Framework for Risk Assessment Management and Evaluation (FRAME) with children aged 12-17

Standards, Guidance and Operational Requirements for risk practice

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Contents

Section 1: Framework for Risk Assessment Management and Evaluation (FRAME) for children aged 12-17

1.1 Introduction

The Scottish Government National Performance Framework outcome for children (all under 18s) states, "we grow up loved, safe and respected so that we realise our full potential." It is about getting it right for every child (GIRFEC) in Scotland, which includes the small number of children where parts of their behaviour may pose an imminent risk of serious harm or has caused serious harm to themselves or others. Our responses and understanding must be framed and applied within a child protection context to prevent any further harm and must recognise the impact upon both the child who may cause harm as well as any individuals harmed. In all circumstances where aspects of a child's behavior has or may pose a risk of serious harm to others, initial consideration as to whether child protection actions are required is critical. Consideration should be given to the need to protect any child harmed, as well as to whether the child who has caused the harm is in need of protection, as research tells us that often children who have caused serious harm have experienced trauma in their own lives (Rasche Et al, 2016) and are potentially still living in that trauma situation. However, where there is a risk of serious harm to others, additional guidance is required for the management and reduction of the potential risk of harm. This document provides the standards, guidance and operational requirements for risk practice.

This guidance replaces the previous FRAME for under 18s (2014) and uses the definition of risk of serious harm:

> 'there is a likelihood of harmful behaviour, of a violent or sexual nature, which is life threatening and/or traumatic and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible' (RMA, 2011).

In addition, consideration must also be given to the level of intent, any use of force or coercion, potential as well as actual harm caused irrespective as to whether the harm was realised (RMA, 2011).

This guidance has been updated in conjunction with the Risk Management Authority (RMA), and considers the principles of good risk practice as defined within the Framework for Risk Assessment Management and Evaluation (FRAME) (RMA, 2011) as well as the process for risk management/reduction that is recommended as best practice.

When working with children where parts of their behaviour may cause or have caused serious harm, the approach taken should be informed by thinking of them as children first and foremost. Children are not 'mini-adults' and the reasons they may present with such behaviours cannot be understood through an adult lens. Children see and experience the world in different ways from adults and are still developing. Their view of themselves and the people around them is profoundly influenced by factors such as the way they have been parented, the modelling provided by other adults in their lives and their peer groups' attitudes and behaviours (Firmin, 2018; Masten & Cicchetti, 2010). Risk practice in relation to children must be understood through a lens of child development, be trauma and systemically informed, and must consider situational and contextual factors. Thus, assessments and interventions for adults are not appropriate to use with children nor are they defensible.

Whilst the age range this guidance is intended for is 12-17 years, it may also be appropriate for young adults up to the age of 25 years. This would be in line with the Whole System Approach (WSA) and ongoing research into brain development which supports different approaches for young adults 18-25 such that the practice outlined and CARM risk management process could be applied with this group.

The application of the risk practice outlined in this document aims to ensure a proportionate and appropriate response to harmful behavior which includes where the likelihood of serious harm occurring is assessed and formal risk management processes are required. The outcome will be a framework that supports

proportionate practice at minimal, comprehensive and intensive levels appropriate to risk and purpose (RMA, 2011).

Importance of Understanding Risk

Risk is an inherent part of growing up, with children learning through exposure to risk. We cannot, and should not, seek to eradicate or remove risk completely. When parts of a child's behaviour poses a risk of serious harm to self or others, everyone in the system around the child has a duty to intervene and protect the child from causing such harm and to reduce the risk or impact of further harm. The rights of all children, including those who have harmed also need to be protected by the system around them (Lightowler, 2020). This may require formal risk management processes, an example of which is detailed under Section 2, Care and Risk Management (CARM) Process. This document provides guidance for practitioners and managers in how to deliver protection and support to these children whilst providing defensible evidence based decision-making, with a shared understanding across agencies of responsibility and roles within this process.

Evidence-based risk assessment assists us to understand the harmful behaviour and reduce the likelihood of it occurring. It also helps our understanding of what safe environments and developmentally appropriate opportunities should look like for individual children. This allows them to develop strengths/positive behaviour, and learn, practice and apply their skills and understanding to encourage them to realise their full potential, whilst providing protection to them and others from the impact of potential harm. However, to reduce the likelihood and/or impact of harmful behaviour we also need to consider the context in which the harm has occurred. Often harmful behaviours occur between peers in shared social spaces such as schools, parks, or on the streets. A contextual safeguarding approach recognises that sometimes within these social spaces, cultures can develop so that abusive attitudes become the social norm. Assessments and interventions should therefore also consider peer groups, locations of harm and patterns of harmful behaviour within these. To simply focus on the individual and the family context could result in missed opportunities to prevent further harm (Firmin, 2018). This in no way minimises or mitigates the serious harm which parts of a child's behaviour may

present. Instead, this allows us to be clear about the nature of the harm we are trying to prevent and/or manage, who may be at risk and in what situations the harm may occur, in order to reduce impact or likelihood of occurrence.

In addition, the risk management outlined in this document and associated CARM process ensures children are responded to in a way that meets their developmental needs whilst protecting their rights as enshrined within child protection. Effective risk practice must take into consideration the strengths of the child during any assessment and actively promote these. These factors may serve to mitigate or reduce the level of risk experienced or presented by aspects of the child's behaviour, and must be borne in mind and integrated when devising risk management plans that respond to the overall needs of the child.

Section 1 of this guidance outlines the overall principles and approach to defensible decision-making and risk management with children which must be applied in a proportionate manner that reflects the level of concern regarding actual or potential harm. Section 2 outlines a framework for applying these principles within a formal care and risk management (CARM) process where there is a risk of serious harm, and will be required for a very small number of children.

The risk practice outlined is not solely specific to, or applicable to, offending behaviour. Not all offending behaviour will pose a risk of serious harm, nor will all behaviours, which have caused or may cause serious harm, be responded to within a justice context or result in charges or conviction. Thus, this guidance should be utilised where there are concerns regarding a risk of harm by aspects of a child or children's behaviours, to either prevent harm from occurring or to reduce the likelihood and impact of any future harm. The CARM process should be utilised where a risk of serious harm is assessed as either having occurred or likely to occur. The practice outlined may also be applicable and meaningful in considering where aspects of a child's behaviour poses risk to themselves as well as from others to them. The skills and knowledge outlined are utilised across different contexts where harm or potential for harm exists to inform meaningful and effective responses and intervention to minimise different types of risk.

FRAME with children aged 12-17 years should provide confidence that risk of serious harm posed by aspects of a child's behaviour can be responded to, managed and addressed, irrespective of the legal system dealing with the child, and does not necessitate formal criminal justice processes. A combination of FRAME for children aged 12-17 years and the CARM risk management process provides both robust risk management for public protection, whilst recognising the need to ensure the child, whose behaviour poses a risk of serious harm, is protected.

1.2 Legislative and policy context

Legislation

Currently two main factors influence whether a child who is charged with an offence is responded to by a welfare or criminal approach. These being: the severity of the behaviour as outlined by the Lord Advocates Guidelines (2014) or age limitations.

Whilst Scotland unanimously agreed in May 2019 to raise the age of criminal responsibility to 12 years, it has yet to be implemented though is anticipated to be fully commenced from autumn 2021. Since April 2011 no child under 12 can be prosecuted in court in Scotland following the introduction of the Criminal Justice and Licensing (Scotland) Act 2010. Where concerns relate to a child under 12's behavior having caused/or having the potential to cause serious harm, this must be responded to within a child protection context as previously stated.

The Multi-Agency Public Protection Arrangements (MAPPA) are a set of partnership working arrangements placing statutory duties upon Responsible Authorities introduced in 2007 under Section 10 and Section 11 of the Management of Offenders etc. (Scotland) Act 2005 (Joint Thematic Review of MAPPA in Scotland, 2015) .This brings together statutory partners to assess and manage the risk posed by certain types of offending behaviours categorised by reason of their conviction.

Whilst only a small number of children will become subject to MAPPA, when convicted of relevant offences in court, importantly, the application of risk practice

should be informed through a child-centric and GIRFEC lens, and directed and underpinned by this guidance. Implementation of MAPPA with under 18s will be strengthened through integration of FRAME for children aged 12-17 years within the MAPPA process, ensuring it is informed by research, and theories relating to child development applied in partnership with practitioners who have the required competencies and skills in working with children and understanding risk practice. Simply because the child may be convicted of a serious offence and subject to justice processes does not change their status as a child or the way in which their harmful behaviour needs to be understood, managed and responded to.

Where a child or children has/have been prosecuted and convicted in court, there is still opportunity to seek their remittal to the Children's Hearing System (CHS) up to the age of 17 years and six months. The Criminal Justice Social Work Reports and Court Based Services Practice Guidance (CJSWR) direct that all CJSWRs, for children up to age of 17 years and six months, must comment on the option of remittal to the CHS and clearly state what interventions and strategies will be implemented. Furthermore, creative use of all options under the CHS should be considered which might include secure care or Movement Restriction Condition (MRC) as appropriate to the assessed level of need. Any resourcing required must be agreed with appropriate agencies and detailed within the CJSWR as well as any report for the CHS.

Irrespective as to whether a child's behavior is being addressed through court, CHS or through voluntary involvement with agencies, a clear assessment of the seriousness, nature, pattern and likelihood of harm must be included. This must explicitly consider public protection concerns by identifying whether such harm can be managed in the community or not, and the risk management strategies and interventions required to do so.

Policy

Both the Whole System Approach and GIRFEC highlight the need for risk management responses with children to be underpinned by child protection. However, it is acknowledged there may be some situations where due to legal status and age adult support and protection procedures may be utilised. It is a small minority of children whose behavior poses a risk of serious harm; they can often be highly vulnerable and have experienced crime and trauma in their own lives (McAra & McVie, 2010). A smaller proportion of these children may present with concerning behaviours, with little or no indication in their early lives or environment as to why this occurred. Research into the impact of Adverse Childhood Experiences (Hughes et al, 2017) and trauma upon children's developing brains (Herringa, 2017) is helpful to re-frame our understanding of harmful behaviours as 'distressed behaviours' (Murphy, 2018). For some children negative early life experiences can increase their vulnerability to environmental pressures, and contribute to the emergence of violence and/or other forms of harmful or anti-social behaviours in childhood and later life. Any assessment of risk of harm must also assess the child's vulnerabilities and those of the systems around them to ensure risk reduction interventions address all factors and contexts that may impact upon the risk of harm a child's behaviour poses.

Ensuring effective practice in this area requires joined up planning at operational, tactical and strategic levels from criminal justice, adult protection, child protection and childcare services. It is expected that to reduce risk, the management and interventions will take place within the context of the Child's Plan, regardless of which system they are in (Child, Adult or Justice services) or where they are living (including prison or secure estates).

As The Promise (2020) states, children should be afforded the opportunities to draw on supportive networks which build on existing strengths and to live as normal a life as possible. All risk assessment should include these strengths and supports, which calls on practitioners to strike the fine balance of affording children the space and opportunity to develop and grow from the natural risks and challenges encountered by people their age. Elimination of all risk entirely can be counterproductive, and can lead to sterile, unloving environments. To that end, The Promise calls on Scotland to

reframe the understanding of risk, acknowledging the developmental benefits associated with children engaging in behaviours that contain an element of risk.

1.3 When is formal risk management appropriate?

Formal risk management processes are not required or appropriate in all circumstances. They should be applied only to the critical few cases warranted by the likelihood of serious harm occurring. Where a co-ordinated, multi-agency response to concerns regarding risk of serious harm is required, a formal risk management process such as CARM provides the framework to co-ordinate and implement this. Where the definition of serious harm is not met then risk management should be undertaken through the usual child's planning process. Where risk practice requires access to specialist knowledge, skills and decision-making, the child must have access to the right supports and services to manage and reduce risk. Risk assessment should assist in identifying those situations requiring formal risk management process.

The following key considerations - influenced by GIRFEC and the National Risk Framework (NRF) (2012) - may assist in indicating whether existing measures and oversight are appropriate or not:

- What is the nature of the actual/likely harm and who is at risk;
- How likely is such harm to occur, in what circumstances and situations;
- The impact on/potential consequences for the child's health and development should the harm occur as well as that of individual harmed;
- The child's development within the context of their family and/or care placement as well as the wider environment and how can/does this minimise or reduce the harmful behaviours;
- How attuned are supports and interventions to the individualised needs of each child (such as a medical condition, speech language and communication difficulties or disability) in order to promote the child's ability to meet their needs and realise their potential;

- The capacity of the parents or carers to adequately meet the child's needs, including their need to be safe;
- The wider familial and environmental context;
- The necessary skills, expertise and resources available and accessible and the benefit that the child will gain from safely managing the identified risk.

Risk management with children can rely on the supervision and monitoring provided by parents and/or carers, embedded in the practices of day to day family life (McNeill, 2009). Therefore, it is critical that their ability and capacity to undertake and carry out any such role is fully assessed and supported.

Research highlights that a high number of children and individuals within the care or justice system have speech language and communication needs and frequently these will be undiagnosed (SLCN) (Vaswani, 2014). It is critical that practitioners working with children and undertaking assessments are skilled and knowledgeable as to how to engage with children and their families, particularly at times of crisis, are aware of the impact of SLCN, and have the ability to recognise potential indicators. In addition, recognising the process in itself may be traumatising or re-traumatising and impact on how they process and understand what is happening is also important. Thus, professional relationships play a key role in promoting understanding and upholding rights, and in developing resilience by ensuring children can actively participate and understand what is happening with and around them.

There are a range of additional factors which may impact upon a child and their ability and capacity to engage with services. Although not exhaustive, these may include the following: disability; ill health; mental health and geographical issues, and must be fully considered and inform any risk management practice with them.

More detailed advice on good practice with children in conflict with the law can be found in the National Youth Justice Practice Guidance 'A Guide to Youth Justice in Scotland' updated annually (CYCJ, 2020).

1.4 Standards of Risk Practice

This document sets out a consistent, shared framework that promotes defensible decision-making, ethical risk assessment and management that is proportionate to risk, legitimate to role, appropriate for the task in hand, and is communicated meaningfully as outlined in FRAME (2011) and the NRF (2012).

Whilst this guidance focusses on the risk of serious harm, this should be located within preventative practice, utilising skills and knowledge to intervene in concerning or problematic behaviours and prevent them from escalating. It is important not to wait until a child has been charged or convicted, or someone has been harmed, to actively implement risk practice.

The following standards seek to establish the benchmark for effective risk practice establishing agreed values, a structured approach, shared practice standards and a common language of risk. Acknowledging the uncertainty of risk and the challenges inherent in managing it, what follows is a rights-based, evidence-informed approach to risk practice that facilitates purposeful, appropriate, and meaningful risk assessment and management across a range of agencies (Murphy, Nolan & Moodie, 2020). They provide a means to direct decision-making, evaluate and reflect on work within individual cases, and design and review organisational structures and policies regarding the assessment and management of risk.

The guidance which follows outlines five standards that underpin risk practice as applied to work with children.

1.4.1 Risk Assessment

“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." (FRAME, RMA 2011)

Risk assessment is a crucial step in identifying which children require services and the type and intensity of intervention required. The National Assessment Framework, (SG, 2016) aims to facilitate the development of a holistic understanding of the events, environment and situations in which children are located. These holistic assessments should "incorporate more emphasis on young people's voices and their qualitative, dynamic constructions of their life experiences, rather than prioritizing adult understanding/ prescriptions of quantitative, static, risk-focused "factors"" (Case & Haines, 2014).

Presently in Scotland there is no single template for the Child's Plan and each local authority has their own template based on the national guidance. However, the level of detail in any plan should match the complexity, concerns or needs identified (SG, 2007) including the strengths and resilience factors which the child may benefit from. It is important that information to inform the Child's Plan is drawn from a wide range of sources including the agencies who are involved with the child and their family, and no Child's Plan should be undertaken without inclusion of the child and their family. Providing this information in a shared language by following agreed standards of practice can assist the risk and need assessment processes and ensure that the plan is appropriate.

All assessments and reports for the CHS or Court - where there are concerns regarding risk of serious harm - must be underpinned by an understanding of risk and appropriate risk assessment tools. The decision on the best tool to use in the assessment of risk will be informed by considerations such as: the type of behaviours causing concern and the age of the individual, as well as their capacity and level of functioning.

It is the responsibility of professionals to identify the appropriate risk tools and possess the necessary skills and competency to utilise them. The agency or service in which they practice also has a responsibility to ensure they provide appropriate training and support in relation to risk assessment tools and ongoing development; both have responsibility to keep up to date with changes in risk practice. The Risk Assessment Tools Evaluation Directory (RMA) may guide this decision.

Risk assessment is best undertaken within the context of structured professional judgement, underpinned by holistic formulation of the relevant developmental, dispositional and environmental factors. Risk assessment tools are useful in informing this process but do not make up the entirety of the risk assessment nor should risk define an individual. A shift away from a deficit-based understanding and framing of risk is required. A strengths-based approach that seeks to identify and build upon the child's strengths in order to leverage against and mitigate any vulnerabilities they may have that contribute to their risk of serious harm, is critical. In addition, this approach must not just reduce the likelihood of further harm but actively seek to promote a child-friendly pursuit of positive behaviours and outcomes (Case & Haines, 2016, pp71). The purpose of assessment goes beyond the goal of classification and by virtue of its theoretical underpinning, offers a means to understand and respond to the behaviour.

FRAME outlines four key aspects to assessing risk, which includes identification, analysis, evaluation and communication.

Identification: The purpose is to not only identify the type of harm you are concerned about, but also key strengths and critical vulnerabilities that are present, i.e. parents, carers or peers. Risk assessments should be: comprehensive, based upon credible information gathered from a range of sources, and regularly reviewed and evaluated for relevance, credibility and quality of information provided (RMA, p.14, 2018). This must include the child, their parents/carers (SWIA, 2010), and professionals already in the child and their family's life. This provides background and aids understanding of the child, their experiences and also those of the

systems around them such as parents/carers in relation to wider functioning as well as the harmful behaviours. It should also include the nature of the harmful behaviours causing concern presently, and any previous incidents or alleged incidents. The locations where the harmful behavior has occurred should be considered as well as whether the incidents involved other peers. Any patterns to this should inform wider contextual interventions. An understanding of the strengths and resilience factors that are present and can be promoted should be developed to assess how these can mitigate and reduce the harmful behaviour in question or promote desistance. Limitations to available information and recording attempts to gather information as well as inconsistencies must be noted within the basis of any assessment and may be appropriate to also record within the Child's Plan, as this may influence the weighting such information has upon the assessment.

Analysis: Assessment must go beyond merely describing facts in order to move towards an understanding of a child's situation and the reasons for the harmful behaviour. The assessment should be grounded in an understanding of the child's developmental history and experience of being parented. With respect to the behaviour itself, questions such as '*is this a problem*', '*how serious is it and for whom',* '*is it likely to require external assistance'* and '*on what basis do we need to intervene - voluntary or compulsory'* may be useful. In developing your analysis, it may be helpful to consider the pattern, nature, seriousness and likelihood of the behaviours. The behaviour needs to be understood within the context of the child's environment, taking into account economic, cultural and religious positions, which shape attitudes and opportunities (Muncie, 2004). Whilst considering a child's wellbeing is integral to all assessments where risk of harm is being assessed, it may also be beneficial to consider an assessment of the child's functioning and understanding, as well as a functional analysis of the presenting behaviours. Children's mental health should include the following capacities:

- "the ability to develop psychologically, emotionally, intellectually and spiritually

- the ability to initiate, develop and sustain mutually satisfying personal relationships
- the ability to become aware of others and to empathise with them
- the ability to use psychological distress as a developmental process so that it does not hinder or impair further development." (BMA, 2013, p121).

Assessments should include information on the risk of future similar behaviour and the nature of possible future behaviour, which stems from the evidence collated, assessed and evaluated - i.e. how likely the harm is to happen and the frequency, the nature of such harm and what impact it is likely to have, who is likely to be harmed, how quickly or imminently the harm is likely to occur and level of intent or planning. Analysing the risk of harm in these contexts and communicating this in a narrative formulation is "the process of generating an understanding of harmful behaviour that directly links assessment findings to management actions" (Logan, 2016).

A detailed formulation of concerning incidents, alongside the historical and present information, is recommended to aid the analysis and identification of trends, patterns or functional needs the behaviours are meeting. It is important to understand that as children develop, presenting behaviours may change, but the needs they are meeting may remain the same. McMurran and Bruford (2016) state a "good quality case formulation should be a coherent and understandable narrative account of the case, based on a sufficiency of good quality and relevant factual information that is interpreted in line with a generally accepted theory, and which yields detailed and testable predictions about which strategies will be most effective in treating and managing the problem behaviour."

Formulation is the bridge between assessment and risk management. A formulation will be underpinned by the information gathered on the individual's life, research, and psychological theories to provide a hypothesis of the understanding of the onset of the concerning behaviours, how they have developed, what is driving them, what may be maintaining them and situations which may trigger the behaviours.

A formulation-based approach encourages consideration of not just the range of factors, which may affect a child, but how they may affect **this** child, and relevance to the harmful behaviours. Understanding the interplay between all or some of the factors identified may give different weighting as to how certain factors underpin and perpetuate the harmful behaviours, alongside those which you need to prioritise in terms of risk management. Formulation assists in the development of an understanding of the function of the harmful behaviours for the child. It is important to recognise these are often distress behaviours the child has developed over time to cope in their environment in response to trauma and adversity. Where there is no known background of adversity or trauma, formulation is still relevant, and aids the hypothesis of what may have triggered the behaviours, the drivers, the perpetuating factors that maintain them, and strategies to address and reduce them.

The formulation should provide a narrative, which explains the pattern and nature of previous harmful behaviours. It should include the likelihood of future harm, and identify likely scenarios in which the behaviour may occur alongside interventions and strategies to prevent this (RMA p 18, 2016). It should clearly explain the role of relevant factors relating to the child's risk of harm, the interdependencies between any factors, and what this means for risk management (RMA p20, 2016). In addition, formulation should consider the child's "physical and mental health as well as their social and developmental pathways, which may include neuropsychological factors, trauma, pervasive developmental disorder, cognitive capacity and/ or mental illness" (RMA p20, 2016).

It is important that formulation is recognised as hypothetical and not predictive, and that any limitations to the formulation are acknowledged and reasons for them recorded, such as unavailable or uncorroborated information, as well as whether the child and their family have been involved and included. Any circumstances where re-formulation or re-assessment would be required should be stipulated.

Evaluation: The purpose of this step is to evaluate the formulation against the relevant decision-making criteria and proportionate interventions and responses in relation to level of potential or actual harm. The decision making criteria will vary depending on the purpose of the risk assessment which could include supporting a child to remain in their own home, or remain in their own community, access activities such as education, hobbies, leisure activities for example, or where a child is moving between home and other placements such as residential/ secure care/ custody and/ or returning to their own community from residential/ secure care/ custody either partially or fully and suitability for doing so.

The evaluation of the assessment should inform the decision making and identify appropriate interventions and appropriate risk management measures to address the child‘s capacity and abilities in the areas that contribute to risk. Therefore, the conclusions of any assessment should lead to consideration of what needs to be done and who needs to be involved. To assist in formulating a view on the best way forward, the evidence from assessment needs to be formally presented in reports to courts, the children’s hearing, or other forums including risk management meetings. Conclusions should clearly state (based on the evidence available) the level of risk management required to address the risk of harm. Assessments should not be open-ended and there should be a reference to when, and/or in what circumstances, re-assessment is necessary. The report must contain a clear plan of action, which is included within the Child’s Plan.

Communication: Regardless of the forum, risk should be communicated in a manner that facilitates understanding. Terminology should be clear and jargon free to promote collaboration and information sharing.

The findings of risk assessment should be communicated to relevant others including the individual who is subject to assessment, and key partners who are involved in the case. The formulation should be summarised into a concise statement of the pattern, nature, seriousness, likelihood and imminence of offending to aid understanding and facilitate decision-making.

In some cases, community disclosure may be required and involves sharing information with individuals, agencies or organisations to help them manage risk more effectively. This could involve sharing information with a college or employment provider, or adults that are in the child's life. Information sharing of this nature needs to be proportionate and justified in terms of safeguarding the protection of children and vulnerable individuals. In all situations where this is deemed necessary, the justification for disclosure needs to be recorded in the meeting minutes of any formal risk management process and a relevant professional designated to share the information. The child and their parent(s)/carer(s) should be informed of this outcome where appropriate and, whilst unlikely, thought should be given to whether self-disclosure may be a more effective strategy and if so what support is required.

1.4.2 Planning and responding to change

"All risk management plans and decisions will be based on a risk assessment which is of the appropriate level to support such a decision or plan. The actions to be taken will be clearly documented and their rationale will link explicitly to risk assessment. The risk assessment and management processes will be dynamic, with the capacity to respond to changes in risk.

The dynamic link between risk assessment and planning will be maintained through ongoing assessment and review. The level and immediacy of any response to change will be proportionate to the significance of the change and risk. Reductions and increases in restrictions or interventions will be justified and supported by a suitable reassessment of risk." *(FRAME, RMA 2011)*

One of the principles of GIRFEC is to avoid children being dealt with in a variety of different systems: One plan, which develops as required to meet the needs and risks involved. It must be fit for all necessary purposes. The child's or young person's plan should meet all statutory planning requirements" (SG 2007). It must be acknowledged that there has been no refresh or update to GIRFEC since its initial roll out though there have been significant developments not least the

culmination of the Independent Care Review and commitment of Scottish Government to implement The Promise as well as to incorporate UNCRC into Scots Law. A review and refresh of GIRFEC may be timely. However, the principle of one plan ensures decisions to reduce, increase or adapt risk management measures are made based on evidence from the plan in place. The risk management plan, which should be integrated into the Child's Plan, should be SMART (Specific, Measurable, Achievable, Realistic and Time-limited), ensure the rights of the child are protected, and:

- Identify who is at risk: from whom and what and, if possible, in which circumstances and the impact of this harm. This relates to using formulation to develop scenarios to inform actions and interventions;
- Set out the range of needs and risks to be addressed and outcomes to achieve;
- Identify who is responsible for each action;
- Identify any services or resources that will be required to ensure that the planned outcomes can be achieved within the agreed timescales;
- Agree how agencies can measure reduction in risk of harm;
- State the timescales within which changes/improvements are to be made;
- Note what the contingency plans are.

(National Risk Framework, 2012)

Risk management plans should outline clearly how risk is to be reduced as well as managed, and the plan for risk reduction should link to the assessment of how the child's social, developmental and psychological needs can most appropriately be met at the present time to allow the individual to grow and mature. Risk management plans should identify early warning signs that might indicate that risk of harm is increasing and should outline clear contingency plans, outlining courses of action that would need to be taken in such circumstances.

Scenario planning

Scenario planning is a tool of strategic decision-making that does not focus on accurately predicting the future, but is a process that creates a number of possible futures that are credible yet uncertain (Schoemaker, 1995). Scenario planning must be based on and informed by the assessment of risk of harm regarding what we know of the child; the supports around them; the nature of the harm; likelihood of it occurring; in what situations it may be more or less likely to occur; and how the assessed strengths and vulnerabilities could mitigate or escalate the risk of harm. In considering different scenarios where the risk of harm and its impact stays the same, increases, decreases or changes to the type of harmful behavior presented, this assists in identifying what actions, interventions and strategies are required to either promote or reduce the likelihood of that scenario taking place.

Contingency planning

Contingency planning involves identifying the specific actions required to respond to the scenario planning and prevent the harm from occurring or reduce its impact. Awareness is required of early warning signs, which should be actively monitored, within the child's presentation that suggest the child is gravitating towards an incident occurring. These early warning signs must have a range of proportionate responses reflective of the imminence and impact of the harm occurring and in some situations may require an immediate response. It is also imperative that the contingency plan clearly states who should do what, when, and who should be informed.

Risk is dynamic, changing with time and circumstances, so risk assessments must be regularly reviewed, particularly if there is a significant change in circumstances that would alter the risk management plan in place. Given the significant developmental changes that occur for children, it is important to rely on the most recent information when making judgments about future risk. Indeed, formal assessments of risk that are more than six months old may have limited application. Whilst still beneficial as a source of information to inform the current

assessment, the dynamic nature of child development, and how this may impact on a child's understanding and processing, may have changed in the intervening period, and as noted the presenting behaviours may have changed, though may still be meeting the same needs. Therefore strategies and interventions should be reviewed for appropriateness. The frequency of review should also be proportionate to the level of concern about the risks, needs and vulnerabilities of the child.

Multiple reviews and meetings should be avoided; the use of CARM, as an example of a formal risk management process, can offer a specific focus and consideration of risk management alongside other relevant meetings that relate to the child's needs. For example, combining looked after and accommodated (LAAC) reviews in residential, secure or other placements, or Integrated Case Management (ICM) meeting in custodial establishments could all be combined with CARM meetings as long as this will meet the needs and purpose of the meetings; it is paramount that risk management is a focus and the child is fully supported. LAAC and CARM could and should where appropriate be incorporated to adhere to the principles of GIRFEC.

1.4.3 Risk Management Measures

"Risk management measures will be based upon and updated in response to current research evidence. Risk strategies of monitoring, supervision, intervention and victim-safety planning, and the associated activities which are used to manage the risk posed by offending and/or harmful behaviour will be tailored to the needs of the individual. Measures should be proportionate to the level of risk, defensible, and consistent with the remit of the responsible agencies." (FRAME, RMA 2011)

Restrictions and interventions should always be constructive and individualised, demonstrably necessary and proportionate. Whilst recognising restrictions and limitations may be imposed, these must be lawful, informed by evidence as to their requirement, relevance to reducing and managing risk or promoting strengths and do not infringe on their rights.

Thus, responses should be undertaken in a manner that holds the best interests of the individual, their physical and mental well-being and development alongside the need for protection for others. Wherever possible maintaining links with education, vocational training and work to support rehabilitation and reintegration are crucial. These agencies may create opportunity for normal developmental situations for a child to practice safely, under supervision, the skills and abilities they need to develop positive ways of feeling, thinking and acting. To facilitate this, where appropriate, the adults in a child's life - parents, carers, teachers etc - should be the main source of monitoring and need to actively engage with the risk management process. Utilising positive relationships is critical to supporting children to develop coping strategies and resilience (AYPH, 2016).

Supervision

Supervision aims to decrease the likelihood of harm occurring by both restricting an individual's freedom but also providing opportunity to build on their strengths, source opportunities to learn new skills and access interventions to encourage and support change through establishing a meaningful and collaborative relationship. An over focus on restriction prohibits collaborative relationships between the professionals and the child and their supports. Whilst some levels of restriction may be required, this is a facet of supervision and not the sole focus. Developing engaging and trusting relationships with children to support them with change is more likely to achieve the desired outcomes for all. The level of supervision should be proportionate as is required to prevent harm.

Intervention

Interventions with children must take place across and within the systems in which they live such as family, community, organisational and societal in recognition of the complexity of the dynamic nature of the interactions and influences between these systems and impact upon a child's life. It is often the wider systems that

require to change how they understand or respond to a child or children which will have a significant impact on the reducing behaviours which may pose harm to others. Sometimes this may be in the form of supporting and scaffolding parents to develop skills and the capacity to adapt their parenting style or services to change how they view a certain behaviour and respond to this either directly with a child or strategically and at a wider operational level. All of these actions and interventions can have a significant impact on potentially harmful behavior and in some cases direct intervention with the child may be required.

The following considerations of direct intervention with individuals are also relevant when considering effective and meaningful interventions across the components of the system in which a child lives. Thus, intervention should support reduction in vulnerabilities and build strengths and protective factors to reduce the risk of harm and the factors, which underpin the risk of harm/ serious harm to enable all within the system to support the child to meet their needs in ways that are more constructive. Thus “treatment or intervention may seek to build a skill, improve pro-social opportunities, or address a specific behaviour, problem or need relating to issues of health, trauma or vulnerability” (RMA, p29, 2016). When providing intervention directly with an individual it should be capacity building and an individual should have more skills at the end of intervention and greater ability to implement and use these. Consideration as to how an intervention is implemented must be informed by an individual’s needs, abilities, any additional needs such as learning disabilities or speech, language and communications needs, as well as history of trauma. In some cases, more than one intervention may be identified and the implementation of these should be prioritised and sequenced with avoidance of overloading the child and their support systems as this could be counterproductive. Any direct intervention with the child must support them to learn, change, adapt and develop new skills and understanding to replace or reduce the harmful behaviours whilst ensuring the protection of their rights. Building on existing strengths may prove more successful than attempting to create new strengths.

Victim Safety Planning

Victim safety planning aims to reduce the likelihood and impact of psychological and physical harm to known previous and future potential victims, which may be specific individuals, or possibly typologies of victims. The focus is to improve their safety and maximise their resilience. Whilst it is preferable to work with victims in developing safety plans this is not always possible, as some may opt not to be involved or it may not be feasible or appropriate for other reasons.

However, the formulation, scenario and contingency planning, which as stated must be credible and based on all available information, can inform the necessary steps and actions required to restrict access to possible or identified victims or victim groups. Victim safety planning requires the close incorporation of the other risk management strategies to ensure action can be taken promptly should indicators be observed that have been identified as signaling an escalation or imminence of risk of serious harm.

Monitoring

“Monitoring encompasses a range of observational activities and is an essential activity in the management of risk of serious harm” (RMA, p32, 2016). Partners within the risk management plan should be clear as to what they are monitoring and why, and how this information is shared to evidence attitudinal or behavioural change or no change. Monitoring is the active observation of identified risks and identifying new risks or positive shifts to enable quick responses to prevent or reduce the impact of harm and measuring the effectiveness of the interventions and strategies in place. It aims to look for factors indicating changes in risk of harm occurring over time. These may be factors indicating imminence of offending behaviour or harmful behavior occurring, a change in the type of harm posed, or a decrease in current risk of harm.

This section should cover: what is being monitored; why is it being monitored; how it will be monitored; who will monitor it; when it will be monitored; where it will be

monitored as well as how; and when changes will be communicated with the lead professional who has responsibilities for the Child's Plan. This should link to the contingency plan. Through reviewing and monitoring, any evidence of shifts in risk will be filtered into the dynamic process of reassessment and inform whether the management measures should be decreased or increased. Some children who are displaying aspects of behavior that present a risk of serious harm may require specialist interventions or intensive support services.

1.4.4 Partnership working

"The appropriate agencies will work together in the assessment and management of risk. The degree of communication, co-ordination and collaboration will be proportionate to the risk and complexities of the case. Information will be shared responsibly, in a timely manner, using shared language which supports the understanding of those involved. Information sharing will be at a level which is mindful of each individual's rights to privacy and confidentiality."***(****FRAME, RMA 2011)*

GIRFEC provides the context for collaborative work with children in Scotland and prioritises meaningful inclusion of children and parents. Working in partnership with children and their parents in this context is challenging for all involved. Recognising the conflicting emotions the child and parents may be experiencing such as shame, fear, guilt, denial, anger, outrage and how these may present as resistance, aggression or withdrawal in response to the situation they are facing is crucial. This understanding will inform how the assessment is undertaken, the level of responsibility which parents can cope with and uphold, and the support they require from others, to keep their child safe and participate with the risk management plan. The level of engagement and participation is also dynamic and may change in response to a range of factors. These may include the child and parent's sense of transparency and fairness, if receiving legal advice; wider community responses; trust in professionals; and many more.

Children and their parents should be included in all decisions in relation to risk assessment and management unless there are justifiable reasons for not doing so,

which must be recorded and explained to them. Where they choose not to participate in meetings in which decisions are being made, or there are specific reasons decisions are made without their input, then they must be promptly and adequately informed. All information should be presented to children in a manner adapted to their age, maturity and ability that is relevant and in a language which they can understand. Provision of the information to parents should not be an alternative to communicating the information to a child. Best practice directs that both the child and parents should directly receive the information, preferably on a face-to-face basis. Decisions in relation to risk assessment and management should clearly outline the child's rights and the likely duration of processes and mechanisms for reviewing decisions affecting the child.

Effective inter-agency collaboration between professionals is required to ensure a comprehensive understanding of the child as well as an assessment of their legal, psychological, social, emotional and cognitive functioning. It also provides sharing of skills and knowledge from different perspectives that enhances how we support children to ensure a holistic approach to need and risk. Multi-agency collaboration also reinforces a shared responsibility.

Effective inter-agency collaboration requires:

- awareness of local formal risk management processes which may be CARM and how universal services can work with children in a risk management context;
- a shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for protecting children and meeting their needs;
- communication between practitioners, including a common understanding of key terms, definitions and thresholds for action;
- effective working relationships, including an ability to work in multi-disciplinary groups or teams; and
- sound decision-making, based on information-sharing, thorough assessment, critical analysis and professional judgement.

The level of co-ordination or collaboration may relate to impact of any actual or potential harm as well as the imminence of its occurring presented by aspects of the child's behaviours. It may however be put in place by the response necessary to safeguard the child, or if there are child protection concerns.

Information Sharing

Communication between professionals when sharing information about risk of serious harm needs to be done with reference to relevant guidance, and with a recognition of the rights of the child. Privacy and confidentiality are governed by legal provisions that aim to safeguard personal information including:

- UN Convention on the Rights of the Child (1989)
- Article 8 of the European Convention on Human Rights
- Data Protection Act 2018
- Professional Codes of conduct
- Information Sharing Protocols

Individual agencies, whether statutory or voluntary sector, must have information sharing policies and processes in place that support lawful and effective information sharing. Where there is any concern regarding sharing information then consultation with managers and data protection officers within the organisation should be sought. In general, information will normally only be shared with the consent of the child (and/or parents/carers depending on age and maturity and where appropriate). However, where the child is at risk of harm, or where there are wider crime prevention or public protection/child protection implications or such action would prejudice any subsequent investigation, information can be and may need to be shared without consent. The intention to share information and the reasons for this should be explained to the child and must be recorded. Where a decision not to share information has been taken, this must also be recorded and the reasons why, which should consider the possible impact of not sharing the information for the child concerned as well as for those who may potentially be harmed.

Multi-agency partnerships should follow the principles below when sharing information:

- For children under 12 years where aspects of their behaviour present a risk of serious harm, information sharing guidance within Child Protection Procedures should be followed;
- For children aged 16-18 where aspects of their behaviour present a risk of serious harm, information sharing guidance within Adult Protection or Child Protection procedures may be appropriate.

Information in relation to risk assessment and management should be shared with decision makers to ensure that:

- Any child whose behaviour poses a risk of serious harm (or of entering the criminal justice system) should not have their supervision requirements through the CHS terminated due to this fact (SWS, 2019). Good practice would dictate that children whose behavior may pose such risk of serious harm occurring evidence the need for compulsory measures of supervision by virtue of the fact that they find themselves in such circumstances;
- Judiciary have confidence that risk can be managed within a community based setting and information provided to them outlining how CARM framework can contribute to this and inform risk practice across the CHS/Child Protection or under MAPPA;
- For children nearing their 18th birthday appropriate plans should be in place to support transition and where appropriate provide ongoing support and risk practice to manage and reduce risks, ensuring that these are shared with all relevant professionals and agencies who will have risk management responsibility;
- All partners have a responsibility to advise and share information with hosting authorities of any risks that aspects of a child's behaviour may present if they have been placed in an out of region placement;
- Disclosing of information to protect the public should be undertaken within the parameters of child protection, or through formal disclosure by the relevant chief constable.

1.4.5 Quality Assurance

“Individuals responsible for assessing risk, making decisions or designing plans on the basis of risk assessments, and implementing those plans will be appropriately qualified, skilled, knowledgeable and competent to carry out this work. Agencies will support quality assurance by establishing policies and structures, and by providing supervision and continuous professional development opportunities to staff. Routine mechanisms will be employed to assure the quality of assessment and management practice. Self-evaluation will occur at practitioner, agency and multi-agency levels to inform improvement and contribute to the evidence base.” *(FRAME, RMA 2011)*

Quality assurance is defined as “a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met” (Oxford Medical Dictionary). Professionals need to know what is meant by the term quality assurance and have a written set of objectives to measure and evaluate their interventions.

All professionals working with children to address their risk taking behaviour should receive ongoing and in-depth multidisciplinary training on the specific rights and needs of children of different age groups.

The training, experience and knowledge of the worker should link to the complexity of cases they are involved with in this field with support provided to develop the skills, knowledge and experience necessary. Those involved with assessment of violent or harmful sexual behaviour must have a relevant professional qualification, training and competence in approaches with children and where appropriate specialised training and/or receive specialist supervision in assessment and intervention with this group. Multi-agency risk management protocols should assist in making risk more understandable to enable professionals to employ strategies for effective risk management and reduction.

“Organisations have a responsibility to ensure that practitioners and teams involved in assessing and managing risk of serious harm are trained and competent to

prepare, implement and deliver risk management decisions and plans, and that they are supported by the necessary resources in terms of structures, support, training and guidance" (RMA, pg. 41, 2016).

At a multi-agency level "whilst each agency should be responsible for ensuring their own quality assurance processes, when agencies work together collaboratively, with shared responsibility for managing risk of serious harm, it will be necessary to agree certain shared quality assurance measures and mechanisms" (RMA, pg. 41, 2016).

Governance and Oversight

To ensure robust governance and oversight of any formal risk management process such as CARM it must be signed off by each local authority Child Protection Committee (CPC); grounded within broader public protection structures and processes (e.g. Community Planning Partnerships, Offender Management Committees); and subject to the same scrutiny and analysis as child protection measures.

The CPC group should review quantitative and qualitative data in line with its review of CP data to allow it to assess how effectively CARM processes are operating and to gather data for benchmarking purposes.

This should include:

- To undertake intermittent audits of the case files and agency information held in relation to children subject to formal risk management processes such as CARM;
- To observe the chairs of such processes in their role to ensure that they are discharging their responsibilities appropriately;
- To analyse the decision-making of these chairs in response to initial referrals and on-going decisions; and,

- To interview key stakeholders (child and their parent(s)/carer(s)) to evaluate their understanding and experience of any formal risk management process.

Where a child involved in the CARM process has been involved in a further incident where their behaviour has resulted in serious harm then the CARM Chair should submit a notification to the CPC for consideration of whether a Learning Review would be appropriate (publication of updated guidelines pending). The CARM chair must also submit such reports in connection with "near misses" when, although no one may have been harmed, there was real potential for such harm to occur. It may be appropriate to initiate a review process where a child has not been subject to CARM and is convicted of a serious offence to identify any learning points.

This reflects existing processes in child protection procedures for Learning Reviews, MAPPA for serious case reviews and Serious Incident Review Guidance for Criminal Justice Social Work Services. Additionally all multi-agency partners must be cognisant of areas of overlap and ensure that CARM processes are incorporated, so that they complement rather than conflict with existing arrangements (e.g. secure screening panels) or other legal processes which may be triggered when further incidents of harm occur. It is important to be mindful that children involved in CARM or equivalent formal risk management processes who are involved in potential or actual incidents of further harm may trigger more than one of these review processes.

The National Guidance for Child Protection Committees Undertaking Learning Reviews (2021 - pending publication) has replaced the previous serious case review guidance from 2015. This updated guidance reflects that "the overall purpose of a Learning Review is to bring together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people" (Child Protection Guidance pending publication, 2021). Each CPC should have their own CARM or equivalent risk management procedures, which clearly includes learning review mechanisms.

Section 2: Operational requirements for implementing Care and Risk Management (CARM) Framework

Care and Risk Management (CARM) is proposed as a best practice formal risk management process which must be underpinned by the principles of risk practice through a child-centric lens. Where CARM is not being utilised but a locally devised formal risk management process is in place, this must adhere to the principles of risk practice outlined in this section of the guidance and clearly evidence defensible decision-making. Professionals involved in this work must have the skills and competencies to undertake the complexities inherent within it and where they do not have the appropriate level of competency, appropriate opportunities to develop these must be in place and all professionals should receive robust and meaningful support from their management structures and agencies.

2.1 Aims and Objectives of CARM

- To manage the assessed risk of harm;
- To highlight to appropriate agencies individual children who present a risk of serious harm to others;
- To ensure that a relevant risk assessment is undertaken in relation to a child considered to present a risk of serious harm;
- To share information in a multi-agency forum about the risk of serious harm presented by a child's behaviours;
- To identify risk scenarios which consider the nature of risk, how and when risk might present, and who may be at risk from the harm the child's behaviour may present;
- To identify strengths and protective factors which can support the delivery of individual and effective risk management strategies to reduce harmful behaviours and build capacity within the child;

- To implement risk management measures that are constructive and individualised, bearing in mind the principle of proportionality, the best interests of the individual as well as their physical and mental wellbeing, and development and circumstances of the case;
- To ensure that the child's social, developmental and psychological needs should be addressed within the context of decisions about risk management strategies; and,
- To ensure that, through the completion of risk assessment(s) and the linked development of risk management strategies, there is an appropriate multi-agency response to the child's behaviour to support effective public protection and victim safety planning.

2.2 CARM Process

A system to co-ordinate referrals to the CARM process needs to be established. Individuals with responsibility for the co-ordination and/or chairing role should have authority to make service provision decisions. Co-ordinators/chairs should be competent in respect of:

- The legislative and policy context of working with children;
- Child development and family functioning;
- Child protection procedures and processes;
- Best practice with children both in relation to offending behaviour and related childhood issues and difficulties;
- Understanding of resilience and strengths-based practice;
- Desistance theory and its application to children's pathways out of offending behaviour;
- Understanding appropriate risk assessment tools for use with children who display harmful behaviour; and,
- Risk formulation and risk management planning.

2.2.1 Referral to CARM

Requirement 1 - Referrals to CARM must be made within one day of the behavior coming to light

Meeting the requirement

Referrals to CARM may be made via a number of channels, including social work, Police, Children's Reporter, education, chair of a multi-agency group etc. Where there is a lead professional, in line with GIRFEC principles any referral to the CARM process should be discussed with them. Any concerns regarding risk of serious harm must be referred to CARM or equivalent formal risk management process within one working day of the behaviour coming to light. Where this is not possible immediate safety measures should be put in place and agency protocols followed with referral to CARM process initiated at the earliest opportunity.

The purpose of the referral discussion is to clarify the nature of the referrer's concerns. Ultimately the individual with responsibility for reviewing referrals will decide whether a CARM meeting or a Child Protection Initial referral discussion (IRD) is triggered. In addition it may be that the outcome of a CP IRD is to progress under CARM procedures. A record of the outcome of this referral discussion should be made on the relevant case management system noting:

- Whether child protection measures are required for either the child alleged to have caused harm or any other child/ person involved;
- Decision whether CARM is required or not and reasons;
- Brief summary of identified risk factors and strengths known at this point;
- Date of agreed CARM meeting (where relevant);
- Allocation of immediate tasks; and,
- Allocation of interim tasks pre-meeting.

Immediate tasks may include:

- Specific action (safety plans) carried out to protect the child alleged

to have harmed and any others alleged to have been harmed;

- Review of living arrangements and education, employment or training placement (where necessary);
- Establish legal position in relation to the harmful behaviour i.e. is there a criminal charge in process and the route this is following;
- Link with child and parents/carers as appropriate; this must include advising of their legal rights;
- Measures in place to mediate community response (this may include a Community Impact Assessment by police if deemed appropriate);
- Agreement of communications strategy to manage any media attention; and,
- Agreement of strategies to manage a child's increased risk to self.

Interim tasks may include:

- Development of safety plans in relation to particular settings (e.g. home, school, residential unit) outlining interim risk management measures to be put in place;
- Identify and build on strengths and protective factors;
- The need for a child to be referred to the Children's Reporter;
- The need for a referral to specialist services (e.g. for completion of relevant related assessments such as psychological/ psychiatric/ functional/ offending behavior/ risk); and,
- The allocation of a lead professional (if this has not already occurred).

The outcome of a referral discussion may be that the individual with responsibility for reviewing referrals is of the opinion that no further action is required or that current service provision is sufficient to manage risk without recourse to a CARM meeting. Reasons for this decision must be recorded in detail.

If a CARM meeting is necessary, the lead professional must have the following information - detail of the concerns, potential harm or actual harm, including relevant supplementary information pertinent to the concerns where available. Initial information for CARM meeting should encompass:

- A copy of single/multi-agency assessments of wellbeing or equivalent and Child's Plan for the relevant child where this is available;
- Copies of any completed risk assessments;
- Copies of any specialist assessments or assessments from other practitioners/agencies e.g. Child and Adolescent Mental Health Service (CAMHS) or Education;
- All available information which can be gathered within the timescale;
- Chronology of offending/harmful behaviour;
- Understanding of strengths or protective factors.

2.2.2 Initial CARM meeting

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

Meeting the requirement

A risk assessment may not have been undertaken prior to the initial CARM meeting. However, appropriate actions and strategies should have been put in place immediately as required to promote the safe management of potential harm based on available information and initial assessment of need and risk of harm pending the CARM meeting.

The child and their parent(s)/carer(s) need to be informed that a CARM meeting is being convened, invited to attend and the objective and CARM process clearly explained to them. Prior to any meeting taking place the child and their parents'/ carers' views must be sought and expressed on their behalf should they decline to attend. The individual with responsibility for reviewing referrals to the CARM process will decide whether it is appropriate to include the child and their parents/ carers for the whole meeting or part of the meeting and record the reasons why.

Although participation of the child and/or his parent(s)/carer(s) can assist with information sharing, as well as sharing of specific tasks in relation to risk

management, this needs to be weighed against the stress and impact the meeting can have on participants. In addition, they may wish to bring others to support them such as practitioners from advocacy or children's rights services or other support or legal representative.

In some situations, restricted access information will need to be shared at a CARM meeting though all information sharing must be in accordance with existing legislation. This includes information that by its nature cannot be shared with the child and/or his parent(s)/carer(s). Such information may not be shared with any other person without the explicit permission of the provider.

Restricted information includes:

- Sub-judice information that forms part of legal proceedings and which could compromise those proceedings;
- Information from a third party that could identify them if shared;
- Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and
- Information that, if shared, could place an individual(s) at risk.

If a child is subject to Police investigation this should not delay the convening of a CARM meeting with high level of care and attention to ensure no compromise of any legal process which may have been triggered or is being considered. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child's rights against identified issues in relation to public safety.

2.2.3 CARM Group Membership

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

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

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

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

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

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

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

Meeting the requirements

While the standing membership of a CARM meeting will vary according to circumstances it is anticipated that the following agencies (in addition to the referrer, Chair and minute-taker) will be represented:

- Child
- Parents/ carers
- Support for child and/ or parent
- Social Work
- Police
- Health (e.g. CAMHS);
- Education
- Residential staff (this would reflect any establishment where a child is placed)

In some situations, it may be appropriate for additional agencies to be included. However, the reasons for their inclusion must be recorded and it must be appropriate in relation to the specifics of the child involved or their parents/carers.

At the outset, the CARM meeting must consider whether a child is subject to any form of statutory order(s) (e.g. through the CHS and any related conditions or any court imposed order or license). Where there are outstanding charges, this may limit the interventions and information available or what can be discussed with the child to prevent prejudicing a prosecution.

In situations where criminal charges are not concluded CARM can still be effective, as interventions and strategies can be implemented (CYCJ, 2020). In these situations, discussions with solicitors and the family may assist to agree parameters of intervention and restrictions to ensure legal right to due process is not impeded.

CARM meeting attendees will need to consider all the circumstances of the referred child in order to be clear about current or potential protection issues. Specifically, the meeting should consider:

- What further action (if any) needs to be taken to keep the referred child safe?
- What further action (if any) needs to be taken to keep the referred child's family member(s)/carer(s) safe?
- What further action (if any) needs to be taken to keep other members of the community safe (e.g. peers, teaching staff, victim(s), residential care staff etc)?
- What existing strengths or protective factors can be built upon?
- What would enhance the safe management of risk in that child's environment?

It is the responsibility of the practitioner charged with completion of the risk assessment and their line manager to ensure that they are appropriately trained to do so.

The content of the assessment should be scrutinised by attendees to identify whether it is sufficient and whether any further information is required. The content of risk assessments is detailed in Section 1 and these are always incomplete without a formulation of risk.

The CARM chair must ensure that consideration is then given to the risk management strategies - monitoring, supervision, intervention, and victim safety planning (as per s. 1.4.3 Risk management measures).

Chairs must also give specific consideration to the contingency plans in place which clearly outline the steps and actions where an urgent response is required to early warning signs or signature risk factors, that are evidenced by what is known specifically in relation to that child, and that may indicate risk of serious harm is escalating or imminent. There will also be less concerning factors indicating initial instability, disinhibition or movement towards harmful behaviour, which will require

an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, their parent(s)/carer(s) and potential victim(s), should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom, and how quickly should any of these factors be identified. Emergency contacts should be identified both within and out with office hours.

Where a referred child already has a Child's Plan in place it is the responsibility of the lead professional to amend and update this to reflect the risk management strategies agreed at the CARM meeting. When a Child's Plan has not yet been completed or is in the process of being completed, it remains the responsibility of the lead professional to incorporate and implement the risk management strategies agreed.

In drawing the CARM meeting to a conclusion, the chair should seek to establish attendees' views as to whether the child should remain subject to the CARM risk management process or whether existing child planning processes are sufficient to manage and respond to the likelihood of serious harm/or harm occurring.

If the view of the CARM meeting is that not continuing with the CARM process is a defensible position to take in relation to ongoing risk management, a further meeting will not be required.

If the view of the CARM meeting is that the child should continue in the CARM process, the chair will instruct the establishment of a CARM core group which should meet at least monthly (see below). It will be the responsibility of the lead professional and the other members of the CARM meeting to identify the members of the CARM core group. The relevant child and their parent(s)/carer(s) should be included within the core group. However, where they decline to attend, their views must be gathered and expressed at the core group meetings to be incorporated within any decision being made. They must be fully informed in a manner appropriate to their understanding of the discussion and outcomes from these meetings.

A date for the first CARM core group should be agreed at the initial CARM meeting and a review CARM meeting should be arranged to take place within three months.

It is intended that decision-making at a CARM meeting will be consensual and follow scrutiny of the available information. Practitioners will reach a mutual agreement about risk classification and risk management arrangements. However, provision should be made for any dissenting views to be recorded when agreement cannot be reached. In such cases it will be the responsibility of the chair to take a final decision about inclusion in the CARM process and risk management arrangements.

A minute of every CARM meeting should be taken which captures discussion, as well as key decisions and actions. If the child and their parent(s)/carer(s) are not present at the meeting, reasons for this should be recorded. A full minute should be verified and signed by the chair and circulated to all attendees within fifteen calendar days of the CARM meeting and any action plan should be circulated within five calendar days of the meeting. In exceptional circumstances, a note of action points may need to be circulated after a meeting if immediate risk management decisions need to be implemented.

While provision of a full CARM meeting minute to the child referred for discussion may not be appropriate, it is imperative that the key decisions are communicated to the child and their parent(s)/carer(s) by the lead professional on the same day. While verbal feedback is a necessary minimum, it may be beneficial for local authorities to give some consideration to creating child-friendly paper-based resources that can distil the content of complex discussions held at CARM management meetings into a more accessible format.

2.2.4 CARM review

The role of the chair at any CARM review meeting will be to direct attendees:

- To review the risk management plan;
- To consider any reported/referred further incidents of harm involving the child since the previous care and risk management meeting;

- To consider whether any form of further assessment is required to inform risk management strategies;
- To review the risk management elements of the Child's Plan and to identify what progress has been made, if any, as regards the implementation of risk management strategies;
- To consider whether modifications or additions to the existing risk management strategies as encompassed in the Child's Plan are necessary and to ensure that the lead professional records any such changes;
- To evaluate progress in relation to risk reduction; and,
- To consider the views of the child and their parent(s)/carer(s) and to assess their level of co-operation with risk management strategies.

The final task of the chair at any CARM review meeting will be to re-assess the need for the child to remain subject to CARM.

2.2.5 CARM Core Group

The functions of a CARM core group include:

- To review the contingency plan and early warning signs/triggers;
- To ensure that the child and their parent(s)/carer(s) are active participants in the process of risk management and risk reduction;
- To ensure ongoing assessment of the needs of, and risks to, a child subject to the CARM process;
- Implementing, monitoring and reviewing risk management strategies so that the focus remains on improving outcomes for the child. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- Activating contingency plans promptly when progress is not made or circumstances deteriorate;

- Reporting to CARM review meetings on progress;
- Referring any significant changes to risk management strategies, including non-engagement of the family, to the chair of the CARM meetings;
- To determine whether meeting more frequently than monthly is both necessary and proportionate;
- Ensuring appropriate representation and engagement of key partners;
- Ensuring the minute is recorded and circulated; and
- Ensuring decisions are taken to address any obstacles to the delivery of the plan.

2.2.6 CARM links to multi-agency public protection arrangements (MAPPA)

When risk management strategies are in place for a child charged, but not convicted of an offence of a serious nature, it is possible that during the course of the CARM process their legal status will change. In addition, following conviction at court, a child may become subject to multi-agency public protection arrangements (MAPPA) and/or sexual offender notification requirements. From 31st March 2016 and the commencement of section 10(1)(e) of the Management of Offenders.etc (Scotland) Act 2005 MAPPA now oversees not just individuals subject to sexual offender notification requirements (SONR) and mentally disordered restricted patients, it also includes "certain high risk offenders who are assessed by the responsible authorities as posing a risk of serious harm by reason of their conviction" (SG, 2016). Where a child meets any of these criteria and becomes subject to MAPPA robust connections must be in place to support the transition of any child in this situation. It is also critical to support and ensure their understanding of the expectations and implications of non-compliance or adherence with any additional requirements such as SONR which may be in place also.

It is the CARM chair's responsibility to liaise with the local MAPPA Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risk of harm presented by aspects of the child's behavior which may be of a serious

nature. In particular, agreement should be sought in relation to:

- The process for managing a child's transition from the CARM process to MAPPA; and,
- The arrangements for risk management when a child reaches the age of 18 and continues to present significant concerns although not subject to MAPPA.

In preparation for a planned transition of a child from the CARM process to MAPPA, it may be useful for the incoming MAPPA Chair to attend the final CARM meeting prior to the change. Alternatively, there may be value in a CARM chair attending the first MAPPA meeting for the child following transition.

Civil Orders

Preventative orders are aimed at protecting the public from harm through civil orders or notices, targeted against individuals that prevent or prohibit certain identified kinds of activity from occurring or recurring. In relation to offending of a sexual nature, MAPPA Guidance details four main civil orders, which seek to minimise the risk of serious harm to the public. These are Sexual Offences Prevention Orders (SOPO), Risk of Sexual Harm Order (RSHO), Notification Orders and Foreign Travel Orders. Further detailed information on these orders can be found in the MAPPA Guidance (2016).

CARM meetings may provide opportunity to assist in the decision-making of Police in whether seeking the imposition of such civil orders are necessary by ensuring decisions are informed by full discussions regarding assessment, management and intervention to reduce the likelihood of serious harm/harm occurring.

2.2.7 Exit planning

In accordance with the principle of minimum intervention, every effort should be made to ensure that a child is retained within the CARM process for no longer than is absolutely necessary. Furthermore, preparation for a child's exit from the CARM process, as with any transition, should be paced to meet their needs. The decision to remove a child from CARM proceedings should be made at a CARM Review meeting, and be based on an up to date assessment of the risk of further harm. The existence or otherwise of a legal order is a relevant factor here but is not the determining factor. There should be an agreed follow on support plan, with an identified lead professional to monitor any ongoing risks and co-ordinate the care plan accordingly.

Measuring progress as regards a child's compliance with risk management strategies can be challenging. However, assessing progress with reference to the four phases outlined below may prove instructive (Brady and McCarlie, 2011: 134-151):

- Phase One - Risk reduction is largely via the systems, and responsibility is owned by the systems around the child, not the child themselves. 'Systems' here are defined as the significant people in the individual's life who can have an impact on risk e.g. parents, carers, teachers, peers etc.
- Phase Two - The child is engaging in specific work on their harmful behaviour in order to allow a more meaningful discussion to take place about risk. In this phase, individual risk management strategies are introduced and rehearsed by the child and the systems. The systems move from a learning stage to proactively working with the child to meet their needs and assist them in skills development.
- Phase Three - Risk is now being reduced by the ongoing work with the child and the systems' engagement in risk management. Responsibility for managing the risk is now a shared ownership between the child and the systems. Developing skills and understanding which promote strengths and resilience to enable the child to meet their needs in a manner that allows them to flourish and achieve their potential.

- Phase Four - In this phase it is important to use the identified individual goals to determine whether or not a child can take responsibility for managing their risk. It would be expected that the achievement of these goals (skills and insights) would be evidenced in different settings. Where this is the case, risk is now reduced and the child has the ability and increased awareness to manage their own risk where developmentally appropriate, drawing on the strengths, skills and protective factors that have been identified and promoted in the preceding months.

The wellbeing indicators which underpin the GIRFEC model may also provide a useful means by which to monitor a child's progress as well as the indicators relating to the harmful behaviours. The indicators ought to be at the core of any Child's Plan and related risk management strategies. A further consideration will be the extent to which the risk factors which were assessed as increasing the likelihood of the child being involved in future harmful behavior have been reduced. This will involve leveraging the strengths of the child and the support system around them to develop factors which buffer against risks and vulnerabilities they may experience. In addition, promoting the child's resilience to be able to respond to and engage with others and the wider world in a manner that reduces the likelihood of harm occurring, and supports them to achieve their potential.

Unless they have exited for positive reasons prior to this, the CARM process automatically terminates when a child reaches the age of 18. Where concerns persist regarding risk of serious harm, appropriate arrangements and continuity of service provision will be necessary owing to the ongoing level of assessed risk. This may require consideration of adult protection legislation and/or seeking preventative civil order (SG, 2018) to protect the public or individuals such as Risk of Sexual Harm Orders (ROSHs).

2.2.8 Case transfers and out of authority placements

It is not uncommon for children - where aspects of their behaviour present a risk of serious harm - to lead relatively transient lives. This may involve frequent changes of address within one local authority area, movement across different local

authority boundaries or movement out of Scotland to other jurisdictions.

When a child who is being actively managed through CARM processes moves from one local authority to another within Scotland, it will be incumbent upon the CARM chair in the originating local authority to make contact with their counterpart in the receiving local authority to inform them of this development.

If it appears to be the case that the child in question intends to reside in the receiving local authority on a permanent basis and this is a viable move, arrangements will be made for an official case “handover”. This will be best managed through direct liaison between both CARM chairs and the exchange of relevant information (including risk assessments, single/multi-agency assessments of wellbeing reports and the Single Plan). Furthermore, best practice would be for the CARM chair from the originating local authority (or nominee) to attend the first CARM meeting to be held in the receiving local authority.

CARM chairs should enter into case transfer negotiations in good faith and aim to agree upon mutually satisfactory arrangements for seamless transitions, respecting both the needs of the child and the need to protect the public.

When a CARM chair becomes aware of the planned or actual move of a child involved in CARM processes to a location outwith Scotland, they will make all reasonable efforts to alert the appropriate authorities in the relevant geographical area. If the location is in the UK, this will in all likelihood involve the CARM chair liaising with Emergency Social Work Services and/or the Police.

When during the course of involvement in the CARM process a child’s living arrangements change owing to the decision of a Children’s Hearing (e.g. imposition of an out of authority secure or residential placement/returned from an out of authority placement) or the Court (e.g. remand or custodial sentence), this change will not automatically trigger the cessation of the CARM process. The implications of any change in living arrangements should be taken into account at a CARM meeting with the expectation that the CARM process remains active for as long as it is deemed necessary to manage the risk presented by aspects of the child’s behaviour. The originating local authority will retain responsibility for risk

management while the child is in an out of authority placement but certain functions, may, through negotiation, be devolved to the host local authority. CARM processes are likely to have particular value at the point of a child's reintegration to their local community following an extended period accommodated outwith the area.

2.2.9 Governance and oversight

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

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

Meeting the requirements-

In relation to quantitative data it should be possible at any point to identify the:

- Number of children referred to CARM proceedings;
- Age of children in years at time of CARM referral;
- Gender of children at time of CARM referral;
- Ethnicity of children referred to CARM;
- Legal status of children at time of CARM referral;
- Percentage of children referred to CARM who are progressed to an initial CARM meeting;
- Number of children progressed to an initial CARM meeting who have previously been open to CARM (or equivalent risk management process);
- All types of risk concerns that were recorded for children at the initial CARM meeting (there may be more than one recorded for each child);
- Key people in/not in attendance at initial CARM meeting;
- Number of children leaving the CARM process and reason for leaving;

- Type of assessment tools used to inform risk assessments (there may be more than one recorded for each child);
- Incidents of further serious harm by children whilst subject to the CARM process;
- Number of months children spend in the CARM process prior to exiting.

Appendix 1

Template CARM Risk Management Plan

As agencies work together to identify and meet needs and manage risks, they will plan together using the Child's Plan. This should be the primary resource for interagency risk management planning. The Child's Plan allows us to place behavioural concerns in a holistic context and encourages us to find ways of managing and reducing the likelihood of serious harm occurring. All responses and strategies must be developmentally appropriate for the individual, and leverage strengths whilst promoting the supports that are already in the child's life which can buffer against and reduce the impact of risks and vulnerabilities.

The template below identifies the key recommendations in relation to managing the risk of harm, which should be summarised in the Child's Plan.

Each feature of the management plan should relate directly to features of the likelihood of serious harm occurring, resiliencies and needs identified in the comprehensive assessment of the child. It also includes a contingency section to cover what actions need to take place in response to early warning signs that require additional measures and/or an urgent response to prevent serious harm or reduce its impact.

The following notes cover relevant sections of the form:

Nature of harm and likelihood of occurring: The start of the form provides a brief summary of nature and level of risk. It should not replace the more detailed risk formulation, which should be part of the comprehensive assessment of the child.

Monitoring aims to look for factors indicating changes in the likelihood of harmful behaviours occurring over time as well as early warning signs that serious harm is more likely to occur. These may be factors indicating imminence of serious harm or offending behavior (e.g. increased levels of substance use, more frequent emotional outbursts), a change in the type of harm posed, or a decrease in current likelihood of harm occurring (e.g. increased engagement with positive peers, more frequent use

of positive coping strategies across different contexts). This section must identify the early warning signs, and thereby should cover: *what* is being monitored; *why* is it being monitored; *how* will it be monitored; *who* will monitor it; *when* will it be monitored; *where* will it be monitored as well as how and when changes will be communicated with the case manager or lead professional who has responsibilities for the plan. This should link to the contingency plan and clearly state when an urgent response is required.

Supervision is a means by which a relationship is established with the individual, to ensure that the individual is engaged through dialogue in a process of change and compliance. It may also involve oversight or administration of an order or sentence, such as imposed by the Court, in a manner consistent with legislation and procedures, to ensure that any requirements or conditions are applied and compliance with such requirements is monitored. In working with children who come into conflict with the law, supervision may be voluntary or statutory in line with the principle of 'minimum intervention' outlined in the Children (Scotland) Act 1995.

Intervention covers all aspects of the Child's Plan that are designed to reduce the likelihood of harm occurring over time. This may cover intervention to address the drivers of the harmful behaviours which may also address offending behaviours, as well as family work or other therapeutic interventions. Interventions need to be targeted and measurable in terms of impact over time, although it should be noted that it is increasingly recognised that programmes of work designed to focus exclusively on offending behaviours in children are limited in value and should be supported by enhancing the child's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, developing ability to manage self-regulation, addressing family problems and improving the child's relationships. Interventions that build on existing strengths may be more effective than those which attempt to create new strengths.

Victim safety planning aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims. The focus in victim safety planning is on working with victims and potential victims to improve their

safety and maximise their resilience.

Scenario Planning is a tool of strategic decision-making that does not focus on accurately predicting the future, but is a process that creates a number of possible futures that are credible yet uncertain (Schoemaker, 1995). Scenario planning must be based on and informed by the assessment of risk of harm regarding what we know of the child, the supports around them, the nature of the harm, likelihood of its occurring, in what situations it may be more or less likely to occur and how the assessed strengths and vulnerabilities could mitigate or escalate the risk of harm. In considering different scenarios where the risk of harm and its impact stays the same, increases, decreases or changes to the type of harmful behavior presented, this assists in identifying what actions, interventions and strategies are required to either promote or reduce the likelihood of that scenario taking place.

Contingency Planning gives particular prominence to key factors which may indicate that the likelihood of serious harm is escalating or imminent. There will also be early warning signs which indicate initial instability, disinhibition or movement towards harmful behavior which will require an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, his or her family and potential victims, should know what these early warning signs are and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and outwith office hours. The contingency section of this document covers this.

Management Plan for Risk of Serious Harm	
What are we worried about? 'risk of what' (be specific as to the type of harm concerned about happening i.e. sexual, violence, stalking, fire-setting), 'to whom' (who are the likely victims such as known/ unknown, age, gender) 'when' (in what context and situation), 'why' (what is likely to trigger the harmful behaviour), and 'how'	
Narrative Formulation: What is the risk (avoid general terms and be specific), what has happened in the child's past that may explain the occurrence of this behaviour (predisposing factors), what triggers the harm (precipitating factors), what is maintaining the behaviour (perpetuating factors) and what strengths and/ or protective factors can you identify? (Weerasekera, 1996)	
Contextual issues impacting upon the child and success of the risk management plan. This may include peer group issues, particular locations where the harm is occurring or more likely to occur, where the child feels safe or not.	
Child's view of the concerns and what will help them stay safe.	
Parent/carers view of the concerns and what will help them keep their child safe and stay safe.	

Preventative Planning: Using the formulation, consider how protective factors and strengths can be leveraged and how vulnerabilities and risk factors can be reduced to increase wellbeing and reduce the risk of harm.			
Protective factors and strengths identified in formulation to build on:	Actions to take, person(s) responsible, and timescale:	Expected outcome - how will we know when achieved and how long do we expect change to take:	Indicators of positive change / barriers to progress including actions to overcome any barriers:
Vulnerabilities and Priority risk factors identified in formulation to reduce:	Actions to take (ensure consideration of Monitoring, Supervision, Victim safety planning, and Intervention), person(s) responsible, and timescale:	Expected outcome - how will we know when achieved and how long do we expect change to take:	Indicators of positive change/ barriers to progress including actions to overcome any barriers:

Areas of need where we are unable to provide the required input and the reasons for this:	
Limitations to strategies identified within plan and reasoning.	

Contingency Planning: Consider what the signs will be that the preventive planning is starting to break down, what are the early warning signs, what actions will be taken (e.g. who is first to call, what requires immediate action, what should be discussed at the next meeting).			
Immediacy/degree of alert:	Behaviours/events to monitor; Early warning signs:	Agreed actions:	Responsible person(s) and timescale:
Be aware			
Be prepared			
Take immediate action			

Disclosure Issues	
Details of disclosure:	

Referrals	
Is there a need for referral to Child Protection, Adults at risk of harm, or any other agency? If so, please provide details including the person responsible and the timescale:	

Decision whether CARM is required	
CARM required Note of any disagreement.	

Review	
Date of next scheduled review:	
Under what circumstances should the review be brought forward:	
People required to attend:	

Communication of the Plan	
Who does the plan need to be communicated to:	
Is the child or their family's involvement considered inappropriate? If so document the reasons for this:	

Key Contacts			
Name:	Role:	Organisation:	Telephone number (including out of hours where appropriate):

This document was updated in collaboration with the Risk Management Authority (RMA), NYJAG, Community Justice Scotland, the Children and Young People's Centre for Justice (CYCJ). The members of the Youth Justice Improvement Board following comments and feedback from a range of professional organisations including CPC Scotland and members, SWS standing committees for Children and Families as well as Justice, NYJAG and WSA Leads, agreed it.

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