 'friendship' with workers is important to children and young people, highlighting the importance of reciprocity, going the extra mile, and straight talking (Ingram & Smith, 2018). Reciprocity however must be built within professional boundaries: workers must be friendly and personable (Fullerton et al., 2021) whilst ensuring roles and responsibilities are clearly explained so as not to undermine trust in the future. Reciprocity, or sharing aspects of oneself, has been found to be an important element of 'mutuality', which is valued by children and young people in building close interpersonal connections. Mutuality is experienced as 'shared relational excitement', shared genuine investment in the relationship, and 'experiential empathy', when mentors 'normalise' their mentee's experiences by sharing their own relevant experiences (Lester et al., 2018).

Hughes (2017) [Dyadic Developmental Practice \(DDP\)](#) is an intervention for care experienced children who have suffered from significant developmental trauma. It brings together knowledge about attachment, developmental trauma, neurodevelopment, and child development and has PACE principles at its core to engage and build trusting relationships. Taking a **P**layful approach, displaying **A**cceptance, **C**uriosity and **E**mpathy, designed to form a starting point from which children can develop trust and learn new ways of relating to others, strengthening relationships.

Intervention effectiveness has also been shown to relate to the way professionals approach work with their clients. (Trotter, 2013) review of research on effective supervision revealed it is characterised by prosocial modelling and reinforcement, problem-solving, relationship and cognitive behavioural skills. Additionally, engagement has been seen to improve the more professionals discuss problems from the young person's perspective, in contrast to reduced engagement the more they are identified exclusively by the worker (Trotter, 2012). These findings highlight the need to work collaboratively with the child or young person in setting their goals for intervention, regardless of the length of involvement, and the importance of promoting the child's rights to meaningfully participate in anything affecting them, in a way they can understand. [Section 15](#) of this guide, Participation, provides in-depth detail on effective participation with children and young people.

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

- Had a belief in them,
- Had a vision or belief in their future,
- Were there during their worst spells as well as better ones,
- Helped them to understand their choices,
- Went 'above and beyond'.

Fullerton et al. (2021) identified the importance of collaborative, strengths-based approaches to building the crucial therapeutic working alliance between professionals and young people, key to better outcomes. Once this 'bond' is established 'tasks' towards longer-term 'goals' can be agreed and achieved.

Recognising the strengths and potential of children and young people from the first contact, rather than focusing solely on problems to be fixed, is crucial to engagement and developing motivation, correlating with the GLM's asset-based approach. The voices of those children participating in Scotland's [Independent Care Review](#) clearly told us about the importance to them of developing and maintaining relationships (Independent Care Review, 2020).

When working to effect change with children and young people it is also essential that high quality working relationships are also formed with their parent(s)/carer(s). Recognising the importance of relationships, the [Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland](#) (2012) describes the skills, knowledge & understanding, and values everyone working with children and young people and their families should possess. It places them in two contexts: relationships with children, young people and families; and relationships between workers. Following the Promise, it is widely understood that Whole Family Supports are required to effectively address negative outcomes for children. The [Route-map and National Principles of Holistic Whole Family Support \(2022\)](#) highlights how it's vision and principles will be delivered. One of its key principles is: Support should be rooted in GIRFEC and wrapped around about the whole family. This requires relevant join up with adult services & whole system, place based, preventative addressing inequalities. This highlights the importance of good collaborative working with the child, family members, and all professionals supporting the family to achieve better outcomes.

4.2 Assessment

The holistic assessment principles of GIRFEC, which the WSA is routed in, stem from Ecological Systems Theory. Developed by Bronfenbrenner (1979) it states that individuals are embedded within interconnected environmental systems which each play an integral part in shaping their behaviour and life course. The individual is at the innermost level surrounded by concentric layers representing a system, which for children is parents, school and community, wider society and culture (Scottish Government, 2022). Children and young people often have limited control over the systems within which they are embedded, therefore a systemic approach to assessment, formulation and intervention, is required to reduce offending or harmful behaviours. This should ensure that the interventions provided are individualised and proportionate, and therefore most likely to be effective.

Regardless of involvement in harmful behaviours practitioners must be mindful that children may experience other forms of vulnerability and victimisation, and that the [National Child Protection Guidance for Scotland 2021 - updated 2023](#) may need to be followed. Whilst the

link between Adverse Childhood Experiences (ACEs) and offending is well established and continually evidenced, the severity and nature of ACEs can also influence outcomes (Malvaso et al., 2022). Braga et al. (2017) meta-analysis of longitudinal studies into the relationship between maltreatment and adolescent antisocial behaviours revealed maltreatment to be associated with higher rates of general antisocial behaviours and aggressive antisocial behaviours. Notably, sexual and physical abuse were more strongly linked to aggressive behaviours than they were general antisocial behaviours, with neglected youth having an increased risk of general antisocial involvement. Whilst research findings are never absolute, this highlights the importance of holistic ecological assessment in understanding and addressing behaviours.

The [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) aids the assessment and intervention planning process for children and young people where welfare and/or child protection concerns exist, aiding practitioners in identifying and managing risk. Whilst not specific to youth justice practice, its application can be beneficial to ensure that risk is addressed in a holistic way, assessing where applicable risk to the child or young person alongside any risk posed by the child or young person.

The wellbeing of children and young people is at the core of the GIRFEC approach and is broader than child protection and welfare. The concept of wellbeing is covered by eight indicators which considered together encompass the entirety of the concept. These are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI). As highlighted earlier there is considerable similarity between wellbeing indicators and the primary needs of the GLM-A. The [National Risk Framework](#) is helpful in considering the quality of life for the child or young person at that point in time and identifies the individualised support that child needs to help them reach their full potential and flourish.

There are specific circumstances where children and young people may present a risk of serious harm to others because of their own behaviours, and in such cases additional guidance is needed. The [Framework for Risk Assessment Management and Evaluation \(FRAME\) with children aged 12-17](#) provides details of a best practice formal risk management process, including the Care and Risk Management (CARM) process (see [Section 15](#), Managing High Risk – which should be incorporated under a Child Protection approach, as per national guidance. In terms of assessing and addressing the risk of future harmful behaviour it is useful to identify the key risk factors and protective factors linked to current or previous harmful behaviour. The use of appropriate and validated risk assessment tools can be a helpful additional aid to ground the assessment in the knowledge base of the factors we know are linked to harmful behaviours, and further makes for an evidence-based assessment. The [Risk Assessment Tools Evaluation Directory \(RATED\)](#), produced by the [Risk Management Authority \(RMA\)](#), reviews risk assessment tools available for assessing various behaviours displayed by children and young people, along with evidence supporting their validity. It includes information on the previously referenced [Short-Term Assessment of Risk and Treatability: Adolescent Version \(START: AV\)](#), as well as tools relating to assessment of violent and harmful sexual behaviour (HSB). Although risk assessment tools are crucial for structuring our assessments, assessment must be individualised, with the RMA indicating that risk assessment is best undertaken within the context of a structured professional judgment approach.

4.3 Formulation

It is essential that risk assessments be undertaken within the context of a structured professional judgment approach and that they are underpinned by a holistic formulation. Johnstone and Gregory (2015, p. 106) have stated that 'risk assessment should be viewed as incomplete in the absence of a risk formulation'. Without formulation, a risk assessment will amount to a mechanistic rating or scoring of risk factors with no comprehension of the meaning or function of the offending or harmful behaviour for the individual. As a result, the ability to develop individualised, proportionate, and effective risk management/ intervention plans will be limited. There is also a need to ensure that our assessments and formulations take into account gender differences in the pathways to offending or harmful behaviours ([see Section 7, Diversity](#)).

Most children and young people whose behaviours bring them into conflict with the law will for the most part experience considerable periods of time when they are not engaging in such behaviours, and at times will not engage in such behaviours despite having the opportunity to do so. Effective formulations therefore must gather information about the strategies and skills used at these times, and individual strengths and interests, to inform a holistic understanding of behaviours. Research shows that almost all risk-takers engage in positive behaviours, and "These positive connections offer untapped opportunities to help teens lead healthier lives." (Goldstein & , 2023, p. 10).

In addition to the research on risk and protective factors discussed above, there is also an emerging body of evidence that children involved in more serious offending are almost always the most vulnerable, victimised and traumatised children (CYCJ, 2016; Leishman et al., 2017; Murphy, 2018). Given known links between children who engage in violent behaviour and vulnerability (often as a result of adverse childhood experiences (see [Sections 8: Mental Health](#) & [5: Trauma & Adversity](#) and violence, they must be viewed and treated as children in need. This is in line with the UNCRC and the [National Strategy for Community Justice \(2022\)](#) which encourages use of the terms 'person with convictions' or 'person with an offending history', over 'offender'. 'Child/ young person who has displayed harmful behaviour' may be most appropriate.

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

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

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

Areas to consider when completing assessment and formulation are:

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

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

One issue arising from these common features of formulation is the theory which should be used to underpin the formulation. As there is no single theory of offending or harmful behaviour various theories of neurodevelopment and offending must be drawn on, as discussed earlier in this chapter, with consideration of their applicability to children: formulations involving children and young people should be developmentally informed, systems informed, trauma informed, and vulnerability informed (Johnstone & Gregory, 2015). Drawing on the '4Ps' information with theoretical knowledge enables the development of a narrative risk formulation which should provide the basis for a clear, focused, proportionate and individualised risk management/ intervention plan ([see Section 15. Managing High Risk](#) for information on risk management planning).

As with assessment, formulation is changeable and should be collaborative and incorporate information from significant adults and professionals, as well as the child or young person themselves. It is a *potential* explanation of the concerning behaviour(s), it is our best

professional judgment based on the knowledge we have at the time, and it should be reviewed regularly. A comprehensive formulation of risk is a skill that should be supported by appropriate training, supervision, and reflective practice.

4.4 Interventions

There are a variety of approaches to interventions for children and young people in conflict with the law. In Scotland, the Whole System Approach advocates early and effective intervention for children and young people who are at the early stages of being involved in offending or harmful behaviours, which tends to focus on the child's welfare needs ([see Section 10, EEI](#)). This section focuses on interventions specific to offending behaviour identified as best practice in the most recent reviews.

General and violent offending

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

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

Reviews of the research literature indicate that family-based interventions and multi-systemic interventions can be effective in reducing offending behaviour (Farrington & Welsh, 2003; Humayun & Scott, 2015; Moodie et al., 2015). A review of high-quality family-based crime prevention programmes (including home visiting, day care/preschool, parent training, school-based, home/community programmes for older children, and multi-systemic therapy) found that generally the prevalence of offending could be reduced by approximately 10-15% by implementing such interventions (Farrington & Welsh, 2003). They found that the most effective interventions used parent training while the least effective types were those based in schools. [Multisystemic Therapy \(MST\)](#) is a programme designed specifically to address antisocial behaviour for 11–17-year-olds, aiming to keep them at home and in school. Other family-based interventions not specific to targeting harmful behaviours, [Family Group](#)

[Decision Making](#) or [Functional Family Therapy \(FFT\)](#), can build on family's strengths, as-well improve communications, improving family functioning and poor attachment relationships that may be at the core of distress and potentially harmful behaviours.

Children and young people, and their parents, may also have specific conditions which must inform interventions. [Section 8, Mental Health](#) and Neurodiversity covers those commonly impacting children and young people in conflict with the law in more detail. The NICE guideline [Antisocial behaviour and conduct disorders in children and young people: recognition and management](#) provides best practice for the care of children and young people with a diagnosed or suspected conduct disorder, including for children in care and in contact with the justice system. It recommends that for children aged 11-17 multi-modal interventions such as multi-systemic therapy are offered. It also states that when working with parents and carers workers should:

- Discuss with children and young people, at a level appropriate to their development and cognition, how they want parents or carers to be involved. This should happen at intervals to take account of any changes in circumstances.
- Be aware that parents/ carers might feel blamed for their child's problems or stigmatised by their contact with services, so directly address any concerns they have and set out the reasons for and purpose of the intervention, and
- Offer parents/carers an assessment of their own needs including personal, social, and emotional support; support in their caring role; and advice on practical matters and help to obtain support.

Many families have multiple difficulties or needs, and it may be that some of these need to be addressed before they can engage meaningfully in family work. Practitioners and organisations must endeavour to overcome any barriers to the active engagement of families and work collaboratively with families to overcome these. [Support and Services for Parents: A Review of the Literature in Engaging and Supporting Parents](#) (Scottish Government, 2007) reviewed approaches to antisocial behaviours and childcare. It identified that some of the key features that contribute to successful engagement with families are:

- Adoption of a 'strengths-based' approach, building upon existing strengths.
- Providing opportunities to share experiences and difficulties with others in similar situations.
- Providing home-based services, where practical, to alleviate issues such as transportation, childcare, and anxiety.
- Completing a thorough assessment of the family situation so that interventions are responsive to immediate and long-term needs.
- Ensuring fathers or significant males are included in interventions.
- Developing shared agreement on the problems to be dealt with and the goals of the intervention.
- Starting with small simple tasks with easily achievable goals.
- Ensuring open and clear communication.

The review also concluded that a variety of different interventions are necessary to meet the differing needs of families. Whilst parent training was most effective for families with younger children, it concluded that structured family work such as Functional Family Therapy or Multi-systemic Therapy were recommended for adolescents and their families.

Harmful sexual behaviour (HSB)

Where there are concerns relating to HSB all above theoretical considerations and practice guidance should be followed. It is increasingly recognised that interventions need to be child-centred, holistic, strengths-based, trauma-responsive and target areas of more general unmet need, as well as addressing the HSB.

In relation to concerns about sexual behaviour (whether concerns are about a child potentially being harmed or exploited, or harming others), a useful starting point is the [Brook Sexual Behaviours Traffic Light Tool](#). This tool is designed to help professionals; distinguish healthy sexual development across age and developmental stages, make safeguarding decisions in relation to children and young people, and to assess and respond appropriately to sexual behaviour in children and young people.

G-MAP have produced a guide, 'Intervention and Planning using the Good Lives Model', to assist professionals to construct individual programmes of work that are specific to the needs of children and young people and their unique circumstances. More recently they have published a book 'The Good Lives Model for Adolescents Who Sexually Harm' which provides comprehensive therapeutic guidelines and case illustrations to demonstrate how the GLM-A can be used in practice (Print, 2013). The G-MAP model of intervention has been referred to as the Safer Lives Programme in Scotland, received positively by practitioners, seen as a positive, person-centred approach, favoured previous risk-management dominated perspectives (Simpson & Vaswani, 2015). Further information on assessment, risk management and intervention in relation to HSB can be found in [Section 15, Managing High Risk](#).

6. Conclusion

This section has emphasised the importance of acknowledging individual needs and strengths so that any planned intervention is child centred. Assessment and formulation must consider theories of child development and offending behaviour to ensure interventions can be individually tailored and delivered in a manner responsive to the individual. They must also be informed by ecological systems theory and where required and appropriate involve parents and family work and take account of structural and environmental influences. Practitioners should be always mindful of relationship-based practice principles, seeking to build positive, respectful therapeutic alliances with children, young people and their families, promoting their active participation to ensure good collaborative working and improved outcomes.

Assessments for children and young people whose behaviour poses a risk of serious harm to others should be informed by FRAME guidance, and for under 18's CARM processes under a child protection response. These assessments inform the intensity, duration and sequencing of intervention and the processes to reduce risk, if required. Assessment, formulation and intervention planning outcomes should be included in the Child's Plan and reviewed regularly, not only to assess progress, but also to highlight any relevant changes in the child or young person's situation.

It is important that interventions promote human rights and do not stigmatise or negatively label children displaying harmful behaviour and their families. Strengths and protective

factors must be promoted and further developed, motivating engagement, enhancing resilience, building human and social capital, and effecting positive change. Work adhering to these principles will encourage meaningful participation and engagement, and increase the effectiveness of interventions, leading to greater public safety and improved wellbeing for all.

7. References

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