

RESEARCH AND PRACTICE IN RISK ASSESSMENT AND RISK MANAGEMENT OF CHILDREN AND YOUNG PEOPLE ENGAGING IN OFFENDING BEHAVIOURS

A LITERATURE REVIEW

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GLOSSARY OF KEY TERMS

Cognitive-behavioural treatment (CBT) – CBT is comprised of a number of techniques which are based on the cognitive behavioural model of human behaviour, and which focus on thoughts, images, beliefs and attitudes (cognitive processes) and how these relate to and impact on subsequent behaviour. Essentially, the young person is taught that current behaviour and future behaviours are influenced by the attitudes/perceptions that a person holds, and how changes in these can have a positive impact on behaviour and outcomes.

Meta-analysis – a method for determining the overall effect of the relationship between variables by drawing together the findings from more than one, and often several research studies, and mathematically summarising the results. This is typically achieved using quantitative analysis and the use of statistical procedures.

Multi-systemic therapy (MST) – a specific treatment model that provides intensive therapy and crisis support for young people in the significant domains of their lives, including family and education. Intervention typically consists of identifying the strengths and needs in each of these domains in order to more specifically address treatment needs.

Risk – uncertain prediction about future behaviour, with a chance that the future outcome of the behaviour will be harmful or negative (from Kemshall and Pritchard, 1996). The Risk Management Authority (RMA) define risk as '[the] nature, likelihood, frequency, duration, seriousness, and imminence of an offence' (2006: 50).

Risk assessment – the process of estimating and evaluating risk. A probability calculation that a harmful behaviour or event will occur, which involves an assessment about the frequency of the behaviour/event, its likely impact and who it will affect (from Kemshall and Pritchard, 1996).

Risk factors – comprise static and dynamic factors. Static, historic risk factors (e.g. age at first offence, sex, offence history, health record etc.) do not change; whereas dynamic factors (e.g. drug use, traumatic events) are variable.

Risk management – the development of a systematic approach within an organisation which allows for the planning of strategies and for monitoring and reviewing accountability and support for staff (from Titterton, 2005).

Sexual abuse – a form of harmful coercion, committed against victims who are unable to give informed consent, or are forced to take part against their will, spanning a range of behaviours from sexual penetration to touching, masturbation, exposure of sexual organs, intrusive observations, obscene communication, the showing of pornography, and facilitating sexual behaviour by others.

Structured Clinical Judgement (SCJ) – a risk assessment approach which seeks to combine the systematic and evidence-based elements of the actuarial approach with the sensitivity to individual risk factors of the clinical approach. Clinical judgement is structured by reference to empirically established risk factors found in the risk literature, which include both static historical and dynamic factors, but does not involve mechanical calculations of risk levels (from Andrews, Bonta and Wormith, 2006)

Validity – a concern with the integrity of the conclusions that are generated from a piece of research. Validity is the extent to which a test measures what it claims to measure. There are different aspects of validity:

External validity - a concern with the question of whether the results of a study can be generalised (to groups, contexts, environments) beyond the specific research context in which it was conducted.

Internal validity - a concern with the question of whether a finding that incorporates a causal relationship between two or more variables is sound.

Predictive validity - refers to the predictive "power" or usefulness of an instrument, or intervention e.g. in relation to re-offending or recidivism.

EXECUTIVE SUMMARY

Chapter 1. Context and Aims of Study

1. This study has been undertaken with the main aim of providing an evaluation of the literature on research and practice in relation to the risk assessment and risk management of children and young people engaging in offending behaviours, to be used to inform the RMA's future work in these fields.

2. The study incorporates two aspects: a) a review of national and international literature on the practices and processes of risk assessment and risk management of children and young people who engage in offending behaviour, with particular reference to violent offending and sexually harmful behaviour, and b) a review of current practice in the assessment and management of children and young people at risk of harm and re-offending in Scotland, carried out by means of telephone interviews with academic researchers and practitioners working in statutory and voluntary sectors across Scotland.

Chapter 2. Principles and Features of Risk Assessment

3. As a result of a combination of emerging evidence about principles of effective practice and of increasing concern with public protection, *risk of reoffending* (or recidivism) and *risk of serious harm* (to potential victims) have become ever more significant issues both in probation practice and in youth justice.

4. The current emphasis on risk assessment has evolved from an influential ideological and research agenda that saw a revival of interest in rehabilitation, and a body of work which challenged the 'nothing works' doctrine. Much of the earlier work in what became known as the 'what works' approach was conducted by Canadian researchers using meta-analytic techniques – statistical analyses of a large number of empirical studies – which apparently identified a number of substantial 'treatment effects' suggesting promising ways in which offending could be reduced.

5. The 'what works' movement has been highly influential. Influenced by cognitive-behavioural approaches, 'what works' programmes are aimed at securing behavioural change by exploring the links between cognition and behaviour and by enabling offenders to

develop and build their thinking skills and behavioural repertoire. The model which emerged from Canada is known as the *risk-need-responsivity* model (RNR), which contains three basic principles of rehabilitation, more recently supplemented by a fourth principle, professional discretion. The model's strength rests in its derivation from empirical studies, and it entails a structured, evidence-based approach to assessment and intervention.

6. There is an accumulated body of knowledge which has led to the identification of risk factors that appear to be important in understanding the likelihood of both offending and reoffending. Static, historic risk factors (such as age at first offence, prior offence history) are deemed by many to be reliable indicators of future *criminogenic risk*. Dynamic risk factors (such as attitudes, beliefs) are used to indicate *criminogenic need*. It is argued that the combined assessment of both risk and need improves the ability to predict who is likely to offend, and who is not.

7. Risk assessment is often a first step in a series of engagements between offender and practitioner. Assessment of risk should be seen as an ongoing process, subject to review, supporting access to appropriate services and avoiding levels of intervention that are either too intense or insufficient. Reliable risk assessment also requires effective information exchange across relevant agencies

8. It is crucial to ensure selection of a risk assessment instrument that has been evaluated as appropriate to the key characteristics of the individual concerned.

9. There are two basic approaches to risk assessment: actuarial and clinical methods. Both have advantages and disadvantages. The main distinction between the approaches lies in the process used rather than the variables considered. Actuarial approaches derive from statistical calculations of probability correlating specific risk factors with reconviction data. Clinical judgements rely on the professional knowledge, skills and experience of individual practitioners.

10. Actuarial methods have a greater track record for consistency and accuracy than purely discretionary clinical decision making, but a key limitation of this kind of technique is that it predicts the expected reconviction rate for *groups* of offenders and therefore only offers a general guide towards assessing risk in any individual case. On the other hand, clinical approaches which rely on substantial professional discretion have been questioned on grounds of accuracy, personal bias and subjectivity. Ongoing efforts have sought to address these limitations by refining and integrating the two approaches.

11. Risk changes over time, place and circumstances, and effective management depends on being able to evolve assessments of risk into dynamic systems, and the use of static factors and the varieties of dynamic factors is a promising feature in risk prediction. In spite of the extensive research demonstrating the superior predictive accuracy of actuarial approaches over clinical judgment, the generalisability of actuarial measures is limited.

12. Structured clinical judgement (SCJ) seeks to combine the systematic and evidence-based elements of the actuarial approach with the sensitivity to individual risk factors of the clinical approach. With SCJ, clinical judgement is structured by reference to empirically established risk factors found in the risk literature, which include both static historical and dynamic factors, but does not involve mechanical calculations of risk levels.

13. Successive generations of technologies of risk assessment have developed such that clinical (or *first generation*) assessment has been challenged by the emergence of more actuarial (or *second generation*) approaches. More recently, structured risk/needs assessment (or *third generation*) tools have combined elements of clinical and actuarial assessment. *Fourth generation* tools take this further by better addressing issues of responsivity. These tools promote planning and delivery, and are used to inform case management and guide levels of supervision from intake through to case closure.

14. The risk-need-responsivity model, and indeed the wider field of risk assessment, has attracted much critical academic attention, on both theoretical and methodological grounds. At a conceptual level, an accumulation of international studies have raised questions about a wide range of risk-based practices deployed in criminal justice. Whilst some of this theoretical literature explores how, or even if, risk assessment should guide decision-makers, it does not specifically examine whether risk assessment tools are valid and reliable predictors.

15. Methodologically, much of the work undertaken in the 'what works' paradigm is based on meta-analyses - the quantitative synthesis of research findings from a number of primary research studies in order to provide a larger sample size for evaluation. Meta-analysis is seen by many as a useful tool to develop risk factors and as a way of effectively summarising non-empirically based research and synthesising knowledge.

16. Meta-analyses also have limitations. The validity of the conclusions reached depends on the quality of the systematic review on which it is based: whether the studies themselves are sound; whether the sample of studies used is comprehensive and/or exhaustive, and; the ways in which studies are sampled or coded, will all influence the knowledge produced. Whilst such studies are useful in generating broad themes emerging from numerous studies, meta-analyses are considered suggestive rather than definitive.

17. In Scotland, ASSET is one of two risk/needs assessment instruments used in youth justice contexts; the other is the Youth Level of Service/Case Management Inventory (YLS/CMI). Like ASSET, the current (second) version of YLS/CMI is the subject of ongoing validation and reliability studies in the UK, by means of an ongoing longitudinal study comparing predictive validity with SAVRY and PCL:YV.

18. The validity and reliability of ASSET, used in risk/need assessment in youth justice, has been subject to considerable scrutiny. Recent studies conclude that ASSET's predictive validity over 24 months was almost 70 percent. Its predictive accuracy for population subgroups (female offenders, those from minority ethnic communities and younger offenders) was maintained. It was found that ASSET was sensitive to both positive and negative changes over time and that increased scores were correlated with increased likelihood of reconviction. Decreasing scores were associated with reducing likelihood of reconviction.

19. It is argued by some that current risk assessment instruments have limited usefulness with respect to assessing the *risk of serious harm*. The difficulties of predicting serious harm are perhaps greater in relation to young offenders than adults, on account of the process of maturation and the often rapid rate of change that occurs during adolescence.

20. A major difficulty in assessing risk of serious offending is the low base rate, leading to an increased likelihood of making a false positive predictive error (the 'base rate problem'). To overcome this, risk assessment studies are increasingly using the receiver operating characteristic (ROC), which displays the relationship between level of risk and decision choice, to evaluate the overall predictive efficacy of an actuarial risk assessment.

Chapter 3. Risk Assessment of Children and Young People who Commit Violent Offences

21. While the number of children and young people who commit violent offences – particularly serious violent offences – is small, the impact of such behaviour for victims, offenders and communities makes high quality risk assessment paramount. Robust data about the characteristics of violent offenders is critical to this process, yet the literature on risk factors for violence is hampered by a range of outcome variables encompassing many less serious forms of anti-social and problem behaviour, along with a bias towards white, male offenders.

22. Structured professional judgement tools are largely predicated on social learning models and include developmental aspects of child and adolescent functioning providing grounds to believe that their predictive accuracy is likely to be better than unstructured judgements. There are few studies, however, testing the predictive accuracy of these tools in relation to young people.

23. The development of tools for assessing the risk of violence among children and young people is at an early stage. There are currently only two instruments designed specifically to assess violence risk in children and young people: the Early Assessment Risk List for Boys/Girls (EARL-20B/EARL-21G) and the SAVRY (Structured Assessment of Violence Risk in Youth). Evidence of the predictive accuracy of such tools is limited; independent, peer-reviewed studies of predictive validity are scarce and those that do exist are mostly conducted with white, male populations. A further problem relates to the definitions of violent behaviour employed in such studies, insofar as the types of behaviours used as outcome measures vary and can include (less serious) acts that would not necessarily be categorised under the heading ‘non-sexual crimes of violence’.

24. In considering the literature on risk factors and the predictive validity of existing assessment models and tools, practitioners need to consider: their applicability to girls and young women, individuals from diverse ethnic backgrounds, and different types of violent offenders; their transportability from a US to a UK population (where applicable); and the timings and intervals of measurement adopted.

Chapter 4. Risk Assessment of Children and Young People with Sexually Harmful Behaviour

25. There is some uncertainty about terminology to describe this group; the definition of what constitutes sexually harmful behaviour by children and young people can be problematic.

26. Although there are some very specialised practitioners operating in the UK who pay particular attention to key developmental issues, by and large, and in common with research and practice on violent offending, there has been a reliance on assumptions adapted from research on adults with little attention paid to crucial developmental differences of children and young people.

27. Recent reviews of UK systems and practices suggest the problem of sexual abuse by children and young people is better appreciated than a decade ago. A key finding is that whilst there are shared characteristics, young people who sexually harm are a heterogeneous group.

28. There are very few specialist tools designed specifically for children or young people engaging in sexually harmful behaviour, and only one of these, AIM, has been validated in the UK. Research evidence suggests that this framework has been able to achieve a good level of implementation and that it holds promise as a reliable and valid instrument.

29. There is reasonable support for the predictive validity of the assessment tool J-SOAP (Juvenile Sex Offender Assessment Protocol), and promising data has been developed on the validity of ERASOR (Estimate of Risk of Adolescent Offence Recidivism).

30. Given the uncertain nature of prediction, development of sound structured professional judgement techniques and effective case management systems are a vital part of an effective response to monitoring, supervision and care.

31. There is a clear need for more research to improve availability of information and evaluate outcomes for young people involved in violence and sexual aggression.

Chapter 5. Principles and Features of Risk Management

32. There is a growing tendency in the risk management of children and young people who offend to deploy a range of interventions that seek to address both the needs of the young person as well as the interest of the public in protection from danger. This entails a holistic approach which targets the young person's overall situation, including their personal and social relationships.

33. The literature concurs in acknowledging that a challenge exists in ensuring that strategies for intervention and risk management are properly developed from risk assessment.

34. The development of a large pool of high quality and empirically-validated research has been vastly outpaced by political and public interest in serious offending by young people and children. Despite the pool of knowledge, this has sometimes led to investment in programmes and interventions despite minimal, weak or flawed evidence of effectiveness.

35. Whilst the evidence base for work with children and young people who engage in sexually harmful behaviour has improved, and there is also an emerging body of research on effective interventions for young people who engage in violent behaviours, there are still some significant limitations and gaps in the literature.

36. There is a preference in the UK, and elsewhere for programmes informed by cognitive behavioural therapy (CBT) models. For example, England and Wales have adopted this approach in probation and youth justice, and the Youth Justice Board included a significant evaluation component alongside investment in CBT programmes for a variety of offending types such as persistent offending and sexually aggressive behaviour.

37. Multisystemic therapy (MST) formalises common treatment ideas flowing from developmental and systemic perspectives, and a number of well designed studies have provided considerable evidence of its success.

38. Family systems approaches are found to be more frequently used in the UK when working with young people who sexually abuse; this approach has demonstrated significant levels of effectiveness, for example in reducing long-term rates of re-offending and imprisonment.

39. Well-structured community based alternatives to secure confinement even for addressing young people's serious offending are at least as effective in reducing re-offending.

40. Multi-agency working is a typical recommendation of the research on management of young people's offending risks, although there are considerable conceptual and practical challenges to its effective implementation.

41. Establishing a strong, secure relationship between the young person and staff person is a prerequisite of a successful intervention.

42. Training on the use of risk assessment and management are essential for realising principles of risk and need.

Chapter 6. Focused Survey of Scottish Practice

43. Requests for risk assessments come from a wide variety of sources at varying stages in a young person's life and thus require contact with several agencies in order to complete the process fully. A range of information sources are utilised in the compilation of risk assessments.

44. The most commonly cited aims of risk assessment were to identify the risk of harm or reasons for offending, to identify wider needs in a young person's life and to develop appropriate action plans as a result. The major aim of risk assessment was related more to welfare and need, rather than 'justice', although practitioners acknowledged that this could create tensions with other agencies.

45. Quality assurance was gained through the accountability required in a multi-agency context, as well as through supervision, auditing of outputs and outcomes and by reviews of action plans.

46. Whilst some agencies used aggregate data to inform future policy and practice, this was not done on a systematic basis and may benefit from further guidance from the Risk Management Authority or the Scottish Executive.

47. The two main tools used for risk assessment were YLS/CMI and ASSET, both of which were to varying degrees seen as appropriate for young people, although not necessarily for young women or those with problematic sexual behaviour.

48. Practitioners were optimistic that risk assessment tools complement professional judgement, even though there was an acknowledgement that different agencies had different professional interpretations of risk and how to address it.

49. Inter-agency collaboration was seen as crucial in risk assessment and management and there was optimism that it was working well in Scotland. Apart from the issue of problematic sexual behaviour, respondents cited a plethora of agencies and programmes which aided the process of working with vulnerable young people. In respect of high risk cases, multi-agency collaboration was again deemed both essential and constructive in Scotland, and allowed not only for accountability and defensible decision making but also better outcomes for young people.

50. Tensions cited by interviewees related to the dichotomy of welfare versus justice orientations – not least for young people at the interface between the Children's Hearings and Criminal Justice systems. In this regard, thresholds of risk varied between agencies, depending on their respective constituents, remits and cultures.

CHAPTER 1

CONTEXT AND AIMS OF THE STUDY

1.1 Introduction

A significant proportion of crime in Britain is committed by young people. Official figures from England and Wales suggest that at least one fifth of those cautioned or convicted in any one year are aged between 10 and 17 years, and over a third (37%) are aged under 21 years (Nicholas *et al*, 2005). Using self-report survey data, Budd, Weir, Wilson and Owen (2005) found that young people aged 10 to 17 years were responsible for over one third (35%) of incidents measured, and one third of males and one fifth of females aged between 10 and 25 years reported having committed at least one offence in the past year. A recent report, which drew on several official data sources, including recorded crime statistics, the Scottish Crime Survey, the Scottish Children's Reporters Association (SCRA), and the courts, estimated that 43% of all crime in Scotland is attributable to young people, predominantly males, aged under 21 years (DTZ Pineda Consulting, 2005).

Most youth crime is theft-related, and young people are most likely to be convicted of theft, burglary, and handling stolen goods. Scottish official data records that, for males and females aged under 21 years, 15 per cent and 24 per cent respectively of convictions in 2004/05 were for crimes of dishonesty; and, over half (57 per cent) of convictions for theft of a motor vehicle involved males aged under 21 years (Scottish Executive, 2006b). However official statistics are recording increases in violent offending by young people in recent years (Home Office, 2005; Scottish Executive, 2006b). Although it still accounts for only a small proportion of youth crime, serious and violent offending by young people stands out as one of the most prominent social problems associated with youth crime (Muncie, 2004; Davies and Pearson, 1999).

1.2 Study Aims and Objectives

Recent years have seen developments in relation to assessment and management of risk and the increased use of new techniques in risk assessment of children and young people engaging in offending behaviour.

A series of consultations undertaken by RMA highlighted the need for work to develop the fields of risk assessment and risk management of children and young offenders. This study has been undertaken with the main aim of supporting the initial stages of that effort through a literature review of the current state of research and practice in relation to the risk assessment and risk management of children and young people engaging in offending behaviours.

The study has the following key objectives:

- To give an overview of the current knowledge and expertise – nationally and internationally – on assessing and managing the risk presented by children and young people engaging in offending behaviours taking into consideration issues such as sexual and violent offending in young people, gender, risk assessment tools and how decisions on management are formed.
- To examine and report the use of tools, processes and strategies for the assessment and management of children and young people's risk to others.
- To consider the difficulties inherent in this field related to managing the risks posed to others by certain young people, while responding to their needs as children.

1.3 Methodology

There are two aspects to this study. The first five chapters present a review of national and international literature in order to give an overview of the current knowledge about assessment and management of the risk presented by children and young people engaging in offending behaviours, including violent and sexual offending.

The literature review focuses on processes, strategies, tools and techniques for risk assessment and management. It draws mainly upon the research literature from the UK, US and Canada, but is necessarily selective rather than exhaustive. Whereas there is a proliferating number of risk assessment tools developed to assess different types of adult offenders, to be used in a range of settings and for differing offences, there is a more restricted number of risk assessment tools developed specifically for use with children and young people. Those which are in common use, and which are most likely to be of most use to practitioners engaged in risk assessment with children and young people who offend are reviewed here.

The second aspect of the study is a focused survey of current practice in the assessment and management of children and young people at risk of harm and re-offending in Scotland. The survey was conducted mainly by telephone interview and was designed to complement the literature review by sharpening its focus on those issues relevant to the Scottish context. Interviews were conducted primarily with practitioners and also academic researchers and others involved in risk assessment and management. The findings are presented in Chapter 6.

1.3.1 Literature Review

Literature for the review (journal articles, books, and chapters in books) was identified primarily via electronic databases, interrogated using specified search criteria (see Appendix 1), and sourced primarily from the 10-year period 1997 to 2007.

The electronic searches yielded 410 sources, of which 204 were retained. Additional published and un-published materials were obtained using these references and known authors. Sources were then organized thematically into the following broad, yet inter-related themes: assessment of risk of re-offending; assessment of risk of harm; risk assessment and management of violent offending; and, risk assessment and management of sexual offending.

The overall process of selecting literature for inclusion in this review (i.e. the basis of winnowing search results) was guided by a team meeting to identify selection criteria. Sources were excluded on the grounds of *obsolescence* (e.g. studies of risk tools no longer in use); *redundancy* (e.g. point made or outcome results contained in other, included works); lack of relevance to scope of project (e.g. studies of adult offending not related to or influential of research on young people's offending); *excessively parochial or isolated focus* (e.g. research on programmes in very small, particular areas or on 'niche' issues not broadly recognised as central to debates about the risk assessment or management of young people); or *social scientific rigour*. These grounds guided the inclusion criteria but did not trigger an automatic exclusion. For example, in some cases it was important to note typical or illustrative examples of research lacking in scientific rigour to underline gaps in or limitations of the knowledge base.

In the chapters that follow it is noted that there are many different sources of information about risk assessment and management including independent academic research, unpublished conference papers and student dissertations, contracted policy evaluation,

practice notes, advocacy documents, internal management data, and so on. The report specifies, where appropriate and relevant, the type and limitations of particular works relied on for making findings.

1.3.2 Focused Survey of Practice in Scotland

The RMA identified the range and number of agencies and contacts to be recruited for interviews. A list was generated with the aim of achieving geographic representation across Scotland. As a small sample, the aim of the survey was to provide an impressionistic rather than statistically representative gathering of the perspectives of agencies directly responsible for the risk assessment and management of young people's offending behaviour. A total of 21 telephone interviews were undertaken to explore the perceptions and experiences of risk assessment and risk management of service providers working with children and young people in Scotland. Respondents were drawn mainly from youth justice teams and projects operating within local authority social work departments across Scotland (n=14), with the remainder drawn from the residential child care sector (n=2), psychological services (n=2), the police (n=1), and academic researchers working in the field of risk assessment and risk management (n=2).

Social work respondents were mainly practitioners, working directly with children and young people and who are involved in, the risk assessment and management of children and young people who offend. A smaller number were social work managers with direct working knowledge of risk assessment and risk management. All potential interviewees were provided with an information sheet and a consent form (see attached documents) in advance which specified what involvement in the interview would entail and which sought participants' written consent. Interviews lasted approximately 45 minutes. With one exception, all interviews were digitally recorded and then fully transcribed.

CHAPTER 2

PRINCIPLES AND FEATURES OF CONTEMPORARY RISK ASSESSMENT

2.1 Introduction

Risk assessment is central to many decisions in the criminal justice process. In Scotland, an assessment of risk informs decisions by the Parole Board and Scottish Ministers in relation to release of prisoners; decisions about sentencing, and also the many day-to-day decisions that are made about offenders, such as whether to allow a prisoner to move to open conditions, or to allow home leave. Similarly, in mental health law, risk is a factor in the decision to detain or to discharge from detention (particularly for restricted patients following the Mental Health (Public Safety and Appeals) (Scotland) Act 1999), and it influences decisions concerning the level of security or freedom a patient may be accorded (Scottish Executive, 2000a).

By the 1990s, risk assessment was becoming more important than ever to the criminal justice system. This reflected the political demand for strategies to prevent serious violent crime specifically and to reduce offending and reoffending generally and led to significant investments in research and policy development. While the risk of custody and risk of self-harm, issues that dominated debates in the 1980s, remain pertinent and important concerns, in the 1990s *risk of re-offending* (or recidivism) and *risk of serious harm* (to potential victims) became ever more significant issues both in probation practice and in youth justice. In these two senses, risk comes to be identified as an attribute of offenders (Robinson, 2003), or at least as existing at the interface between offenders and certain situations and contexts. However, these two risks differ in that risk of re-offending is essentially about the *probability* that an offence will occur, whereas risk of serious harm is about the *impact or consequences* of an offence should it occur.

The current emphasis on risk assessment has evolved from an influential ideological and research agenda that saw a revival of interest in rehabilitation, and a body of work which challenged the 'nothing works' doctrine that was fairly dominant in the U.K. (and elsewhere) in the 1980s. This 'what works' movement has been highly influential and is credited by some commentators with rescuing the concept of offender rehabilitation from obsolescence (Ward and Maruna, 2007). Much of the earlier work was conducted by Canadian researchers using meta-analytic techniques – statistical analyses of a large number of

empirical studies – which apparently identified a number of substantial ‘treatment effects’ suggesting promising ways in which offending could be reduced. This research was informed by psychological approaches to understanding offending behaviour and, in particular, the work undertaken by Andrews and Bonta (1998) outlines a theory of offending which sought to integrate social structural factors with cognitive and personality characteristics in treatment models. ‘What works’ offender programmes are focused on targeting offender behaviour by tackling criminogenic need, rather than more generic welfare needs, and tend to involve planned intervention, over a specified period of time, and are characterized by a sequence of activities designed to achieve clearly defined objectives (Raynor, 2004; for a recent review of ‘what works’ interventions in the UK, see McNeill and Whyte, 2007). Influenced by cognitive-behavioural approaches, ‘what works’ programmes are aimed at securing behavioural change by exploring the links between cognition and behaviour and by enabling offenders to develop and build their thinking skills and behavioural repertoire.

The model which emerged from Canada is known as the *risk-need-responsivity* model, which contains three basic principles of rehabilitation, more recently supplemented by a fourth principle, professional discretion. These principles are summarised below:

Risk principle – suggests that those with higher levels of risk of re-offending (usually measured via reconviction) require higher levels of service. This suggests the need to identify the match between levels of risk posed by offenders with the amount of treatment they receive.

Need principle – suggests that programmes should target criminogenic needs (that is, those needs that are correlated with reconviction).

Responsivity principle – suggests the need for ‘[delivery] of treatment programs in a style and mode that is consistent with the ability and learning style of the offender’ (Andrews and Bonta, 1998: 245). This is necessary to engage effectively with participants in order to maximise the likelihood that a programme will have its expected impact.

Andrews and Bonta (2003) suggest that successful rehabilitative interventions with offenders, informed by the risk-need-responsivity model (known as RNR) should be based on six key principles: they should have a cognitive-behavioural orientation; they should be highly structured with a clear statement of aims and objectives; they should be implemented by trained staff; they should have treatment integrity (i.e. be delivered in the manner

intended); they should be manual-based, and; they should be undertaken within institutions or organisations committed to the ideal of rehabilitation. The RNR model has recently been subjected to sympathetic but searching scrutiny by Ward and Maruna (2007). Ward and Maruna (2007) recognise that the model's strength rests in its derivation from empirical studies and commend the structured, evidence-based approach to assessment and intervention that it generates. However, they argue that the model's incomplete theoretical development as an approach to offender rehabilitation leads to practice approaches that are too narrowly focussed on the role of risk factors in generating criminal acts but leaves practitioners with little guidance about how these factors actually work (individually, in interaction with each other, and in interaction with other contextual and situational influences) to 'cause' offending. In essence, Ward and Maruna (2007) suggest that this limits workers to managing the clusters of risk factors that offenders present. This, they suggest, is likely to be counterproductive, because it can undermine offenders' motivation to change and the development of the critical 'therapeutic alliance' between the worker and the offender.

It is important to note that Ward and Maruna's (2007) critique is not a rejection of RNR *per se*; rather, it is intended to encourage the developers of the RNR model to refine it. Moreover, in the context of this review, it is also important to note that they are largely supportive of the empirical evidence that supports aspects of RNR relevant to risk assessment. It is these somewhat narrower questions to which we now turn.

As we have already noted, in the 1990s meta-analyses of effectiveness studies seemed to suggest that more effective programmes targeted higher levels of intervention at those at higher risk of re-offending. Some studies also indicated that intensive interventions with lower risk offenders were in fact counter-productive (for important and influential reviews of such studies see Andrews, 1995; McGuire, 1995; Chapman and Hough, 1998). As 'the risk principle' became increasingly well known, researchers worked to develop risk assessment tools that could provide for greater consistency than professional judgement alone. However, the need to address questions about risk of re-offending and what came to be described in the research literature as related 'treatment dosage' issues¹ have latterly been supplemented with (if not eclipsed by) questions about risk of serious harm. This shift in emphasis reflects youth justice and criminal justice policy on both sides of the border which has increasingly come to emphasise priorities and issues around reducing reoffending, community safety and public protection (Robinson, 2003; Robinson and McNeill, 2003). Both

¹ Not a term that is much used in Scotland.

issues, re-offending and serious harm, have also driven the development of new techniques of risk assessment.

2.2 Risk Factors

Much work has sought to identify those individual characteristics that are associated with offending. There is now an accumulated body of knowledge as a result of longitudinal and life-course research (see Farrington and Welsh, 2007 for a comprehensive overview) which has led to the identification of factors that appear to be important in understanding the likelihood of both offending and reoffending. Risk factors are variables that predict an increased probability of later offending (Kazdin, Kraemer, Kessler, Kupfer and Offord, 1997).

A distinction is made in the risk literature between static and dynamic risk factors. Knowledge about static, historical risk factors which do not alter (such as age at first offence, sex, gender, prior offence history) is well developed (Farrington and Welsh, 2007). Static risk factors are deemed by many to be fairly reliable indicators of future criminogenic risk, and scales based on these factors are used to assess longer-term recidivism potential. Because reducing offending requires a degree of change within individuals, researchers' attempts to identify and quantify risk of offending have resulted in the (re)conceptualisation of criminogenic needs as risk factors. Dynamic risk factors include any factor that changes or can change over time. Some of these can be acted on (such as attitudes, beliefs, and drug use, etc), but some cannot (such as age, marital status). Knowledge of dynamic risk factors in which it is possible to intervene (criminogenic need) is required to effectively supervise offenders, and such factors are used in the evaluation of change in offender risk level. It is argued that the combined assessment of both risk and need improves the ability to predict who is likely to reoffend and who is not, and much literature on the benefits of assessing both risk and need exists (see, for example, Andrews and Bonta, 1998; Andrews, Bonta and Wormith, 2006). As Andrews (1989) noted 'improving the accuracy of risk prediction instruments is contingent upon the determination of the characteristics of offenders and their circumstances that are subject to change and establishing which of those changes actually indicate an increased or reduced chance of recidivism' (1989: 5). Over the past 25 years, researchers have identified a number of dynamic factors for general recidivism (e.g., antisocial peers) and these dynamic factors have been organised into actuarial risk scales (Andrews and Bonta, 1998).

Risk assessment tools, which are derived from research on large population samples, play a central role in matching 'levels of treatment service to the risk level of the offender' (Andrews, Bonta and Hoge, 1990). Proponents of risk assessment tools argue that these tools have a much better predictive capacity than methods which rely on subjective, individualised classifications and that they provide objective, actuarial measurements of risk and need, eliminating arbitrary decision-making and bias, which in turn leads to more efficient and rational decision-making. Proponents believe that such practices enhance the accuracy of clinical decisions, and allow for targeted interventions, better classification, programme evaluation, standardisation, and efficient resource allocation (Andrews and Bonta 1998; Loza and Simourd 1994). Although perfect prediction is an unattainable goal, the serious consequences of incorrect risk decisions justify careful attention to the most appropriate methods of risk assessment.

2.3 Approaches to Risk Assessment

Robinson (2003) provides a recent and succinct summary of approaches to risk assessment in working with offenders. Drawing on the work of Kemshall (1998) she notes that:

'In recognition of the inherent unpredictability of future behaviour, it is generally accepted that 'defensibility' rather than 'certainty' is the goal of risk assessment practice. A 'defensible' risk assessment is one which is judged to be as accurate as possible and which would stand up to scrutiny if the handling of the case were to be investigated...' (Robinson, 2003: 113).

Kemshall's (2002) elaboration of the concept of defensibility suggests that 'a defensible decision is... made when:

- all reasonable steps have been taken;
- reliable assessment methods have been used;
- information is collected and thoroughly evaluated;
- decisions are recorded;
- staff work within agency policies and procedures; and,
- staff communicate with others and seek information they do not have' (Kemshall, 2002: 22).

Risk assessment is often a first, and very important step, in a series of engagements between offender and practitioner. Assessment of risk should be seen as an ongoing and cyclical process, subject to review and reiteration (Hackett, 2004). Appropriate in-depth

assessment supports access to the right services and avoids levels of intervention that are either too intense or insufficient for meeting individual needs.

Baker (2007) urges that it is crucial to ensure selection of an instrument that has been evaluated as appropriate to the key characteristics of the individual concerned. Assessments should aim to identify and gather information from the range of systems that are significant to the offender. In a similar vein, Kemshall and Wood (2007) suggest that effective risk assessment requires at the very least the use of the correct tool appropriate for the offender and the offence type. Furthermore, they also advocate a careful distinction between tools that merely screen for high risk of serious harm and those that provide assessment to guide interventions.

Kemshall and Wood (2007) also argue that reliable risk assessment requires effective information exchange across relevant agencies with specific attention paid to:

- 'Victims – who has been a victim in the past, who is likely to be in the future, how they are targeted and groomed, the circumstances under which the offender gains access, proximity and trust.
- Under what conditions and circumstances has this risk occurred in the past and under what conditions and circumstances might it occur in the future?
- Consideration of imminence: is there an opportunity being created, is there a lack of internal controls on behaviour(s), or are external controls breaking down?
- Level of motivation to offend and level of motivation to comply with the risk management plan. What is the evidence of compliance and self-risk management? What is the offender's view of his/her risk?
- Are risks escalating? Is the/will the risk management plan be capable of containing the risks or not? What has worked in the past and what has failed in the past?' (Kemshall and Wood, 2007: 389)

However, as will be seen in the subsequent chapters of this report, questions around what are 'reasonable steps' and 'reliable methods' are contested. In the latter connection, most attention has been paid to risk prediction instruments, which aim to determine as far as possible the likely risk of an offender re-offending. With concerns about accountability and effectiveness in mind, issues of quality, consistency, reliability and accuracy have come to the fore in risk assessment practice.

2.3.1 Actuarial Methods

There are two basic approaches to risk assessment: clinical methods and actuarial methods, both of which have advantages and disadvantages (Kemshall, 2002). The main distinction between the approaches lies in the process used rather than the variables considered; clinical variables (for example, a diagnosis of substance misuse) may be used in both approaches. The debate on the accuracy of clinical judgment versus the actuarial approach is not a new one (Grubin, 1998; 1999). Unaided clinical judgments from clinicians about an offender's level of risk have generally been found to be less reliable (Hanson and Bussiere, 1996; McNeil *et al*, 1998; Hood *et al*, 2002) than actuarial measures, and can be enhanced by using systematic/structured risk assessment approaches (Bonta *et al*, 1996; Janus and Meehl, 1997; Monahan, 1996; Dolan and Doyle, 2000).

Actuarial approaches derive from statistical calculations of probability correlating specific risk factors with reconviction data. These methods utilise statistical techniques to generate risk predictors. Actuarial risk prediction is primarily based on information about group risk of re-offending, analysed in extensive studies of populations, using meta-analytical techniques. Actuarial assessment of an individual measures how far the individual shares the key characteristics of the group, such as age, gender, criminal records, etc. which are found to be associated with levels of risk.

A key limitation of actuarial techniques is that they use information generalised from a *population* for application to an *individual* under assessment (Hart *et al*, 2007). Whilst the study of a particular set of factors based on analysis of a population underpins the predictive power of actuarial methods, because there is variation within populations, such methods offer only a general guide towards assessing risk in an individual case (Worling 2004). In practice, accuracy depends on a number of factors: the quality and quantity of the available information about an individual; the extent to which the individual shares those group characteristics of risk measured by the instrument; the reliability and validity of the instrument itself; and, the extent to which it has been validated externally on populations of interest.

Actuarial approaches predict the expected reconviction rate for certain *groups* of offenders within specific time frames. Thus, for example, the Home Office tool OGRS (Offender Group Reconviction Scale), launched in 1996, estimates the statistical probability of one or more reconvictions within two years of release from custody or from the beginning of a community sentence for offenders of a given profile. As Robinson (2003) notes, an OGRS score of 75

per cent means that three-quarters of offenders of this age and sex and with a similar criminal record will be reconvicted within two years. However, crucially, the score does not tell the practitioner whether the *individual* in question is one of the 25 per cent who will not offend or one of the 75 per cent who will.

Limits and Strengths of Actuarial Approaches

Some Limitations

1. Use of information generalised from a *population* for application to an *individual* under assessment.
2. Predict risk of reconviction in terms of aggregates or groups with some similar characteristics and may therefore conceal diversity within populations.
3. Not particularly sensitive to the contexts within which risk factors operate; recent evidence suggests that similar risk factors play out very differently in different personal and social contexts.
4. Validated with reference to reconviction data, but conviction and reconviction are the results of social processes that allow for bias and discrimination to operate. To predict reconviction is not to predict reoffending.
5. Predict the likelihood of reconviction but not the seriousness or impact of reoffending.

But...

6. Good track record for consistency.
7. Robust predictive accuracy.
8. Can be enhanced by using systematic/structured risk assessment approaches.

Another recognised problem with actuarial tools (and with the identification of risk factors more generally) is that they are generally validated with reference to reconviction data. This may import other kinds of bias given that conviction itself is the outcome of a series of social processes themselves influenced by the potential discrimination (whether unwitting or otherwise) enacted by a wide range of social actors (victims, witnesses, police, prosecutors and so on). Conviction is not, in and of itself, a measure of criminal behaviour and therefore predicting reconviction is not the same as predicting re-offending. Furthermore, though actuarial tools assess the likelihood of reconviction, they say nothing about the *type* or *seriousness* of predicted conviction. Moreover, the accuracy of actuarial risk assessment diminishes when the specific behaviours in question are less prevalent within a given population, making the occurrence of more serious crimes more difficult to predict (see Tuddenham, 2000 for an explanation of this 'base rate problem').

These caveats stated, actuarial methods have a greater track record for consistency than do clinical methods, and are seen to have a greater predictive accuracy. The risk factors generated from the LS/CMI (Andrews, Bonta and Wormith, 2006), for example, have been found to be robust predictors.

2.3.2 Clinical Methods

Clinical methods, on the other hand, involve diagnostic assessment derived in part from the medical and mental health fields (Kemshall, 2001). Clinical judgements rely on the professional knowledge, skills and experience of individual practitioners. The clinical approach to risk assessment still plays a major role in criminal justice risk assessment in Scotland, e.g. in relation to probation and parole.

Limits and Strengths of Clinical Approaches

Some Limitations

1. Questionable accuracy, tendency for personal bias and subjectivity.
2. Produce varying conclusion depending on skills and expertise of practitioner.
3. Less reliable than actuarial method.
4. Weak predictive validity.

But

5. Require individualisation of risk assessment.
6. Can provide important information on individual risky behaviours.
7. Can assist in establishing informed and appropriate risk management.
8. Can be enhanced by using systematic/structured risk assessment approaches.

Clinical judgement is derived from 'close-up' information about an individual and draws on the knowledge of trained practitioners who deliver an informed judgement. The reliance on professional judgement in clinical approaches has been questioned on grounds of accuracy, personal bias and subjectivity. Some studies have suggested that clinical approaches (particularly unstructured clinical approaches) produce widely varying conclusions depending on the particular experience or skills of the assessor. The clinical method is generally considered to be less reliable than the actuarial method, and recent meta-analyses have quantified the weak predictive validity of unstructured clinical judgement (Andrews, Bonta and Wormith, 2006). However, clinical judgement can provide important information

on individual risky behaviours, stresses related to environmental factors, and assist in establishing appropriate treatment and risk management plans.

2.3.3 Structured Clinical Judgement

In recent years, a new approach to the assessment of risk has been developed, that of structured clinical judgement (SCJ). This approach seeks to combine the systematic and evidence-based elements of the actuarial approach with the sensitivity to individual risk factors of the clinical approach. Clinical judgement is structured by reference to empirically established risk factors found in the risk literature, which include both static historical and dynamic factors, but does not involve mechanical calculations of risk levels (Andrews *et al*, 2006). It both assesses risk and aids discussion of how risk is best managed. Used extensively in Canada, and recommended as the approach to be taken in Scotland by the Maclean Committee on Serious Violent and Sexual Offenders (Scottish Executive, 2000a), the structured clinical approach is based on assessment by trained people with appropriate expertise. It supports a multi-disciplinary approach, rather than the insight of a particular individual. This approach continues to make use of and place a high premium upon professional clinical skill, experience and expertise, but it suggests that this skill, experience and expertise should be applied through more structured approaches informed by the best available evidence to maximise as far as possible the comprehensiveness and accuracy of the assessment and to minimise the potential for practitioner bias and distortion. It also has regard to questions relevant in risk management, such as the extent to which the individual would be exposed to destabilising factors.

The promise of SCJ, according to Andrews *et al* (2006) is that, with follow-up studies, knowledge of empirical validity will emerge faster than it could from unstructured judgement (2006:12). Furthermore, as Kemshall (2001) notes, the important role that SCJ, particularly in the form of structured behavioural rating scales, can play has been confirmed in some recent research (see, for example, Friedrich *et al*, 2004).

Risk changes over time, place and circumstances, and effective management depends on being able to evolve assessments of risk into dynamic systems, and the use of static factors and the varieties of dynamic factors is a promising feature in risk prediction. In spite of the extensive research demonstrating the superior predictive accuracy of actuarial approaches over clinical judgment, the generalisability of actuarial measures is limited. It follows that a

more accurate and global assessment of risk will consider actuarial estimates and clinical assessment and objective psychometric measures. Indeed, this is consistent with recent research where dynamic factors such as deviancy (Beech et al, 2002; Beech et al, 2001), pro-offending attitudes (Hudson et al, 2002) and other dynamic measures (Thornton, 2002; Dempster & Hart, 2002) are said to increase predictive accuracy when combined with static risk factors.

Combined methods – using clinical and actuarial approaches – are increasingly advocated as the means of increasing the defensibility of risk decisions, and most risk assessment instruments now combine elements of actuarial prediction and of clinical judgement.

2.4 Successive Generations of Offender Risk Assessment

Andrews, Bonta and Wormith (2006) identify four ‘generations’ of offender risk assessment, the development of which has been shaped and informed by theoretical, empirical and applied progress in the field over the past 25 years (2006: 7). Much of this work has been undertaken by Canadian psychologists working in the fields of corrections and criminal justice (e.g. Andrews et al, 1990; Andrews and Bonta, 1998; Gendreau and Andrews, 1990).

The *first generation* of risk assessment consisted mainly of unstructured clinical judgements of the probability of offending behaviour. *Second generation* risk assessments are empirically-based instruments which stress static, historical risk factors, such as number and type of convictions. Whilst these tools were seen by many as more objective and as having more predictive accuracy than first generation methods (Andrews and Bonta, 1998), they have since been criticised for being atheoretical, as well as for their rigidity and reliance on static offence-based criteria. Actuarial tools like OGRS (referred to earlier) rely on ‘static’ risk factors which neither the offender nor the practitioner can work to change. As several academic commentators have noted, the rigid knowledge of risk contained in second generation tools tended to produce a fixed risk subject who was assigned to a particular risk category (or high, medium or low) based on static historical risk factors, which are unchangeable (see, for example Hannah-Moffat and Maurotto, 2003). Such a conceptualisation posed severe limitations on effective intervention and change.

The critique of first and second generation risk instruments contributed to the assimilation of needs into risk assessment practice. *Third generation* risk assessment, utilising both clinical and actuarial methods, purports to objectively and systematically measure static and dynamic risk or criminogenic needs factors, and with the inclusion of a wider sampling of dynamic risk items, third generation tools tend to be more theoretically informed (Andrews *et al*, 2006) . A risk assessment can only identify the probability of harm, assess the impact of it on key individuals, and pose intervention strategies which may diminish the risk or reduce the harm.

By highlighting specific criminogenic needs, third generation risk/needs assessment tools aim to individualise risk assessment in order to guide practice, but without compromising the predictive validity of such tools. As well as predicting risk and guiding intervention, the local aggregation of these individualised risk/needs assessments can and should provide vital profiling information for local planning. Moreover, since such instruments can also capture changes in levels of assessed risk across time, they have important applications in terms of monitoring and evaluation of the effectiveness of interventions.

Raynor *et al* (2000) positively evaluated two prominent third generation risk/needs assessment tools ('ACE' and 'LSI-R') used in connection with adult offenders. Their study found that, in a sample of over 2,000 cases, the instruments predicted reconviction at a much higher than chance level and had good reliability. They also measured change over time in a direction that was consistent with reducing risk of reconviction, confirming the potential usefulness of the tools in measuring the effectiveness of interventions.

McIvor *et al* (2001) have produced a report on the use of LSI-R and OGRS2 in Scotland. The report indicates that neither tool outperforms the other, with each having certain strengths and weaknesses. The researchers conclude that further research is required on the predictive validity of such tools for particular groups of offenders.

Third generation instruments are not without their own set of issues and problems, however. These include the demands which their increased complexity makes on workers' time, sometimes leading to 'completion fatigue' (an issue mentioned by both practitioners and academics in interviews, see Chapter 6); related dilemmas in balancing comprehensiveness and predictive accuracy with usefulness and brevity; the re-introduction of elements of professional judgement and related issues of consistency and bias; and concerns about the ability of such tools to accommodate and respect diversity and difference vis-à-vis gender and ethnicity in assessing risk (Aye-Maung and Hammond, 2000; Roberts *et al*, 2001).

A *fourth generation* of risk assessment instruments is beginning to emerge. The development of third and fourth generation risk assessment tools is very much based on the recent accumulation of evidence about 'what works' in interventions with offenders. Fourth generation tools promote planning and delivery, and are used to inform case management and guide supervision from intake through to case closure (Andrews, Bonta and Wormith, 2006: 8). Rather than simply predicting re-offending, these tools aim to 'systematically bring together information about an offender's history and needs to develop a treatment plan and assign levels of supervision' (Bonta, 2002:1). These tools also aim to include the identification of key responsivity characteristics to allow the practitioner to better match interventions to offenders (Andrews and Bonta, 1998). The Youth Level of Service/Case Management Inventory (YLS/CMI) (Hoge and Andrews, 2002) is a quantitative survey of attributes of offenders and their situations, relevant to level of supervision and treatment decisions for persons aged 12 - 18, and is used widely in Canada, Australia, New Zealand and the U.K. YLS/CMI is derived from the general application Level of Service/ Case Management Inventory (LS/CMI) (Andrews, Bonta and Wormith, 2006) which is for use with adults. Both instruments integrate responsivity and strength factors into the assessment of risk and need to inform the development of a case management plan. A major goal of fourth generation instruments such as these is to strengthen adherence with the principle of effective treatment and facilitate clinical supervision (Andrews *et al*, 2006)

Generations of Risk Assessment

1. *First generation* of risk assessment consisted mainly of unstructured clinical judgements of the probability of offending behaviour.
2. *Second generation* risk assessments are empirically-based instruments which stress static, historical risk factors, such as number and type of convictions. Criticised for their rigidity and reliance on static offence-based criteria.
3. *Third generation* risk assessment, utilising both clinical and actuarial methods, aims to objectively and systematically measure static and dynamic risk or criminogenic needs factors. With the inclusion of a wider sampling of dynamic risk items, identified through empirical research, third generation tools tend to be more theoretically informed.
4. *Fourth generation* risk assessments aim to bring together information about an offender's history and needs to inform level of supervision, treatment planning and case management, and also aim to include the identification of key responsivity characteristics.

2.5 Cautionary Notes in Relation to Risk Assessment

As we have noted above, the risk-need-responsivity model, and indeed the wider field of risk assessment, has however attracted much critical academic attention, on both theoretical and methodological grounds.

2.5.1 Theoretical Critiques

Hannah-Moffat and Maurutto (2003) note that Andrews' and Bonta's (1998) principles of classification/assessment, that is, risk, need, responsivity, and professional discretion provide a 'new risk-informed managerial logic of penal governance' (2003: section 2). Moreover, although, as discussed above, there are strong arguments why structured professional judgement has come to be seen as the best available approach to risk assessment at present, Hannah-Moffat and Maurutto (2003) express some concern about the principle of professional discretion and, in particular, the meaning of 'professional judgement' in this context:

'[the principle of professional judgement] strategically reasserts the importance of retaining professional judgment, provided that it is not used irresponsibly and is systematically monitored. Here, the term of professional includes a host of practitioners (or para-professionals) with little to no professional training in risk assessment and, in the most extreme cases, correctional officers or parole supervisors' (section 2).

Hannah-Moffat and Maurutto's (2003) concern is rooted in a range of international studies that have raised questions about a wide range of risk-based practices deployed in criminal justice. It should be noted though, that whilst some of this theoretical literature about these practices explores how, or even if, risk assessment should guide decision-makers, it does not consistently examine whether risk assessment tools are valid and reliable predictors. Thus commentators have raised concerns about: due process, justice and proportionality (Hudson 2001, 2003; Rose, 1998); moral and political dimensions of risk (Ericson and Doyle, 2003; Gray *et al*, 2002; Stenson and Sullivan 2001), gender, racial and culture discrimination (Hannah-Moffat and Shaw 2001), the targeting of marginalized populations and the redistribution of resources based on risk profiles (O'Malley, 1999; Rose, 1998; Silver and Miller, 2002); and the tenuous relationship between risk and rehabilitation or *what works* initiatives (Brown, 1996; Hannah-Moffat, 2002; Kemshall, 1998; Robinson 2002, 1999,

1996). These and other papers raise important theoretical questions about the increased use of risk based technologies and the potential impact of this trend.

It is also worthwhile noting that debates about approaches to risk assessment often reflect unarticulated but important epistemological assumptions underlying the distinction between what is called 'artefact risk' (i.e. scientific model of identifying relatively stable traits and characteristics) and 'constructivist' risk (i.e. risk as a social construct, contingent on all sorts of contexts and processes) (Kemshall, 2003). A recent and detailed empirical study of young people's developmental pathways carried out under the ESRC-funded "Pathways into and out of Crime for Young People" network suggests that the import and meaning of risk factors is indeed highly context and case specific (see, Boeck *et al*, 2006). This resonates with Laub and Sampson's (2003) arguments against the risk factor paradigm. In their retrospective analysis of the lives of older men (on whom relevant data has been collected since their childhoods), they found that men who shared similar risk profiles as children had markedly different life trajectories and that these differences were not in any sense predictable.

2.5.2 Methodological Critiques: the use of meta-analysis

Much of the work undertaken in the 'what works' paradigm is based on meta-analyses – the quantitative synthesis of research findings from a number of primary research studies in order to provide a larger sample size for evaluation. Through the evaluation of effectiveness studies, meta-analysis has played an important role in the development of the 'what works' approach in criminal justice, and proponents argue that there are several advantages to the meta-analytic technique. Meta-analysis is seen as a useful tool to develop risk factors in known research and as a way of effectively summarising research. By summing effect sizes across several studies, regardless of their statistical significance, meta-analysis avoids the problem of effects being missed in single low sample size studies (Lipsey, 1999). It is an important means of synthesising research knowledge, and allows for the use of multi-variate analysis. Various statistical procedures ('fail safes') have been developed which provide guidance on the likelihood that the findings of a meta-analysis are or are not vulnerable to being reversed as future studies are conducted (Orwen, 1993 cited by Cullen and Gendreau, 2000: 136), and; any given meta-analysis is open to replication by other scholars, either on the same or a different data set, thus allowing for the independent assessment of the coding decisions or the sample of studies included (Cullen and Gendreau, 2000).

Meta-analyses of risk/need factors with diverse offender groups have clarified knowledge of risk factors (e.g. Bonta, Law, and Hanson, 1998; Lipsey and Derzon, 1998) and have given ‘psychologists, criminologists, and mental health and justice practitioners a common language, a shared knowledge base and a shared technology of risk-need-responsivity’ (Andrews *et al*, 2006)

Yet meta-analysis, like any other methodological technique, is not without its weaknesses. Meta-analyses have limitations, and can sometimes be used inappropriately (Kemshall, 2001). The validity of the conclusions reached by a meta-analysis depends on the quality of the systematic review on which it is based (or ‘what goes into it’). For example, whether the studies themselves are theoretically and methodologically sound; whether the sample of studies used is comprehensive and/or exhaustive, and; the ways in which studies are sampled or coded, will all influence the knowledge produced. Good meta-analyses aim for complete coverage of all relevant studies, and look for the presence of heterogeneity. Whilst such studies are useful in generating broad themes emerging from numerous studies, meta-analyses are considered suggestive rather than definitive. Moreover, the use of meta-analyses to develop risk predictors can result in overly simplistic outcomes which fail to capture the complexity of the processes involved both in generating and in responding to risk (Kemshall, 2001).

2.6 Risk/Needs Assessment in Youth Justice

Turning specifically toward instruments designed for the youth justice context, the validity and reliability of ASSET² has been subject to considerable scrutiny in studies undertaken on behalf of the Youth Justice Board (Baker, Jones, Roberts, and Merrington, (2002); Baker Jones, Merrington, and Roberts, 2005). The most robust and most recent study (Baker *et al*, 2005) suggests that ASSET’s predictive validity over 24 months (using the ‘percent correctly predicted’ method) was 69.4 per cent. Moreover, the predictive accuracy of the tool for population subgroups (female offenders, those from minority ethnic communities and younger offenders) reported in the earlier 12-month study (Baker *et al*, 2002) was maintained at 24 months. Importantly, Baker *et al* (2005) also found that ASSET was sensitive to both positive and negative changes over time and that increased scores were correlated with increased likelihood of reconviction. Decreasing scores were associated with reducing likelihood of reconviction. The study also found that ASSET’s inter-rater reliability

² The Youth Justice Board in England and Wales has developed ASSET in collaboration with Oxford University’s Centre for Criminological Research.

was generally good, but that in some cases (for example, female offenders with significant 'welfare needs') Youth Offending Team staff may allocate ratings on the basis of perceived problems rather than on the extent to which such problems were associated with a likelihood of further offending.

Other problems, not with the tool but with its use, were reported in Roberts *et al's* (2001) interim evaluation. They noted, for example, difficulties with missing information (for example, concerning previous convictions) affecting the quality of the assessment and with missing data in some areas on the forms themselves. The interim report also offered a considerable amount of useful information about YOT workers' views concerning the use of ASSET. While most workers accepted the usefulness of the structured approach to assessment that it offered, practical difficulties around local policies, team structures, workload, individual working styles, resources and training, all affected the way that it was used in practice. Workers disliked using the detailed and time-consuming ASSET forms in cases involving offences of a minor nature.³ They were also wary about offering scaled numerical ratings in certain areas because this was seen as being highly subjective. They noted the need to adapt certain questions to suit each young person. Such adaptation was seen as being especially important in dealing with young people from ethnic minorities. The most positively received part of the tool was the 'What do YOU think?' self-assessment which workers valued because it offered an effective way of engaging the young person in discussion.

In Scotland, ASSET is one of two risk/needs assessment instruments used in youth justice contexts; the other is the Youth Level of Service/Case Management Inventory (YLS/CMI), previously referred to, and designed by Hoge and Andrews (1996, 2002a, 2002b). YLS/CMI is essentially a version of the Level of Service Inventory – Revised (LSI-R), which has become the most widely used risk assessment tool in criminal justice social work in Scotland. Like ASSET, the current (second) version of YLS/CMI is the subject of ongoing validation and reliability studies in the UK, by means of an ongoing longitudinal study comparing predictive validity with SAVRY and PCL:YV.

Given the widespread use in Scotland (and in the UK) of tools developed in Canada, it is interesting to note that a comparatively recent review on the practice of risk assessment used on youth in Canada (including YLS/CMI) (Hannah-Moffat and Maurutto, 2003) raised

³ A shorter 'Final Warning ASSET' is now available for use with young people at the final warning stage in England and Wales. A 'Mental Health ASSET' is due to be rolled out shortly.

some methodological concerns, which might act as cautionary imperatives for the use of such tools. They conclude that:

1. Adequate reliability and psychometric and predictive validity had not been demonstrated on young offender populations across Canada and that the psychometric validity of the items in the tools had not been sufficiently researched, raising concerns over whether some items might target disadvantages, disproportionately or uniquely experienced by minority groups, or reflect moral and social values that were rejected by certain segments of a youth population. Indeed, McIvor and Kemshall (2002) reported initial indications that YLS/CMI may be less effective for girls than for boys, because girls have different criminogenic needs; the same is true of LSI-R (McIvor *et al*, 2001).
2. Questionable validity in that tools developed in Ontario were being used in other jurisdictions across Canada without proper validation studies. The use of convenience samples to establish the validity of tools that were then used to generalize to populations that might differ substantially was seen as highly problematic. There are also further issues pertaining to validity, which include the absence of research examining external or construct validity.
3. Some jurisdictions were using the tools at the pre-sentencing stage, yet none of the tools were designed for use with young offenders at that point.
4. Concerns were raised about the use of the tools when they were administered in a non-research setting. Some tools include vague criteria such as 'could make better use of time', 'non-rewarding parental relations', 'inconsistent parenting', 'peer interactions', 'supportive of crime', 'poor social skills', 'underachievement', 'inadequate supervision', 'problems with teachers', 'no personal interests', 'inadequate guilty feeling'. Whilst tools manuals do provide scoring criteria, Hannah-Moffatt and Maurutto (2003) nevertheless comment that:

'it is difficult to determine how consistently these criteria are interpreted. These criteria can involve a substantial amount of speculation and morally laden subjective assessments. The assessor's choice of informants and interpretations of the authenticity of their claims is not transparent. Audits are not consistently performed and there are wide variations on the type and quality of training assessors receive' (2003: section 4.1).

They concluded that many questions about the reliability and validity of these tools remain, particularly in terms of gender and ethnicity. They do note that, in general, practitioners felt the increased use of risk/need instruments in the youth justice system would enhance case

management, increase efficiency and result in more consistent and defensible decisions. However, the practitioners also revealed concerns, including:

‘a tendency to merge risk and need, the potential for gender, racial or cultural disparity, inconsistency in practitioners’ interpretations and understandings of risk/need assessment scores, insufficient training, an absence of uniform audits, inconsistent use of over-rides, and concern about the availability of community resources needed to adequately manage risks and needs of youth’ (Hannah-Moffat and Maurutto, 2003: Executive Summary).

Whilst there has been an adoption of the language of ‘risk’ into criminal justice practice and a concomitant rapid growth in the application and advancement of professional knowledge and skill in the use of increasingly more sophisticated risk assessment techniques, such techniques still have some demonstrable limitations and therefore require judicious and critically informed use by properly trained and skilful professional staff. Even then, however, the limitations of risk assessment come into particularly sharp focus when the thorny and complex question of serious harm arises.

2.7 Assessing Risk of Harm

Whilst it is important to remember that assessment is not the same as prediction, it is argued by several academic researchers that current risk assessment instruments have limited usefulness with respect to arguably the most difficult area of risk assessment, that of assessing the *risk of serious harm* (Kemshall, 2001, 2002; Raynor *et al*, 2000; McIvor *et al*, 2001). As noted above, this is concerned not with the probability of an event occurring, but with the anticipated severity of its impact (Tuddenham, 2000). In this connection, general tools that predict *reconviction* accurately (like ASSET, LSI-R, OASys and YLS-CMI) have rather less to offer. More specialised tools like Risk MATRIX 2000 (Henson and Thornton, 2000) a tool for measuring the risk of sexual reconviction in adults and HCR-20 (Webster, Douglas, Eaves, and Hart, 1997) a tool which uses a structured clinical judgement approach to the evaluation of risk of violence in adults, are sometimes deployed in assessing risk of harm. These tools are tailored to both offence and offender type and draw on evidence about risk factors generated from specific populations. Kemshall and Maguire (2001) however, have shown that such tools can inadvertently create more high risk cases than available resources can manage, principally because practitioners and managers are driven into defensive decision-making as a result of their fears about blame and ‘occupational survival’.

Accurate assessments of levels of risk posed by serious offenders are in high demand, as decisions on whether an offender should be released into the community can have severe consequences for both the offender and the public. But there are a number of significant problems in assessing risk of serious harm (see Kemshall and Wood, 2007). A major difficulty in assessing risk of serious offending is the low base rate, leading to an increased likelihood of making a false positive predictive error (the 'base rate problem'). To overcome this, risk assessment studies are increasingly using the receiver operating characteristic (ROC), which displays the relationship between level of risk and decision choice, to evaluate the overall predictive efficacy of an actuarial risk assessment. The ROC compares sensitivity or 'hit rate' (the percentage of re-offenders correctly identified as high-risk on assessment) with specificity (the percentage of non-re-offenders correctly identified as low-risk), allowing the positive predictive accuracy to be calculated (Leam, Brown, Stringer and Beech, 2004).

A second major difficulty relates to the transferability of the use of risk tools which are often based on patterns of reconviction within specific populations in specific locations (for example, male offenders in penal institutions in a specific jurisdiction). One consequence of this is that assessing risk of serious harm amongst women offenders is particularly problematic (Kemshall, 2004).

A third and more general problem, as noted above, is that where risk factors are derived from reconviction data (as is commonly the case) it will be reconviction (and not re-offending) that they predict. All three of these problems are exacerbated in the case of children and young people where such offending is even more uncommon, where it may not lead to formal processing, where studies of specific juvenile populations are limited and where their findings are not straightforwardly transferable across young people, offence types and cultural contexts. In seeking to address these difficulties, McIvor and Kemshall (2002) have argued that where tools are being adapted for new populations, this must involve peer review of the methodology for validating the tool on the relevant population, attention to both static and dynamic factors, the ability to accurately and consistently differentiate low, medium and high risk in order to ensure that interventions are appropriate and proportionate, and evidence of inter-rater/assessor reliability.

Recognising the risks of discriminatory biases in all forms of risk assessment, Tuddenham (2000) argues for and outlines a model of 'reflexive risk assessment' within which practitioners recognise that their knowledge is emergent, tenuous and open to revision; that definitions and discussions about risk are contestable and culturally relative; and, that risk assessment functions within certain policy contexts and within a society increasingly pre-

occupied with risk and its prediction. Reflexive risk assessors need to retain awareness of their own potential for denial of risk; they need to retain the ability to 'ask the unaskable, think the unthinkable, imagine the unimaginable' (Prins 1999: 137). They must encourage and enable offenders 'to say difficult things by asking the right questions; and then hear what the offender wants to tell them, giving the latter confidence that the worker can tolerate the answers' (Tuddenham 2000: 180). Though Tuddenham's work draws on experience with high-risk adult offenders, his approach and his conclusions seem equally pertinent in connection with young people involved in serious offending. Notably, the use of ASSET in assessing *risk of harm* has been problematic:

'There was much uncertainty about the 'risk of serious harm' assessment. Many staff misunderstood the purpose of the form and thought that it was for assessing a young person's own vulnerability rather than risk to others. There were also difficulties with the wording of some of the questions on serious harm and a lack of procedures in many teams for managing high-risk cases' (Roberts *et al*, 2001: 4).

2.6 Summary

This chapter has explored underlying principles and features of contemporary risk assessment, as well as outlining the development of approaches of risk assessment. We have suggested that a combination of emerging evidence about principles of effective practice and of increasing preoccupations with public protection have shifted the focus in probation and youth justice from risk of custody and risk to self to risk of re-offending and risk of harm. At the same time, new technologies of risk assessment have developed such that clinical (or first generation) assessment has been challenged by the emergence of more actuarial (or second generation) approaches. More recently, structured risk/needs assessment (or third generation) tools have combined elements of clinical and actuarial assessment. Emergent (fourth generation) approaches aim to take this further, both by better addressing issues of responsivity, and aiming to strengthen adherence with the principle of effective treatment and facilitate clinical supervision.

However, we have also noted a series of concerns about each of these approaches which call into question not just the technical effectiveness of risk assessment, but its moral, political, social and cultural contexts. These concerns are thrown into sharper focus where the issue of serious harm arises.

CHAPTER 3

CHILDREN AND YOUNG PEOPLE WHO COMMIT VIOLENT OFFENCES

This chapter reviews the available literature relating to the assessment and management of children and young people who commit violent offences. It provides some background information on risk factors before reviewing available models and frameworks, and current tools utilised in risk assessment.

3.1 Risk Factors and Violence

It is important to note, at the outset, that males commit most violent offences and largely for this reason, most research on violence and the risk of violence has concentrated on males (Farrington, 2007). Several longitudinal studies have followed children and young people over time to observe which factors and processes in their early lives are related to subsequent offending. One of the most influential studies is the Cambridge Study in Delinquent Behaviour, which tracked 411 South London boys born in the late 1950s over a period of 40 years (Farrington, 2003). The study found that the percentage of young men convicted for violent crimes was three percent for those with no risk factors, increasing to 31 percent of young men with four risk factors (low income, large family size, low IQ, and poor parenting) (Farrington, 2000). In other words, there appeared to be a cumulative effect, in that the greater the number of risk factors to which an individual was exposed, the greater the likelihood of future convictions for violence.

Risk factors identified by the Cambridge Study in Delinquent Behaviour

1. Low income and poor housing.
2. Living in 'deteriorated' inner city areas.
3. High degree of impulsivity and hyperactivity.
4. Low intelligence and low school attainment.
5. Poor parental supervision and harsh and erratic discipline.
6. Parental conflict and broken families.

In their meta-analysis of longitudinal research on predictive risk factors for adolescent and early adult violent or serious delinquency, Lipsey and Derzon (1998) found that the best

predictors of violence differed according to age group. At age six to 11 years the most important predictor variable was committing an offence (violent or otherwise), followed by substance use (mainly tobacco or alcohol). Moderate risk factors for this age group included male gender, family socio-economic status and anti-social parents. The most important predictors for 12-14 year olds were weak social ties, antisocial peers, and committing a general offence. Other risk factors included: family factors, particularly antisocial or abusive parents and poor parent-child interactions; individual factors, particularly low intelligence and antisocial attitudes and beliefs; and contextual factors, particularly neighbourhood crime and social disorganisation.

Of course it is important to acknowledge that the risk factors related to whether an individual becomes involved in offending behaviour are not the same for every young person, and that there may be exceptions to the rule (McNeill and Batchelor, 2004). Some offenders may come from relatively stable family backgrounds, for example, but have issues in relation to antisocial peers or problems at school. For others, factors associated with deviant parental attitudes and behaviours may be key. Consideration must also be given to variations in the needs, deeds and characteristics of different 'types' of offenders; a young black woman, for example, may engage in violence for different reasons than a young white man. Unfortunately very little evidence currently exists in relation to the differential patterns of risk for female young offenders (but see Lancot and LeBlanc, 2002) and young offenders from an ethnic minority background, as most research to date has focused on white males. That said, several studies have highlighted the importance of victimisation to an understanding of the onset and continued involvement in violence among girls and young women (Baskin and Sommers, 1998; Batchelor, 2005, 2007; Chamberlain and Moore, 2002; Ryder, 2003; Miller, 2001).

3.2 Clinical Models and Frameworks

In the UK, clinical models and frameworks for the assessment and management of risk in children and young people who commit violent offences have been proposed by Sheldrick (1999), Bailey (2002), and Tiffin and Kaplan (2004).

Sheldrick (1999) suggests a traditional adult forensic approach, breaking down the index offence, along with offending history and certain other behaviours of concern. As previously stated, a past history of offending (violent or otherwise) is one of the most significant factors associated with future violent behaviour, and therefore particular attention needs to be paid

to this part of assessment. Situational-level influences, which are rarely measured in longitudinal studies, are also important as they can indicate potential triggers for violence (Sampson and Lauritson, 1994) which can be usefully incorporated into the young person's management plan. In line with the developmental perspective, discussed above, assessment of attitude towards offence, victim empathy and compassion for others must be placed within the context of the young person's developmental status.

Sheldrick's model also acknowledges the significance of personal history, upbringing, contextual, clinical, and protective factors. As discussed earlier, there is a considerable body of evidence to suggest that violent behaviours are associated with intellectual and educational difficulties, problem parenting, and substance use/misuse (Lipsey and Derzon, 1998; Hawkins et al, 1998). Contextual factors, such as the availability of drugs or weapons, are also important to consider, as these may also contribute to risk for violence (Hawkins et al, 1998).

Drawing on her professional experience as a child and adolescent forensic psychiatrist, alongside the literature on adult risk assessment and risk management, Bailey (2002) argues that in assessment of young people in whom there is a risk of violence and mental health problems, certain key factors should be considered. She lists these (2002: 99) as:

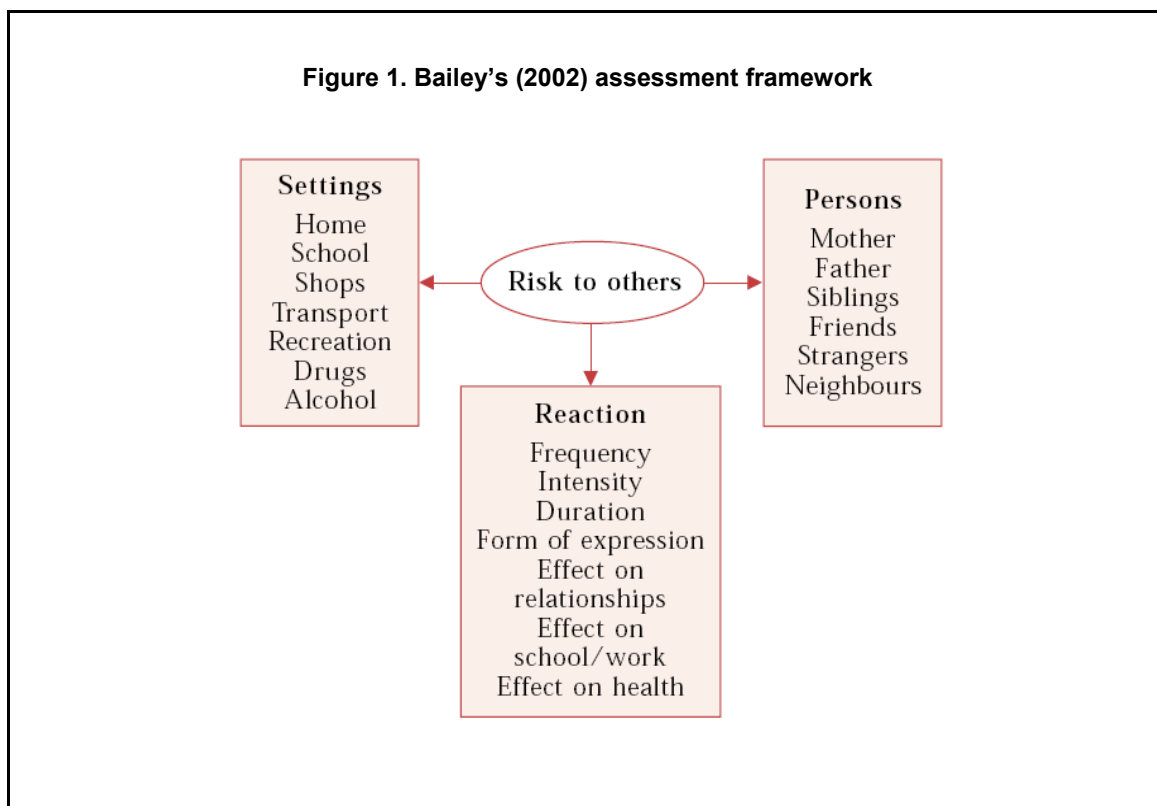
- Who does the assessment (do they have to be clinicians)?
- Use of informants
- How stable is the assessment – will it hold for months?
- Reliability and validity
- Difference between the current symptoms and future risk of violence

In Bailey's view, 'risk should be predicted only for the immediate/short-term future' (2002: 98), and, like Sheldrick (1999), she highlights the significance of situational factors to any assessment of future offending:

'Regardless of the type of risk assessment used by the clinician, the multi-agency team needs to know the situational factors. Will the behaviour occur in the public/domestic domain, with/without provocation, in the immediate or extended vicinity? Will the victim(s) be perceived by the young people as vulnerable? Will the victim hold hostile attributions towards the victim? Will the victim represent certain meanings for the young people, e.g. authority figure, abuser, bully? Will the victim be in the immediate or in an extended vicinity? Who are the potential victims? (always list them). Does the young person lack concepts of emotion and/or lack problem solving skills? Does the young person

misuse substances, engage in other high-risk behaviour and is he/she easily provoked?' (Bailey 2002: 99)

This can be represented visually as follows:



Where risk to others is suspected, Tiffin and Kaplan (2004) utilise an in-house check-list, based on topics they identified in a review of the literature, when interviewing children aged 16 and under, parents and schools (Table 1).

Table 1. Tiffin and Kaplan's (2004) checklist used when history taking

Please indicate which factors have been asked about by entering a tick in the first (left hand) box, enter a tick in second box if the specified behaviour is present, entering details after question where relevant

Current aggression

- Actively seeks opportunities to be aggressive
- Easily provoked to aggression
- Regularly carries weapon on person (type/s: _____)
- Regularly damages property (including home) (frequency: _____ *)

Previous aggression

- Frequency*
- Use of a weapon (type/s: _____)
- Worst injury inflicted on another (brief description: _____)
- Other injuries inflicted (no. & description: _____)
- Previous contact with police (including cautions/convictions)
- Acts of cruelty to animals (no. _____)
- Sexualised aggression (brief description: _____)

Fire-setting

- Frequency
- Most serious fire set (brief description: _____)
- Use of accelerant (e.g. petrol)

Character factors

- Impulsive
- Manipulative
- Poor social skills
- Callousness towards peers/siblings
- Violent fantasies
- Poor empathic abilities

Substance misuse

- Substances used (including solvents, tobacco, alcohol)

Scholastic factors

- Poor school attainment
- Low or borderline IQ
- Requires special educational provision
- Temporary suspensions from school (no. and length: _____)
- Permanent exclusions from school (brief details: _____)

Family factors

- Exposed to domestic violence
- Previous abuse (sexual, physical, emotional)
- Poor parental limit setting
- Parental criminality
- Time spent in social services care

Protective factors

- Academic achievement
- Personal achievement/interests
- At least one close relationship with responsible adult
- Friendships with non-delinquent peers

**Note: Frequency may be expressed in number of incidents per day, week, month or year*

3.3 Risk Assessment Tools for Assessing Risk of Violence

The development of tools for assessing the risk of violence among children and young people is at an early stage (Bailey, 2002; Borum, 2000). Although there have been a

number of tools constructed for assessing violent behaviour in adult populations (Quinsey *et al*, 1998; Webster *et al*, 1997), there are currently only a limited number of instruments designed specifically to assess violence risk in children and young people: the Early Assessment Risk List for Boys/Girls (EARL-20B/EARL-21G) and the SAVRY (Structured Assessment of Violence Risk in Youth). These are discussed in further detail below, along with some discussion of the Psychopathy Checklist: Youth Version (PCL:YV), which has been demonstrated to be correlated with violent offence history, unadjudicated violence, and institutional violence.

3.3.1 Early Assessment Risk List (EARL-20B) and (EARL-21G)

For use with young people under 12 years of age, the EARL-20B (Augimeri *et al*, 2001) and EARL-21G (Levene *et al*, 2002) are structured clinical risk assessment tools that evaluate risk factors known to influence propensity to engage in future aggression and antisocial behaviour. The boys' version contains a literature-based set of 20 risk and need factors, organised under three broad sections (child, family, and responsivity). Six items are family factors, 12 describe child factors, and two cover responsivity factors. The basic framework of the girls' version is similar, but contains 21 items, some of which are labelled and defined differently. (This is to take account of the fact that girls express anti-sociality and aggressiveness differently from boys.) In both tools, items are rated on a three-point scale (0 = not present, 1 = possibly present, 2 = present), where a higher score represents greater risk. All factors are weighted equally to yield a total maximum score of 40 for boys or 42 for girls. Theoretically, the higher total score, the higher the risk. However, in accordance with the tradition of structured professional risk judgements (e.g. Webster *et al*, 1997), no specific cut offs are given. Instead, the manuals instruct assessors to assign an 'overall clinical judgement' rating of 'low,' 'moderate,' or 'high' risk of aggressive or antisocial behaviour, based on: the total score, the risk/needs factor pattern (both tools include a 'critical risk' column that allows practitioners to highlight factors that are more worrisome than others), and possible case-specific factors not covered previously.

3.3.2 Structured Assessment of Violence Risk in Youth (SAVRY)

The SAVRY (Borum *et al*, 2002) is also a structured professional judgement tool, but is designed to assess violent or aggressive behaviours in young people (male and female) aged between 12 and 18 years. Its structure is based on the HCR-20 (Webster *et al*, 1997), a 20 item adult instrument, but the item content is focused specifically on risk in young people. The SAVRY is composed of 24 items (historical, social/contextual, and

individual/clinical) drawn from existing literature on adolescent development and violence and aggression in youth. Each risk item has a three-level scale (low, moderate, or high), but is not assigned a numerical value. The tool also includes six protective factors that are rated on a dichotomous rating (i.e. present or absent).

3.3.3 Psychopathy Check List: Youth Version (PCL:YV)

Psychopathy, as measured by the Hare Psychopathy Checklist – Revised (PCL-R) (Hare, 1991), has been shown to be a robust risk factor for both violent recidivism and general recidivism in adults (Hemphill *et al*, 1998; Harris *et al*, 1991). In relation to serious violence, a derivative of the PCL-R, the PCL:YV (Psychopathy Checklist: Youth Version) (Forth *et al*, 2003) has been developed for the assessment of psychopathic traits in male and female offenders aged 12 to 18 years, but it has not yet been validated. While some authorities have raised concerns about applying the construct of psychopathy to children and young people (see, e.g., Edens *et al*, 2001; Seagrave and Grisso, 2002), recent research suggests that PCL:YV scores are strongly correlated with violent offence history, unadjudicated violence, and institutional violence, as well as measures of the severity and instrumentality of prior violence (Murrie *et al*, 2004). The 20 items in the PCL:YV are: impression management; grandiose sense of self worth; stimulation seeking; pathological lying; manipulation for personal gain; lack of remorse; shallow affect; callous/lack of empathy; parasitic orientation; poor anger control; impersonal sexual behaviour; early behaviour problems; lacks goals; impulsivity; irresponsibility; failure to accept responsibility; unstable interpersonal relationships; serious criminal behaviour; serious violations of conditional release; and criminal versatility. Each of these items is scored on a three-point scale, with a maximum overall score of 40.

3.3.4 The Antisocial Process Screening Device (APSD)

The APSD (Frick and Hare, 2001) has been developed for use with 6-13 year olds, but again there has been no validation study of this instrument as yet. As Tiffin and Kaplan (2004) note, attempts to identify ‘nascent psychopathy’ in children and adolescents have been both controversial and complex; controversial because of the ethical issues involved in so labelling a child and complex because the associated symptoms and traits are non-specific. To this can be added the difficulties of disentangling the symptoms and traits of personality disorder from ‘normal’ aspects of child and adolescent development. For these reasons, according to ICD-10 (WHO, 1992), it is not possible to categorise younger children as personality disordered.

3.4 Predictive Accuracy

Robust evidence of the predictive accuracy of such tools is limited. Independent, peer-reviewed journal publications are scarce, and much of the evidence that does exist is drawn from unpublished postgraduate dissertations (e.g. Fitch, 2002; McEachran, 2001; Rowe, 2002, as cited by Forth *et al*, 2003) or unpublished studies conducted by tool authors (e.g. Bartel and Forth, 2000; Bartel *et al*, 1999, 2000, 2003; Chapman *et al*, no date). A further problem relates to definitions of violent behaviour, insofar as the types of behaviours used as outcome measures vary (e.g. self-reported violence, institutionally recorded violence, criminal charges, criminal convictions) and can include acts (e.g. simple assault) that would not necessarily be categorised under the heading 'non-sexual crimes of violence'. Like the research literature on risk factors, studies of predictive validity are mostly conducted with white, male populations.

The predictive validity of the EARL-20B was investigated by Enebrink *et al* (2006) in their prospective study of 76 boys referred to child psychiatrist outpatient clinics in Sweden. Parents of boys aged 6-12 years were initially interviewed by a child psychologist/PhD student, who assigned DSM-IV diagnoses and completed EARL-20B assessments. In addition, the clinician involved with the child/family carried out an independent evaluation (without the use of the tool). Participants were followed up twice, at six and 30 months. The researchers found that at both subsequent evaluations the EARL-20B-based assessments were positively and moderately associated with proactive and reactive aggression and disruptive behaviour (conduct problems and DSM-IV Conduct Disorder). After 30 months, higher correlations were reported with proactive rather than reactive aggression. Clinical assessments made without the instrument were not as strongly associated to outcome. These findings suggest that EARL-20B may advance predictions of aggressive and conduct disordered behaviour among clinically referred boys, and in so doing highlight the potential value of structured professional judgement versus non-structured approaches.

Catchpole and Gretton (2003) conducted a year-long independent study of 74 young violent offenders drawn from two forensic institutions in Canada, comparing SAVRY with YLS/CMI and PCL:YV. Participants' ages ranged from 15-19 years, with 63 males and 11 females. A little over half were white. Rather than interviewing the young people whose offending patterns they were following, the authors relied on forensic file data to complete their initial assessments. Follow-up data was derived from criminal record information derived from

corrections files. The authors examined the predictive accuracy of each instrument using areas under the curve (AUCs). They found that the three tools performed equally well for general offending and violent offending prediction. The AUCs for general recidivism were .74 for the SAVRY, .74 for the YLS/CMI, and .78 for the PCL:YV ($ps < .01$), indicating there is a 74 per cent to 78 per cent chance that an individual who recidivated will score higher on the tool than a nonrecidivist. For violent recidivism, the AUCs were .73 for the SAVRY total score, .73 for the YLS/CMI total score, and .73 for the PCL:YV total score ($ps < .01$). Thus, the study provides evidence of the ability of all three tools to differentiate risk for general and violent recidivism.

The relative predictive validity of the PCL:YV and YLS/CMI has been examined in a Scottish context by Marshall and colleagues. Marshall *et al* (2006) interviewed 94 young people (52 males and 42 females) in residential and secure accommodation. Total scores from PCL:YV and YLS/CMI assessments were retrospectively applied to staff-recorded incidents of violence, total number of charges and convictions and formally recorded assaults. The predictive accuracy of each tool was assessed using correlational and receiver operator characteristic (ROC) analyses. Analysis showed that for staff-recorded violence the PCL:YV produced an AUC of .73 while the YLS/CMI's AUC was .6, establishing the PCL:YV as a better predictor of recorded incidents. However, the instruments equally predicted the total number of charges and convictions and assaults. For the number of charges and convictions, the PCL:YV produced an AUC of .73, whereas for the YLS/CMI produced an AUC of .71. For assaults, the PCL:YV produced an AUC of .75, whereas for the YLS/CMI produced an AUC of .67. When subdivided by gender, the correlations for predicting staff recorded violence were significantly higher for males than for females for both PCL:YV and YLS/CMI ($p = .04$ and $p = .02$, respectively). Both tools were broadly equivalent in their predicting assault charges and convictions by gender.

The predictive utility of the PCL:YV among adolescent girls was examined by Odgers *et al* (2005b) in their study of 125 young women incarcerated at a correctional facility in the US. Participants were aged from 13 to 19 years and were mostly from an ethnic minority background. Each participant completed 6-8 hours of individual assessment and the researchers also drew on data from official files, social history reports, psychological reports, and educational assessments. Following release from custody, 62 young women were tracked via police record checks (conducted at least three months post release).

Results indicated that while a specific component of psychopathy – deficient affective experience – was related to concurrent relational ($\beta = 0.21$, $p = 0.01$) and physical ($\beta = 0.24$,

$p = 0.02$) aggression, the effect was negated once maternal victimisation experiences were entered into the models. The majority of young women had experienced victimisation by their primary maternal figure, with 88 percent indicating psychological abuse, 36 percent claiming that they had witnessed their mother engaging in violence against a romantic partner, and 53 percent reporting their own physical victimisation. Abuse by a maternal figure was highly predictive of concurrent aggression, physical ($\beta = 0.79$, $p = 0.00$) and relational ($\beta = 0.37$, $p = 0.001$). In addition, whereas PCL:YV scores were not predictive of future offending ($b = 0.03$, $p = 0.60$, $OR = 1.0$), victimisation experiences significantly increased the odds of re-offending. Specifically, the physical abuse total scores ($b = 0.92$, $p = 0.05$, $OR = 2.5$) and psychological abuse by primary maternal figure ($b = 1.2$, $p = 0.02$, $OR = 3.4$) increased the odds of being arrested for engaging in violence during the follow up period. While these findings do not provide evidence of a relationship between psychopathy and aggression (concurrent or future) within this population, they do highlight the need to develop a better understanding of the role of victimisation in understanding violence perpetrated by girls and young women.

3.5 Summary

While the number of children and young people who commit violent offences – particularly serious violent offences – is small, the impact of such behaviour for victims, offenders and communities makes high quality risk assessment paramount. Robust evidence about the characteristics of violent offenders is critical to this process, yet the literature is somewhat hampered by a range of outcome variables encompassing many less serious forms of anti-social and problem behaviour, along with a bias towards white, male offenders. The ability of existing tools to assess the harmful re-offending of violent children and young people is similarly limited. The difficulties of predicting such offences within adult populations are well documented (Monahan, 1996) and it can be argued that these problems are greater in relation to young offenders than adults, on account of the process of maturation and the often rapid rate of change that occurs during adolescence (Baker, 2004, 2007). In considering the literature on risk factors and the predictive validity of existing assessment models and tools, practitioners will also need to consider: their applicability to girls and young women, individuals from diverse ethnic backgrounds, and different types of violent offender; their transportability from a U.S. to a U.K. population (where applicable); and the timings and intervals of measurement adopted.

CHAPTER 4

CHILDREN AND YOUNG PEOPLE WITH SEXUALLY HARMFUL BEHAVIOURS

4.1 Introduction

Sexually harmful behaviour by young people is a comparatively recent field of knowledge, in which research, intervention and practice have been exploratory. Knowledge is still accumulating and much remains to be empirically confirmed. Systematic knowledge about children and young people with sexually harmful behaviour has been hampered by several factors, not least of which is that much of the research and practice publicly documented stems from the US where different legislative and punitive goals, as well as policy and practice arrangements governing the management of cases apply (Zimring, 2004).⁴ This dominance has important policy implications because the US as a whole generally weights punitive goals in youth justice more heavily than these countries or those of Western Europe and Scandinavia, other typical comparators for the UK. American interventions for young people engaged in serious violent offending or sexually harmful behaviour thus work in a context where many states legally treat such juveniles as adults. In addition, many of the states whose programmes feature most regularly in research on juvenile justice interventions are those where there are large ethnic and racial minority populations, and almost uniformly, substantially disproportionate representation of these minorities in criminal justice populations. The size and distribution of different ethnic and national groups in Scotland are distinctive and attention should be given to the viability of comparisons to the US, and also to the growing concern of commentators there that the criminal justice system itself may be contributing to their disproportionate subjection to penal control. These and other problems of policy transfer from the US to the UK are now beginning to be elaborated more systematically (Jones and Newburn, 2006).

This field is also characterised by uncertainty about terminology. Defining what does, and what does not constitute sexually abusive behaviour is problematic. A variety of terms are used to describe this sub-group e.g. 'sexual offenders', 'sexually abusive', 'sexually-aggressive', 'sexually problematic' and 'sexually reactive', and there appears to be little

⁴ This may be due partly to size: the US has an estimated population of 300 million, while the combined populations of Canada, the UK, the Republic of Ireland, New Zealand, and Australia – the set of anglophone countries most likely to come up in literature searches after the US – amounts to one-third of this (just over 100 million). See US Census Bureau website: <http://www.census.gov/ipc/www/world.html>.

consensus amongst practitioners (Calder, 2001, 2002; Moore *et al*, 2004; Masson and Hackett, 2003). The diversity of terminology, whilst probably inevitable given the potential range of behaviours covered, can lead to confusion (Masson and Hackett, 2003: 112).

**Key Methodological Limitations to Research and Practice in Relation to
Young People with Sexually Harmful Behaviours**

1. Relatively undeveloped field of research and practice.
2. Reliance on research and concepts based on convicted adult offenders.
3. Often insufficient account taken of crucial developmental differences.
4. Few empirically-derived models.
5. Lack of treatment outcome studies.
6. Very few validated specialist risk assessment tools.
7. A need for more research to inform development of assessment tools, and to improve availability of information and outcomes.

Much of the available empirical research on children and young people who sexually offend suffers from severe methodological limitations. Most significantly, it has tended to be based on populations of adult offenders convicted of sexual offending, and consequently there has been a reliance on assumptions borrowed or adapted from research on adults (Moore *et al*, 2004) with little attention paid to crucial developmental differences. There are few empirically derived clinical models or typologies, a lack of treatment outcome studies, and very little in the way of adequately validated actuarial risk assessment (Rasmussen, 2004).

According to Moore *et al* (2004) in their review of the assessment and treatment of youth who sexually offend in the US, the majority of factors statistically associated with young sexual offenders fail to discriminate sexual offenders from: each other, from offenders of non-sexual crimes, or from general population controls. As such, what is known about children and young people who sexually abuse remains relatively limited (Hutton and Whyte, 2006).

That said, a number of recent publications reviewing UK systems and practice suggest that the problem of sexual abuse by children and young people is better appreciated both by the professional community and by government than a decade ago (Hackett *et al*, 2003; Hackett, 2004). A key finding is that, whilst there are shared characteristics, young people who sexually harm are a *heterogeneous* group (Moore *et al*, 2004) displaying considerable diversity in terms of behaviour displayed, as well as in relation to broader developmental

issues relating to age, gender, family background, educational and intellectual capacities, experiences and motivations (Hackett, 2004).

Yet, there remains a tendency to overlook the importance of heterogeneity amongst this group. Vizard (2006) argues that the significance of sexual abuse by young people is often misinterpreted by seeking a simple, 'one size fits all' label. She criticises as 'misguided' the search for an 'all-encompassing term that will cover children as young as 6 or 7 years old with persistent, over-sexualised or sexually aggressive behaviour, 11 year olds who may have committed penetrative offences and have faced criminal charges, as well as older adolescents with established sexually offending behaviour towards younger children or adults' (2006:2).

Whilst much of the US and some European literature maintains that children and young people who sexually abuse are an under-estimated and growing population (see for example, Prescott, 2004; Langstrom, 2002), others have criticised the over-reliance on national crime statistics for estimating prevalence (Moore *et al*, 2004). The number of programmes and interventions have burgeoned, particularly in the US where, by the late 1990s, there were over 300 programmes that offer 'specialized treatment for sexually abusive children' who are younger than 12 years old (Ryan 1999: 428). In the UK, whilst it is acknowledged that young people between the ages of 10 and 18 years commit a substantial minority of sexual offences (Hackett, 2004), it is also argued that the numbers likely to pose a great danger to others is very small (Hutton and Whyte, 2006).

Like so many other areas of delinquency research and social exclusion research, there is a disproportionately low amount of attention devoted to research and interventions targeted at girls and young women. While girls and young women make up a very small proportion of children and young people engaged in sexually abusive behaviour, research on this group is even more sparse. Hunter and colleagues (2004: 182) reported that one US community-based program for young people had dealt with 245 males and 15 females who were adjudicated delinquents on sexual assault charges, a rate of almost six percent girls.

4.2 Specialist Tools

Hackett *et al* (2003) identified a number of tools being used across the UK including ASSET (Youth Justice Board, 2000), YLS/CMI (Hoge *et al*, 2002b), LSI-R (Andrews and Bonta

1998), ACE (Gibbs 1999), AIM (Print *et al*, 2001), all of which, with the exception of AIM, were not specifically designed for the purpose of assessing risk of harm from children and young people engaged in sexually abusive behaviour. Masson and Hackett (2003) report that, despite its limitations, ASSET was the most commonly used tool amongst 75 services reviewed in the United Kingdom and Ireland. However, the AIM model was used by 57 per cent of services; MATRIX 2000, despite being designed for use with adults, was being used by 13 per cent of respondents (Id.).

Some specialist agencies in Scotland such as HALT in Glasgow and Lighthouse in Edinburgh have devised their own assessment frameworks. Risk Matrix 2000 (Thornton, 2000) has been adopted by police and social work across Scotland for use for males aged at least 18 who have been convicted of a sex offence, but was not specifically designed for use with children and young people. Other standardised assessment tools currently in use in Scotland such as ASSET, ONSET (Youth Justice Board, 2003) and YLS/CMI (Hoge *et al*, 2002b) are used to assist in identifying general crime related risks and social needs, and to contribute to integrated action plans and to data management.

4.2.1 The Assessment, Intervention and Moving-On Project (AIM)

The Assessment, Intervention and Moving-On Project (AIM), a multidisciplinary development project based in the Greater Manchester area, was set up in January 2000 to improve the way that professionals respond to young people aged 10 to 17 years who display sexually harmful behaviour. The initiative arose from a study conducted by the Youth Justice Trust which identified major shortcomings in the way in which young people were assessed (Youth Justice Board, 2003)

The AIM framework presents guidelines for practitioners from a wide range of agencies, providing a common language and shared approach to tackling sexually harmful behaviour. It offers a common assessment framework, considering offence-specific and developmental factors, the role played by parents and carers, and environmental dynamics, and is designed to obtain the maximum valid information that, when synthesised, can help to shape an informed and graduated interagency response (Print *et al*, 2001). As reported in RMA's Risk Assessment Tools Evaluation Directory (RATED version 1) (2006), AIM provides a framework for the initial assessment of young people attempting to assist professionals to open a dialogue between professions, young people and their families/carers, and to create consistency of assessments. The model incorporates the following key components for a comprehensive assessment:

- 1 Assigning a lead agency which identifies assessors, consultant and date for completion of assessment report.
- 2 Applying the assessment to assist in decisions about the identification of services and where to place them.
- 3 Covering four domains of assessment: (a) Offence specific (b) Developmental (c) Family/carers (d) Environment.
- 4 Applying the assessment to construct an outcome matrix which provides a framework within which to structure decision making.

A notable feature of the AIM assessment tool is the attempt to assess 'strengths' as well as 'concerns'. It considers indicators of strength that focus on the individual, such as the ability to reflect and understand consequences of offending behaviour, as well as familial and other factors such as living in a supportive environment, having good relationships with school, and other available support networks (Print *et al*, 2001). Other tools, notably YLS and ASSET also consider familial and other factors. Indeed, there is growing interest in the development of 'strength-based' interventions (Ward and Stewart, 2003). An example of a new assessment tool that focuses on strengths as well as risks is the MEGA (Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children, ages 19 and under). This tool has yet to be validated (Miccio-Fonseca and Rasmussen, 2006).

Griffin and Beech (2004) conducted a two year evaluation of the construct validity to assess the reliability and usefulness of AIM. The assessment uses scales of both concerns and strengths and the results are brought together in an outcome matrix. The 'strengths' element was validated using the Behavioural and Emotional Rating Scale (BERS) and the Family Assessment Measure version III (FAMIII). The 'concerns' element was validated using a rating scale based on ASAP, a psychometric assessment procedure. It was found that the inter-rater reliability was high for most subscales but moderate for concerns for one of the two case studies used. The factor analysis indicated that the strengths dimension was only partly independent of concerns. There was 75% agreement with strengths-focused scales (FAMIII or BERS) but only 35% agreement with ASAP (concerns). Griffin and Beech (2004) recommended changes to improve the reliability and coherence of the instrument and to introduce a 'medium concern' classification, but concluded that there is evidence to suggest that the AIM framework has been able to achieve a good level of implementation across agencies and that it holds promise as a reliable and valid instrument.

4.3 Assessing Risk of Re-offending

The problems associated with assuming that adult risk instruments will be suitable for the task of identifying risk and need and allocating individuals to treatment programmes have already been stated. The development of adult scales relies upon the predictive power of prior offending patterns over a number of years. For young people data on offending patterns differs from that of adults. Miner (2002) found that predictors of youthful sexual recidivism were not the same as those for adults. Young people are very different from adult sexual offenders in that they have lower recidivism rates, engage in fewer abusive behaviours over shorter periods of time, and exhibit less aggressive sexual behaviour (see, for example, Miranda and Corcoran, 2000; Weinrott, 1996). The work of Moffitt *et al* (2001) has shown that adolescent offending frequently fits into two patterns: 'adolescent limited' or 'life course persistent', whereby the former refers to a pattern of offending which spontaneously decreases and stops in late adolescence and the latter to a persistent and often escalating pattern of criminal activity as the individual moves out of adolescence and into adulthood. The work of Moffitt and her colleagues (2001) has clearly indicated the difficulties of being able to differentiate such patterns for young people who offend, and this may well suggest similar patterns for some young people who abuse sexually: their sexually harmful behaviours as adolescent and teenagers may not necessarily be the precursors of similar activity in adult life.

A diagnosis of psychopathy implies that the risk of recidivism is higher than average (Zamble and Palmer, 1996), and the extent to which a test for psychopathy can be successfully applied to a young population has been explored in research on young people with sexually abusing behaviour. While some evidence suggests that psychopathy can be detected in young populations, there is no single clinical instrument that can currently identify young people with psychopathy with an increased risk of sexual recidivism (Loving and Gacono, 2002). And, it is important to remind oneself of the concerns noted in the previous chapter about applying the concept of psychopathy to children and young people.

Whilst several studies undertaken in the US report low sexual re-offending rates amongst juveniles (see, for example, Martinez *et al*, 2004 cited in Righthand *et al*, 2005), other studies report relatively high recidivism rates (see for example, Langstrom, 2002). According to Righthand *et al* (2005), these differences are likely due to methodological and sampling differences, but most studies concur that there is a sub-group of persistent offenders 'at risk' of re-offending, a view which is consistent with research on young offenders in general.

However, as far as we are aware, there is as yet no scientifically validated test or instrument in the UK that can reliably determine whether a young person will commit a subsequent sexual offence. There are some US instruments that are under development and two have been the subject of validation studies. These are discussed below.

4.3.1 The Juvenile Sex Offender Assessment Protocol (J-SOAP)

First devised in 1994, J-SOAP is a checklist of risk factors derived from the literature and organised to provide structured review of risk of recidivism among juvenile sexual offenders (Righthand *et al*, 2005). Designed for use with boys in the age range of 12 to 18 years, convicted or suspected of sexual offences, it uses 28 items in four categories to facilitate risk assessment and risk management. These categories are: sexual drive/preoccupation; impulsive, anti-social behaviour; clinical intervention; and community stability. This tool is used in the Forensic Child and Adolescent Mental Health Service in Scotland. It is not intended to be used as a sole guide to assessment, but to be used in conjunction with other measures. Its predictive validity is not yet confirmed.

It has been subjected to a series of studies in the US that have sought to examine its psychometric properties and its predictive validity. Prentky and Righthand (2003) report eight validity studies in United States with a further follow up study of 813 offenders. More recently, as noted in RATED version 1 (2006), Righthand *et al* (2005) assessed results from three validation studies, one of which looked at the factor structure of the items, while the other two examined concurrent validity by looking at J-SOAP Scales 1 and 2 in relation to the Level of Service Inventory-Youth Version. These latter two used YLS/CMI and other variables to assess the ability of J-SOAP scales to differentiate between juvenile sex offenders in the community and those in residential placement. Inter rater validity was found to be high. Additionally the validity of the J-SOAP was found to be highly correlated with the Youth Level of Service/Case Management Inventory (YLS/CMI) (Righthand *et al*, 2005, in RATED, 2006). Overall, the findings provide reasonable support for the validity of J-SOAP. Waite *et al* (2002) applied the J-SOAP to a dataset gathered over a nine year follow up of 253 juveniles with a history of sex offence perpetration. Although the base rate for further sexual offending was very low in this study population, those rated high were three times more likely to be reconvicted of a sexual offence than those rated in other categories.

4.3.2 Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR)

ERASOR is an empirically guided checklist designed to assess short-term risk of sexual re-offending (Worling and Curwen, 2001). As noted in RATED version 1 (2006), this tool is designed only to assess risk of recidivism with 12-18 year olds who have previously committed a sexual assault. It incorporates a 25-item tool grouped in 5 categories with a professional opinion rating of low/moderate/high risk rating. The categories are: sexual interests, attitudes and behaviours; historical sexual assaults; psychosocial functioning; family/environmental functioning; and treatment (Worling, 2004). Many of the items are, however, derived from risk factors for adult sexual offenders, and hence this suffers from the methodological limitations mentioned at the start of this chapter.

There is evidence of the tool's ability to identify the presence or absence of risk factors. Bourgan *et al* (2004) conducted a community versus residential setting comparison of 115 clients, using ERASOR to assess changes in treatment (N = 53). They found that the tool performed well in both contexts. Risk rating data collected by 28 clinicians of 136 adolescent male cases indicated reliability in the tool (Worling and Curwen, 2001; Worling, 2004).

4.4 Using Information from a Range of Sources

Baker (2007) urges that it is crucial to ensure selection of an instrument that has been evaluated as appropriate to the key characteristics of the individual concerned. Assessments should aim to identify and gather information from the range of systems that are significant to the young person, such as family, peer group, school and community. Assessment should include an examination of onset, motivating factors, types of behaviour exhibited, changes in the behaviours over time and responses to attempts to resolve such behaviours (Hutton and Whyte, 2006). Appropriate in-depth assessment supports access to the right services and avoids levels of intervention that are either too intense or insufficient for meeting individual needs. Some possible consequences of an inadequate initial assessment are highlighted by Print *et al* (2001) as:

- Under or over-representation of risk.
- Failure to provide the appropriate services.
- Low concern cases referred for intensive and lengthy intervention programmes.
- High concern cases not receiving sufficient level of intervention.
- Neglect of wider family and social factors influencing offending behaviour.

- Failure to engage parents.
- Interdisciplinary conflicts and miscommunication.

4.5 Assessment as an Ongoing Process

Hackett (2004) describes assessment as a cyclical and ongoing process with five key goals:

1. Problem explanation – understanding the sexual behaviour within the context of the individual young person's overall psychosexual, emotional and social functioning.
2. Risk formulation – identifying those features that are relevant to considering level, nature, seriousness, imminence and victims of the young person's risk.
3. Risk management – identifying the degree of control, restriction or supervision required to manage assessed levels of risk.
4. Intervention planning – identifying areas where change is needed and how it can be achieved to support the young person to live a non-abusive lifestyle.
5. Evaluation – assessing how change will be evaluated and progress measured.

The process must be revisited as new information is produced and previously unknown offences are brought to light.

National guidance for the monitoring and supervision of young people involved in sexually harmful behaviour is currently being developed in Scotland. The aim is to:

- create measures to improve the identification, risk assessment, planning for and management of this group of young people;
- create specialist programmes to address offending, in both community and residential settings;
- ensure workers have sufficient expertise;
- ensure young people are supervised appropriately as they move from youth into the adult justice systems, and that appropriate information is transferred with them;
- ensure all services for this group are supported by quality assurance systems (Irving, 2005).

Given the uncertain nature of prediction in this field, it has been argued that we may never have very precise predictive tools (Morrison, 2004). As a consequence, good professional

judgement and effective case management systems are a vital part of an effective response to monitoring, supervising and caring for these children and young people.

The importance of inter-agency arrangements is a priority in this regard. The role of specialised assessment and treatment services for young people who sexually abuse makes it crucial that well-planned and cooperative relationships are maintained among all involved agencies. The integration of services to meet the quantity and range of needs is therefore key.

4.6 Summary

This chapter has addressed the risk assessment literature on children and young people who engage in sexually harmful behaviours. This literature is hampered in much the same ways as that which concerns risk assessment of children and young people engaged in violent offending. Robust evidence about the characteristics of this group is vital, yet an over-reliance on US research and practice has occurred without systematic consideration of its applicability to the UK. The need to assess the risk posed by young people who sexually offend remains a high priority in the youth justice system. Yet, there are very few specialist tools designed specifically for young people, and only one of these, AIM, has been validated in the UK. The predictive ability of existing tools to assess the risk of sexual re-offending by young people is similarly limited. To the best of our knowledge, the only empirical efforts to develop scales for assessing risk of repeat sexual offending have been limited to J-SOAP and ERASOR, neither of which have been validated in the UK. Indeed, many of the same issues and problems impact upon the risk assessment of this group as upon that of children and young people who violently offend. There is a clear need for more research to improve availability of information and outcomes for young people involved in violence and sexual aggression.

CHAPTER 5

PRINCIPLES AND PRACTICE IN CONTEMPORARY RISK MANAGEMENT

Key Features of Risk Management of Children and Young People

1. Importance and broad influence of a developmental perspective in responding to the offending behaviour of children and young people.
2. Widespread support of the principles of *risk* (targeting the most intensive services to those who present the greatest and most serious threat of harm) and *need* (tailoring interventions to the specific identified needs of the young person), but alongside a typical inability to achieve this due to a number of factors.
3. Emphasis in interventions on imparting practical skills and using problem solving approaches.
4. A greater focus than previously on a young person's strengths and the strengths and resources of his or her community and caregivers in achieving reduction of offending goals, as opposed to a more traditional emphasis on addressing deficits.
5. Multi-modal interventions targeting the young person and also including therapy or group-work for families and carers, engagement with other key actors like teachers or social workers, and attention to a wide array of issues (employment, mental health, medical care, drug and alcohol treatment).
6. Influence of a variety of theoretical influences and modes of working, most commonly CBT, relapse prevention, and family systems theory.
7. Increasing attention to the need for and importance of multi-agency working in light of the multiple systems that typically engage with these young people.

5.1 Practising Risk Management in Relation to Children and Young People

Despite their limitations, risk tools have provided a helpful mechanism of standardising practice within and across agencies, but the particular techniques of standardisation – use of statistical models and numericised language, the preference for quantitative and experimental methodologies – stoke the fires of criticism. There remains a great deal of uncertainty about 'what works'. It is becoming clear that risk assessment and management should guide and validate rather than displace professional judgement in managing young people's offending risk.

Different aims of risk management lead to relatively more narrow or broad conceptions of what it encompasses, and it is important to clarify what the purposes of risk management are when considering the value and applicability of research. With regard to risk

management of *adults* with histories of serious sexual offending, for example, the contemporary political climate treats risk management almost exclusively in terms of control and public protection.

For those working with *children and young people* who offend, however, there is a growing tendency to view risk management more broadly as the deployment of a range of interventions which seek to address both the needs of the young person as well as the interest of the public in protection from danger. Such a broader view of risk management, even for young people who engage in sexually abusive behaviour, has gained momentum since the late 1990s as a developmental perspective has increasingly come to influence the field. This developmental view recognises that children and young people's personality and behavioural patterns are far from fixed and that stabilizing and supporting the normal maturation process can lead them away from engagement in harmful, victimising conduct. Thus this view of risk management entails a holistic approach which targets the young person's overall situation, including their personal and social relationships. In dealing with the problem of sexual offending, Ryan (1999: 432) expresses the difference between a narrow, control focused concept of risk management and a broad, contextualised one as that between 'the management of sexual deviance [and] the invitation to become responsible'. Hence a broad notion of risk management also incorporates an interest in engaging the person in the development of pro-social skills; rather than treating deficits, one seeks to work with and build on a person's capacities. It is this latter, wider notion which is now beginning to seep into practice, and research programmes (e.g. by examining users' views of different intervention strategies, Hackett *et al*, 2003). However, the magnitude and long-lasting effects of harm caused by serious violent and sexually aggressive conduct, mean that – regardless of the age of the perpetrator – there will always be concern about issues of control.

5.2 Linking Assessment, Supervision Planning and Case Management

Risk management is an area where the activities of professionals may be viewed harshly in the light of serious incidents (Kemshall, 2001:39). Even where practitioners develop the knowledge and skills required to use risk/needs assessment instruments judiciously and effectively, a further challenge exists in ensuring that strategies for intervention and risk management are properly developed from the assessment. Difficulties in building bridges between effective risk assessment into effective intervention and risk management have

been noted repeatedly in the literature (Arnall *et al*, 2005; Merrington, 2001; Masson and Hackett, 2003; Roberts *et al*, 2001; Baker *et al*, 2006).

Several recent UK and Canadian studies have begun to explore the relationships between risk assessment, supervision planning and risk management. For example, in the context of probation in England and Wales, Merrington (2001) found, in an exploration of the use of the ACE (Assessment, Case Management and Evaluation) system, that even where problems were identified in the assessment as being 'very offending-related', only 52 per cent of action plans featured objectives related to these problems. Amongst 'very offending related' problems, alcohol (83 per cent), drugs (80 per cent), mental/emotional health (69 per cent), aggression (62 per cent) and accommodation (60 per cent) were much more likely to be targeted than lifestyle (14 per cent), attitudes (16 per cent) and impulsiveness (22 per cent).

Looking further afield, Bonta *et al* (2004) report how probation officers in Manitoba used risk-needs assessments. They discovered that although the officers used the tools effectively to identify needs and risk factors, their intervention plans were driven more by the wishes of the courts than by what the tools suggested would be the most promising targets of intervention. As a result, addressing the probationer's criminogenic needs in and through supervision was not as common as the researchers had expected.

Roberts *et al* (2001) report that practitioners often viewed the completion of the ASSET forms as an isolated piece of work not linked to other tasks such as report writing, reviewing progress or intervention planning (Roberts *et al*, 2001). The most recent ASSET report (Baker *et al*, 2005) examined 150 completed intervention plans from two YOTs. Once again, the researchers found that often plans did not reflect the outcomes of the assessment. For example, 'issues identified as being associated with a high risk of re-offending were not always incorporated into intervention plan targets... [and]... there appeared to be a tendency to create 'standardised' plans...' (Baker *et al*, 2005: 4)

The gap between assessment and intervention is mirrored by differences in the perceptions of young people and their workers about their needs. Roberts *et al* (2001) found significant agreement between young people and their workers in their ratings of the likelihood of re-offending, but in comparison to their workers, the young people tended to underestimate their offence-related problems.

5.2.1 Relationships between offenders and case workers

The existence of this incongruence is, perhaps, not surprising, but it is highly problematic if it signals tensions or difficulties in the relationships between offenders and their supervisors. The establishment of effective working relationships is a critical factor in effective interventions (Rex 1999, Trotter 2006). Many young people involved in persistent or serious offending have had histories of damaging and damaged relationships (Liddle and Solanki, 2002; McNeill and Batchelor, 2002). Their willingness both to recognise their difficulties and to embark on challenging processes of desistance is very likely to require development of trust between the young person and the worker. To the extent that the risk/needs assessment depends on the worker's ability to glean information (sometimes about very sensitive issues) from the young person, its accuracy will depend upon the establishment of trust. McNeill *et al* (2005) suggest that the worker will also need to develop moral legitimacy if she is to win the right to influence the young person and that this requires the appropriate exercise of authority, the expression of genuine concern for the young person and an awareness of and respect for their perspective on their problems.

Whilst it is recognised that the effectiveness of interventions require the possibility of a therapeutic relationship in which the young person can be both emotionally vulnerable and totally honest, this can be compromised – along with the practitioner to engage the youth – when threat of prosecution (or other sanction) lurks in background (Hunter and Lexier, 1998).

Even where strong relationships can be nurtured so that risk/needs assessments are based on effective engagement of the young person (and for that matter significant others around him or her), the challenges of developing effective approaches to intervention and risk management remain daunting, particularly in cases where significant risk of serious harm is identified. Kemshall and Wood (2007) argue that risk management is always about harm reduction which is achieved either through reducing the likelihood of an offence occurring or through reducing the impact of an offence should it occur. However, they make an even more important distinction in recognising that risk management can be *coercive* or *integrative*; the former essentially seeks to *control* offenders through surveillance, restrictions, enforcement and sanctions whereas the latter seeks to enable offenders to *change* through various kinds of positive intervention. As McCulloch and McNeill (2007) note, although control measures appeal to the need for immediate reassurance that risk is being managed, they are only ever as good as the technologies and practices of surveillance on which they rely – and they are effective only for as long as these expensive

measures are maintained. Change-based approaches by contrast offer less short-term reassurance but in the longer term only such approaches can generate durable internal self-controls. The choice between these strategies (or more likely the ways in which they are likely to be combined) often depends on the response of the offender. Yet again, this returns us to the central issue of relationships because the offender's response is not merely the product of their disposition, motivation and attitudes (that is, it is not merely about their readiness for change), it is also a product of the quality of engagement that the worker is able to generate.

5.3 Limitations of the Literature on Risk Management

Before reviewing approaches and models of risk management in relation to sexually harmful behaviour and violence, and considering how the Scottish context might affect transferability of these ideas, this section notes some of the important limitations of this literature.

Unfortunately, development of a large pool of high quality and empirically-validated social scientific research has been vastly outpaced by political and public interest in serious offending by young people and children. This has led to a great deal of pressure on and investment in programmes despite minimal, weak or flawed evidence of effectiveness. While this section presents information about different kinds of risk management strategies and models, it should be read with an awareness of the many limitations of current research. Risk management literature provides a large amount of information about the kinds of approaches that *might be* or are reliably demonstrated to be *moderately* helpful; however, no approach can be said to have unconditionally rigorous evidence of effectiveness. Writing in the late 1990s, Swenson *et al* noted,

'[a]t present, little scientific evidence supports the effectiveness of any treatment with adolescent sexual offenders' (1998: 336).

However, the evidence base for work with this group has improved, and there is also a reasonable body of research on effective interventions for young people who engage in violent behaviours. Nevertheless the responsible reader should be aware of common limitations of the literature. These include the following:

1. *Populations studied are too small to generate statistically reliable findings or serve as a basis for justifying transferability of a project.*

This is an endemic feature of specialist programmes for young people who are sexually abusive, for example, since their numbers in any given jurisdiction tend to be very small. Sheridan *et al*'s (1998) study of an Irish program for adolescent boys who had sexually abused others drew its sample of 22 from a total population of only 30 youths, which represented all of those who had entered treatment between 1990 and 1996. One of the studies most frequently cited as having a rigorous research design and providing evidence of the positive effect of multi-systemic therapy (MST) of juvenile sexual offenders had a population sample of only 16, and this sample was further reduced to only 8 who received treatment compared to 8 assigned to a control group (Borduin *et al*, 1990).⁵

2. Research on programme effectiveness is conducted by people who work for or designed the initiative under review.

It has become axiomatic that decisions about programming should be informed by high quality empirically informed research evidence. The 'what works' movement has played an important role in shaping this conviction, with key participants such as McGuire and Priestley (1995) noting that:

'It is self-evidently advisable that staff develop a regular practice of monitoring and evaluating programmes. Information so gained should be disseminated, applied and tested in other contexts' (pg. 22).

However this has led to blurring of distinctions between managerial data collection and social scientific research, and between programme monitoring, policy evaluation and programme advocacy. While more providers are collecting data that could be useful in their internal management and documentation processes, this 'evidence' increasingly also is being published in refereed journals and in books (e.g. Chamberlain, 2003; Borum and Verhaagen, 2006; Sheridan *et al*, 1998; Greenwald, 2002). Moreover, researchers operating under the 'what works' aegis are also evaluating, so far in exclusively positive terms, their own practice models (e.g. Dowden and Andrews, 2004). These sources of knowledge are then cited in literature reviews and meta-analyses and are not distinguished from other kinds of research, for example that adhering to best practice principles for social scientific research design and conflict of interest minimisation. This is troubling given research showing that when local providers claim their programmes have achieved goals for reducing young people's offending, that

⁵ The promising findings of this small scale study have led to a number of larger attempts to replicate the results. One of the largest is due to report sometime in 2008 (www.mstservices.com).

'[s]ometimes these claims were not supported by evidence, and, overall, the amount of evidence provided was limited (Feilzer *et al*, 2004).

All forms of knowledge may be useful but it is important to recognise different sources, their values and limitations, including validated social scientific research, internally generated programme descriptions and evaluations, practice notes, and position papers.

3. *'Common sense' intuitions, interpretations and ideological convictions about effectiveness are treated as evidence of effectiveness, without argument or reference.*

Hunter's (1999) survey of research on juvenile sexual offending behaviour includes the claim that '[a]djudication and supervision typically prove useful in ensuring client accountability and compliance with treatment, as well as a means to prevent future victimization' (1999:6). No reference is given for this claim, and research conducted as part of the present literature review found no evidence supporting this point; in fact, there are suggestions that the opposite is true, i.e. that the threat of penal sanctions is a poor motivator for engaging youth in the treatment process.

4. *Definitions of key variables are missing or insufficient.*

Some studies provide very little in the way of definitions of key terms and variables. For example, Fanniff and Becker (2006) reported on several studies that measured treatment effectiveness according to changes in arousal by 'sexually deviant' images without ever describing how these studies defined 'deviance', if at all. Sheridan *et al* (1998: 172) reported 'under a quarter [of young people were] viewed as reluctant participants of the therapeutic process': who judged reluctance, and what counted as reluctance or enthusiasm? This is a crucial lapse in the study of sexual misbehaviour, given the historically contingent and socially loaded meanings of 'normal' and 'deviant', echoing the definitional concerns raised in the previous chapter. This is one part of the wider problem in which methodologies are often presented too briefly to be able to evaluate the evidence fully, which may in turn be contributed to by the substantial contribution of practitioner self-evaluation to research in this area.

5. *The literature is dominated by US research and practice.*

The dominance of North American research, journals and practices identified in English language searches of risk assessment and risk management literature, and the problems of transferability of policy and practice to a UK context has been noted in Chapter 4.

It is also important to acknowledge some of the ethical issues that pertain in risk management of children and young people engaged in offending behaviour. Perhaps foremost is the necessity of making decisions without the comfort of empirically-verifiable research evidence. Furthermore, US research dominance means attention to approaches and practices that otherwise might not be seen as culturally or ethically appropriate (e.g. use of penile plethysmography for boys and young men).

5.4 Managing Risk in Violent Offending

Writing in a CAMHS context, Susan Bailey (2002: 104) outlines the following principles of managing risk in children and young people who commit violent offences:

- Gather information from several sources.
- Accept that risk cannot be eliminated or guaranteed: it is dynamic and must be reviewed frequently.
- Throughout the process, be clear about the exact role of each member of the child mental health team and have clear channels of communication within the team.
- Where there is multi-agency involvement in the process, decisions should not be made by one person alone.
- Some risks are general, others are specific and have specific victims.
- Outcomes should be shared but within the boundaries of 'need to know' and level of confidentiality explained.

Sheldrick (1999) concurs with many of these points, directing clinicians not to ask whether or not a young person is dangerous, but rather to consider the risks that he or she poses in specific circumstances. By doing so, she argues,

'All-or-none decisions are avoided and a plan of management is drawn up to modify risks and build on strengths, thereby ensuring flexibility. Short-term predictions allow management by a series of steps. A single assessment is of initial use but a risk path involves taking small, rather than large, steps that can be retraced if necessary, thereby making management a continuous process' (Sheldrick, 1999: 515).

Communication of information, she claims, is also crucial. The management plan should include a clear record of: who the key worker is; which other professionals are involved and

what their roles/responsibilities are; the contingency plan, should any concerns arise; and procedures for monitoring and review of the case:

'It is important to share the right amount of information with those who need to know if multidisciplinary and interagency working is to function effectively ... Where professionals from more than one agency are involved the adolescent needs to be told that some information sharing is necessary. Information can be shared with someone else with the individual's consent; on a 'need to know basis, when the recipient will be involved with the individual's care or treatment; and, in some cases, if the need to protect the public outweighs the duty of confidence to the individual' (Sheldrick, 1999: 515).

5.4.1 Interventions for Violent Offending

There have been few systematic evaluations of interventions for children and young people who commit violent offences; however there is evidence that integrated or multi-modal intervention packages are more effective than interventions that target only a single risk factor (Wasserman and Miller, 1998). Successful interventions targeting risk factors for serious and violent offenders contain the following components: family- and parent-focused components (e.g. parent management, family preservation); child-focused components (e.g. social competence training and academic skills); and those that make use of medication for various forms of child disruptive behaviour disorders (Id.).

In their meta-analysis of 200 experimental and quasi-experimental intervention programmes for reducing the recidivism of serious and violent juvenile offenders in the US, Lipsey and Wilson (1998) found that the most effective programmes for offenders in the community involved interpersonal skills training, behavioural approaches (mostly behavioural contracting), individual counselling, and drug abstinence programmes. The most effective types of treatment for institutionalised offenders involved interpersonal skills training, cognitive-behavioural programmes, and 'teaching family homes' (community-based, family style, behavioural modification group homes, administered by a couple referred to as 'teaching parents'). For both institutionalised and non-institutionalised offenders, the 'average' intervention programme represented in the research literature produced positive, statistically significant effects equivalent to about a 12 per cent reduction in subsequent offending rates. The best programmes were capable of reducing recidivism by as much as 40 per cent.

5.4.2 What about Girls?

In a study commissioned by the Youth Justice Board (Arnull *et al*, 2005), the authors found that among the 100 young people identified as persistent offenders or young people at risk of becoming persistent offenders, girls experienced higher levels of violence, abuse and mental health problems compared to the boys in the study. 'The lack of apparent interventions targeted directly at high levels of need [demonstrated by the girls] is surprising, and not easily accounted for' (Id.: 146). There seemed to be a pattern of YOT staff acting more informally and attempting to handle the girls' problems themselves rather than making referrals; for example, the study documented one case of a YOT staff member informally discussing the suicide attempts of one young woman without ever making a referral to or consulting mental health personnel (Id.). There is no obvious reason to believe that improvements in the knowledge base of effective interventions for young people in general would not apply to girls and young women specifically, as with the incorporation of a developmental perspective and the gradual shift in focus towards more holistic as opposed to offence-based intervention plans. However, research is needed to test this assumption. What research does show is that by the time girls have registered on the radar of youth justice agencies, they have experienced higher levels of, or more intense, exposure to traumatic and extreme events such as violence and drug abuse, and this demonstrates an urgent need for consideration of the specific treatment issues and needs of this group (Batchelor and Burman, 2004).

One programme that is tailored specifically around the needs of girls is a 'therapeutic mentoring' approach adopted by one American jurisdiction and described in Eels (2003). Girls are brought together to socialise in a non-competitive environment and are mentored according to a strengths perspective. Data were being collected on the programme to conduct an evaluation of its outcome (Id.), but it is included here nonetheless because it is a rare example in the literature of coverage of any kind of programme designed specifically for girls and young women who offend.

5.5 Managing Risk in Sexual Offending

With particular regard to young people engaged in sexually abusive behaviour, risk management has evolved considerably since the early 1990s (Masson and Hackett, 2005: 174). Prior to this, concern about the threat of such offending translated into intervention strategies that prioritised public protection and were based on alarmist assumptions about

the trajectory and treatability of young people's sexual offending (Ryan, 1999). Although media representations of risk management focus on control and surveillance, practitioners and researchers experienced in working with such young people are seeking more balanced strategies and debate. The balance to be achieved is that between maximising protection from a minority (of a group which is small already) who present the highest risk of committing the worst and most enduringly harmful kinds of acts, and engaging with all of those falling into the sexual abuser category as people capable of change, and as individuals with specific needs.

5.5.1 Utilising a Developmental Perspective

One of the biggest shifts in the treatment of young people engaged in sexual abuse has been the adoption of a developmental perspective in place of previous preoccupation with the cycle of abuse and an exclusive focus on offence-based work (Ryan, 1999). Adoption of a developmental perspective that recognises both the necessity of tailoring interventions to the age and stage of the individual young person and addressing the young person's needs and problems in a holistic way have by now become uncontroversial underlying assumptions in risk management (e.g. Masson and Hackett, 2003, citing Chaffin and Bonner, 1998; Bentovim 1998; Swanson *et al*, 1998, Ryan, 1999).

Hackett *et al* (2006) found the strongest consensus among practitioners (99% 'highly agreeing') around the view that children with sexually abusive behaviours 'are first and foremost children and should not be regarded as mini-adult sex offenders' (2006: 149), that 'work with young people should be developmentally appropriate' (99%), and that one 'cannot assume that research, models, and methods designed for adults can be applied to adolescents' (2006: 151).

Acceptance of the idea that childhood and especially adolescence are intense periods of development in which fundamental issues of identity and control are worked out leads to the possibility that 'any child might exhibit some sexually abusive behaviour once or occasionally as they try to make sense of the pervasive sexual stimuli in our culture' (Ryan, 1999: 428). Approaching interventions with young people from a developmental perspective means that treatments ideally are tailored to individual circumstances, and accepts that each young person presents a specific set of needs and risks. Thus there can be recognition that a small proportion of young people displaying concerning sexual behaviour are 'at particularly high risk of re-abusing and re-offending' and they 'require very strong levels of

external management' and have treatment needs that are 'extensive and complex' (Hackett *et al*, 2006: 155).

A developmental perspective dovetails with the influence of attachment theory on the field. As discussed in previous chapters, the family environment and particularly low levels of warmth, nurturing and cohesion are typical features of offending young people's histories and important predictors of risk (see also Swenson *et al*, 1998; Vizard, 1997; Woods, 1997; Farmer and Pollock, 2003). As discussed earlier, addressing these issues has not infrequently produced 'one size fits all' treatment packages, which 'were seen as less useful, when dealing with the developmentally diverse needs of young people, than personalised programmes of individual work' (Masson and Hackett, 2005: 169) 'in which the youth can grow' (Hackett *et al*, 2003: 154).

5.6 Treatment Approaches

There is no single treatment approach or programme model that is universally employed or supported by research evidence. In attempting to capture the nature of risk management of young people across the UK and elsewhere, it is accurate to say that the only commonality is the existence of variety in approaches. In fact it has been noted that the diverse combining of treatment philosophies and practices sometimes results in 'ad hoc combinations of potentially contradictory approaches' (Chaffin *et al*, 2002: 217, referring specifically to approaches to those who sexually abuse, quoted in Masson and Hackett, 2005: 169).

Drawing on their research data from the two-year study of consensus in practice for work with young people who sexually abuse, Masson and Hackett (2003) found that 'community based one-to-one work' was the most common form of intervention among respondents to their survey of UK and ROI practice. In another article based on this data, Hackett *et al* (2006) found that only the general theories of child development, cognitive behavioural and attachment theories were ranked as 'essential' theories (compared with 'desirable' status of more specific models, *inter alia*, family systems and sexual abuse theories, and 'not indicated' status of, *inter alia*, psychodynamic and person-centred counselling theories).

5.6.1 Cognitive Behavioural Therapy (CBT)

Tiffin and Kaplan (2004: 60, citing Kazdin 2000), refer to a previous literature review of management of children displaying aggressive or anti-social behaviour, in concluding that

the 'three single therapies with the most supportive evidence for their effectiveness are: Parent Management Training (PMT), Problem-Solving Skills Training (PSST) and Multisystemic Therapy (MST)'. The PSST programme is based on CBT principles. One common thread running through all three of these therapies is an emphasis on imparting practical skills to young people, their carers and others with whom they have significant social relationships. Their literature review summarises some promising programme pilots, but overall they note that while there are many treatment programmes with positive effects, these tend to be moderate in size (Id.: 61). Meta-analyses of programmes for treating young people who sexually offend have found CBT to show superior levels of effectiveness compared with other treatments (e.g. Walker *et al*, 2004); but a very recent and methodologically rigorous meta-analysis of such programmes found no significant greater effectiveness of CBT (Reitzel and Carbonell, 2006). The authors of both reviews identify a number of problems in interpreting their data and thus caution the limitations of drawing conclusions.

England and Wales have adopted the CBT approach in probation and youth justice, and the Youth Justice Board included a significant evaluation component alongside investment in CBT programmes for a variety of offending types such as persistent offending and sexually aggressive behaviour. The investment is at an early stage, possibly too early for reliance on findings of effectiveness. Feilzer *et al* (2004) recently submitted the results of implementation of 23 CBT projects in youth justice in England and Wales, which reported findings mainly from local evaluators. One important issue affecting considerations of programme effectiveness for CBT and other approaches are low referral rates to and high dropout rates from programmes. Effectiveness research which tracks programme participation thus may not be conveying an accurate picture of how well such programmes engage with youth from the outset.

5.6.2 Multisystemic Therapy and Family Systems Approaches

Multi-systemic therapy (MST), an approach pioneered by Henggeler (1998) in the US, formalises common treatment ideas flowing from developmental and systemic perspectives, and has shown some very promising signs of effectiveness (in work with juvenile sexual offenders, Reitzel and Carbonell, 2006; in work with young people with aggression and antisocial behaviour problems, Tiffin and Kaplan, 2004). It focuses on the social ecology of the young person in designing particular treatments. 'MST is drawn from principles utilised by systemic therapies and focuses on the systems that involve the child or adolescent. Interventions therefore attend to interactions between the child and others in the family at

school or elsewhere' (Tiffin and Kaplan, 2004: 60). These can be eclectic and attenuated; for example, couples therapy for parents might be recommended where a child's misbehaviour is traced to problems in the parents' own relationship (id.), or where a mother denies a young person's sexual behaviour because a neighbour encourages her to do so, the neighbour may be asked to assist in the intervention (Swenson *et al*, 1998). Henggeler (1998) provides extensive coverage of the MST approach, a summary of the nine key principles of which are as follows (for a further elaborated summary, see Swenson *et al*, 1998: 334):

1. The primary purpose of assessment is to understand the fit between identified problems and their broader systemic context.
2. Therapeutic contacts should emphasise the positive.
3. Interventions should be designed to promote responsible behaviour and to decrease irresponsible behaviour among family members.
4. Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
5. Interventions should target sequences of behaviour within or between multiple systems that maintain the identified problems.
6. Interventions should be developmentally appropriate.
7. Interventions should be designed to require daily or weekly effort by family members.
8. Intervention efficacy is evaluated continuously.
9. Interventions should be designed to maximise long-term effect by empowering caregivers to address family members' needs.

These principles echo those at work in other popular therapies. This includes family systems approaches, which Hackett *et al* (2003) found to be more frequently used in the UK when working with young people who sexually abuse (see also the multidimensional foster care treatment model described by Chamberlain, 2003). The approach has demonstrated significant levels of effectiveness, for example in reducing long-term rates of re-offending and imprisonment (Borduin *et al*, 1995; Tiffin and Kaplan, 2004). Like CBT, MST has been applied to and tested in a number of settings such as juvenile delinquency, young people presenting psychiatric emergencies, and maltreating families (Swenson *et al*, 1998). The previous discussion about the limits of this literature applies to MST in that this therapy was designed by a group who have also authored the most significant pieces of evaluation research, and provide work as consultants training localities that have bought the MST package (see www.mstservices.com). That said, evaluation studies of MST consistently use methodologies (randomised controlled studies, quasi experimental studies) which are

rigorous in their design and implementation, some of which have been published in peer reviewed journals and externally validated or praised by independent researchers. For example, Farrington and Welsh's reviewed 24 studies of delinquency prevention programmes selected on the basis of having a high quality research design and minimum sample size of 100 included several MST evaluation studies, and concluded that 'MST is an effective method of treating juvenile offenders' (1999: 297). They did observe that the results were more favourable when MST experts were closely monitoring the programmes, and less so in a study where therapists were recruited and left on their own to follow the programme principles. These results led the researchers of that study to conclude that treatment fidelity and adherence to MST principles were crucial to success (Id.).

5.7 The Principles of Risk and Need

As we have already seen, one of the key challenges for risk management of children and young people who offend is developing effective means of feeding risk assessment into management and action plans for supervision. Not only does this mean that there should be close matching between an identified need and an appropriate service, but this is a dynamic process in that a young person's particular risks and needs change over time. Moreover, it is important to remain aware of the 'developing knowledge base in relation to risk and recidivism to inform a more effective, and yet more balanced, approach to risk management' (Hackett *et al*, 2006: 154). Sheldrick (1999) notes that where the literature once aspired to provide long-term assessment of dangerousness, and was built upon research mainly of adult offenders, 'up-to-date thinking and research has now taken on the alternative concept of risk and looks not at all-or-nothing long-term predictions, but at short-term frequent decisions about risk, which then assist in the management of the individual and their situation' (1999: 507).

Decisions about an appropriate intervention should be directly responsive to assessed areas of need and not made on the availability of a placement (Borum and Verhaagen, 2006). However, this principle of risk management is frequently thwarted. In a study of 100 young people considered to be or at risk of becoming persistent offenders (mainly in England), researchers found 'little evidence of interventions being planned as a direct response to meeting the identified needs of young people' partly because 'staff members were unaware of risk factors or misunderstood them' (Dubberly, 2006: 278-9, citing Arnall *et al*, 2005).

In other cases, especially with regard to young people who sexually offend, an inadequate supply of specialist programmes means that availability of a placement drives decision

making (Masson and Hackett, 2003: 120). In the US, 'treatment plans continue to be driven more by policy and resources than by differential diagnosis' (Ryan, 1999: 426). In another example, while group work is a popular therapeutic arrangement this may have to do more with practical concerns of providing services to numbers of young people than to a specific clinical finding that an individual's behaviour is best addressed in this setting. Chamberlain (2003: 24-25) reports on several pieces of research, including a longitudinal study sampling over 1,000 young people, which found iatrogenic effects of group work with young people who offend. Group work is a model typically found in work with adult offenders (Masson and Hackett, 2003) and where the offender is in a residential/institutional placement.

It may be difficult to adhere to the need principle under the pressure created by the isolated cases of a young person committing the worst kind of harm. Indeed formalised risk assessment may introduce a structural tendency in which the side of caution – understood in the most conservative sense as security or control – becomes uniformly favoured. Kemshall and Maguire's (2001) research on Multi-agency Public Protection Panels (MAPPAs) in England and Wales showed that the requirement of designating offenders as low, medium, or high risk led to a predictable response where there was the 'the creation in some areas of the informal category of "exceptionally high-risk" or "highly dangerous" offenders, to whom very close attention was paid, while the remainder of the officially "high risk" category were dealt with in a more "routine" fashion'

5.8 Community over Institutions

A number of arguments and kinds of evidence underlie the intuition that community is a better setting for treatment than secure institutions or residential placements (Hunter *et al*, 2004; Vazsonyi *et al*, 2004). Hunter and colleagues note that community programs are generally cheaper than residential settings, although the kinds of intensive services targeted at the most serious young offenders (e.g. high level clinical services) make it difficult to use cost as a sufficiently decisive criteria (Id.). In addition to lower cost during treatment itself, they repeat arguments that community settings avoid the criminogenic potential of residential programmes which bring together antisocial youth (Id.). Chamberlain (2003) cites extensive research on the criminogenic and iatrogenic effect of treating young people among their antisocial peers. She includes reference to studies which argue this relationship rises to the level of a *causal* link between the influence of negative peers and the 'development and escalation of delinquent behaviour' (Id.: 24, citing *inter alia* Dishion *et al*, 1999). A community setting allows youth to exist in a real world social environment with

access to people who can be supportive of pro-social behaviours, while in residential settings the social world comprises a less diverse, two-tiered environment of antisocial peers and authority figures.

A two-year study that comprehensively mapped practices and consensus in the management of young people with sexually aggressive behaviour noted that community-based treatment, involving a one-to-one approach was the most typical method of delivering services to young people (Hackett *et al*, 2003). In contrast, Hunter *et al* (2000: 177) found that US juvenile justice systems are seeing growth in residential placements including the most secure institutions, and community-based care for 'adolescent sexual offenders' is decreasing as a proportion of all community placements. Although we cannot know what mix of political will, magnitude and severity of offending, and therapeutic influence drive this divergence between the UK and US, we can find evidence that UK practitioners accept the reality that risks cannot be eradicated but only managed. One member of the G-MAP programme in Manchester (which offers group work sessions to young male abusers with learning disabilities) writes in a practice note that, 'We find that problematic or concerning incidents will almost inevitably occur, and it is important that professionals can meet rapidly to evaluate all factors and review current arrangements' as to 'mobility, levels of supervision and community access' (O'Callaghan, 1998: 444). Hence the sustainability of community-based working for young people engaged in the most serious kinds of offending requires close multi-agency coordination.

5.9 Multi-agency Working in Risk Management

One key difference between adults and young people engaged in offending behaviour is that the latter are typically subject to multiple systems of response; at the very least, they will be subject to child welfare and youth justice systems. It is important for legal and clinical staff to work well together in order to coordinate community monitoring (i.e. public protection) and effective treatment aims (Hunter *et al*, 2004). Multi-agency working is a typical recommendation of the research on management of young people's antisocial behaviour (Tiffin and Kaplan, 2004). This entails particular attention to interagency coordination and attention to reconciling goals of needs of the child with protection of the public or punishment (Masson and Hackett, 2003). Hence multi-agency working improves the management of the young person by linking in all agencies and people who have an ability to facilitate a young person's development out of offending, and it also is a necessary aspect

of protecting communities by ensuring maximum awareness and common understanding of a young person's actual risk of harm or recidivism.

The potential of multi-agency cooperation is not always realised in practice, though. While most agencies and organisations that deal with young people's offending are familiar with each other and have long experience exchanging information and coordinating activities, Masson and Hackett (2003) found in their mapping of services in the UK and ROI that less than half had formal inter-agency protocols (2003: 117). Such protocols may be important given that Hall (2006), in a small study of departmental practice in the management of young people who sexually offend (examination of 14 referrals and interviews of 14 social workers involved in assessments of these referrals), found strong support for multi-agency case conferencing but widespread variation in the breadth and depth of coverage, with some groups more active than others in gathering information from a variety of sources. Often the success of joined up working comes also depends on the strength of personal relationships. Sometimes these are not robust enough to withstand the power of competing organisational goals, for example the tension between law enforcement and child welfare. Opportunities for joint training and staff development, for example in the use of particular risk assessment tools, can go some way towards minimising agency conflicts.

Multi-agency working in England and Wales has become a statutory duty for certain agencies working with high risk adult offenders (under the Multi-agency Public Protection Arrangements, or MAPPA). In Scotland, the MAPPA model was adopted in the Management of Offenders Etc. (Scotland) Act (2005), creating a duty to cooperate among 'responsible authorities' – the Scottish Prison Service, the police, and local authorities, and others such as health and housing bodies – in the exchange of information and assessment of risk of serious offenders. The MAPPA strategy partly will be taken forward by another multi-agency body in Scotland, the Community Justice Authorities (CJAs), which were established in the same legislation as MAPPAs and became operational in April 2007. While CJAs and MAPPA both target adult offenders (and young people transitioning into the adult system), their existence underlines the importance within Scotland accorded to multi-agency partnerships. Moreover, the previous government had begun to promote multi-agency working in youth justice emphasising the need for 'integrated assessment and planning...which will address the needs of children who offend and tackle their behaviour' and had identified a timeline for creating national guidance on local interagency coordination issues such as information sharing and case management (Scottish Executive, 2006a: 25). It is not yet clear how the new government will develop or modify these plans. At the local level, the experience of interviewed practitioners (described in the next chapter)

demonstrates both support for and the challenges to effective partnerships and interagency relationships.

Elements of Multi-Agency Working

1. Reasons For Multi-Agency Working

- Allows for better planning.
- Allows for a holistic view of needs and solutions.
- Focuses agencies and partners on common concerns.
- Avoids duplication of effort.

2. Kinds and Levels for Multi-Agency Operations

- Informal: working relationships established on basis of common problems.
- Formal: legal duty or explicit, enforceable policy of cooperation and coordination.

- At the **level of strategy**: e.g. high level coordination of goals.

- At the **level of operations management**: e.g. agreement on risk assessment criteria, tools and practices.

- At the **level of practice**: jointly carrying out and reviewing risk assessments and action plans.

- Minimal coordination: general agreement to cooperate, basic information sharing.

- Maximum integration: e.g. co-location of offices, joint agency involvement in resource Decisions.

3. Challenges to Multi-Agency Working

- Conflicting agency missions, turf disputes; risk of one agency dominating.

- Personality conflicts.

- Resource constraints.

- Legal and technical problems (e.g. confidentiality and data protection concerns, IT limits).

- Bureaucratization.

(See: Dinham (1999), Burnett and Appleton (2004))

5.10 Staff Practice and Development

As argued above, establishing a strong, secure relationship between the young person and staff person is a prerequisite of a successful intervention (Arnull *et al*, 2005). Such a relationship requires trust on both sides. Trust, in turn, is built on an open relationship in which honesty is present, information is forthcoming, and boundaries are clear and consistently enforced.

Andrews identified various elements of successful staff practice into his model of 'Core Correctional Practice' (CCP) (Dowden and Andrews, 2004). The CCP introduced 'five dimensions of effective correctional practice' designed to increase the results of treatment interventions. These dimensions are (paraphrasing Dowden and Andrews, 2004: 204-5):

- Effective use of authority, or a 'firm but fair' as distinguished from a dominating approach;
- Modelling and reinforcing pro-social attitudes through positive and negative reinforcement;
- Teaching concrete, problem-solving skills;
- Making effective use of community resources, also known as the 'advocacy/brokerage' dimension, through active involvement of the practitioner in arranging necessary services (e.g., job training, medical referrals, family therapy); and,
- 'arguably the most important' dimension is creating a therapeutic alliance between practitioner and offender/client in which conditions of 'open, warm, and enthusiastic communication' are maximised (2004: 205).

The CCP model was developed mainly from working with adult offenders, but was evaluated with regard to a mix of adult and juveniles. This evaluation showed slightly higher effects of the treatment programmes that ranked highest in their incorporation of CCP dimensions (Dowden and Andrews, 2004).

Training on the use of risk assessment and management are essential for realising principles of risk and need. One study observed that following staff training on needs and risk assessment, the rate of residential placements for young people declined by more than 30 per cent (Henderson *et al*, 1989: 100, in a study of the management of sexually aggressive children in the US). However, training and staff development opportunities for those working with young people who are sexually abusive are limited (Masson and Hackett, 2003: 121). This was identified as a key gap in services in 1992 (NCH 1992) and remains the case now.

5.11 Summary

The development of a large pool of high quality and empirically-validated research has been vastly outpaced by political and public interest in serious offending by young people and children. While risk management, along with risk assessment, was once held out, to both acclaim and criticism, as the means for imbuing criminal justice practice with scientific precision, the reality has been less revolutionary. Though the evidence base for work with this group has improved, and though there is also an emerging body of research on effective interventions for young people who engage in violent behaviours, it is important to be

mindful of some persistent limitations of the literature. This has been a good deal of pressure on and investment in programmes and interventions despite often minimal, weak or flawed evidence of effectiveness.

One of the key challenges for risk management of children and young people who offend is developing effective means of feeding risk assessment into management and action plans for supervision. The inherent difficulties in building bridges between effective risk assessment and effective intervention and risk management are noted repeatedly in the literature, yet there remains some ambiguity over the over-arching aims of risk management in relation to children and young people. A key tension here concerns the addressing of risk and need. For those working with *children and young people* who offend, there is a tendency to view risk management more broadly as the deployment of a range of interventions, which seek to address both the needs of the young person as well as the interest of the public in protection from danger. This view entails a holistic approach which targets the young person's overall situation, including their personal and social relationships. Whilst good practice dictates that an appropriate intervention should be directly responsive to assessed areas of need, all too often it seems, this goal can be lost.

Within risk management, there is a preference for programmes informed by cognitive behavioural therapy (CBT) models. Multi-systemic treatment (MST) formalises common treatment ideas flowing from developmental and systemic perspectives, and has shown some promising signs of effectiveness. Family systems approaches are frequently used in the UK when working with young people who sexually abuse; this approach has demonstrated significant levels of effectiveness, for example in reducing long-term rates of re-offending and imprisonment.

In risk management, as in risk assessment, effective multi-agency working is of paramount importance, although the potential of multi-agency working in management of risk is not always realised in practice.

CHAPTER 6

RISK ASSESSMENT AND RISK MANAGEMENT PRACTICE IN SCOTLAND

6.1 Interviews with Service Providers

This section reports on findings from a set of telephone interviews undertaken with service providers working with children and young people in Scotland (see Chapter 1 for a description of the methodology). The aim of the interviews was to obtain an overview of current expertise and practice in assessing and managing the risk presented by children and young people engaging in offending behaviour, including sexual and violent offending.

Three main, but related, themes were addressed in the interviews: the processes of referral and assessment; the relationship between assessment and case-based decision-making; and, the management of risk.

6.2 The Referral Processes

The majority of referrals for a risk assessment come through the Children's Reporter and such risk assessments accompany the social background report as free-standing reports or as summaries. Other referral sources include the police, the procurator fiscal, schools and local authority social work teams such as childcare, children and families and child protection. National Standards require risk assessments for the purposes of Children's Hearings to be submitted within 20 days but this was mentioned by one respondent as being unrealistic, not least when the assessor has to glean information from a variety of agencies often no longer working with the young person. Several respondents suggested that case conferences and other screening or management meetings were used not only to discuss the risk assessment and subsequent action plan but also to fill in gaps in terms of missing data on the young person. Meetings were also held, informed by the outcomes of the risk assessment tools, to prioritise and target cases appropriately according to risk and need. Several respondents suggested that they do either joint assessments (e.g., a residential school key worker and community-based social worker) or commission a consultant or other agency to undertake the risk assessment.

6.3 Sources of Information for Risk Assessments

Most professionals interviewed named the young person and their family members as the most common sources of key information, although a minority of respondents implied that information from such sources may not always be forthcoming. Other sources of information were schools, social work teams, police, other agencies, health (including GPs, mental health, drugs/alcohol and psychology), ASBO teams, housing, youth workers and carers.

6.4 Aims of Assessments

The most commonly mentioned aims of risk assessment undertaken within the organisations represented were to identify the risk of harm to self or others (10 respondents); to develop an appropriate action plan (9 respondents); to identify reasons for and potential causes of offending (criminogenic needs) (8 respondents); and to identify the wider needs of the young person (7 respondents). Whilst the majority of professionals were working in youth justice in one form or another, offending was rarely the main priority for any of the professionals interviewed, with a strong overall commitment to the welfare needs of children and young people coming to the fore. Indeed, one Youth Justice worker commented:

“... we try to put that offending behaviour into some sort of context. That may be the behaviour that leads to them coming to our attention, but that’s not what needs to be addressed... it might be that the offending is not the most important thing. Now that’s not particularly... what the Executive want to hear but I think, you know, working within the Hearing System... it’s about the welfare, it’s about the needs of the child, it’s about having a social education approach... it’s about need and protective factors as well and I think we need to redress some of that balance, because I think if we continually focus on risk and ignore protective factors and needs, then the system’s losing a bit of its uniqueness.” (Interview 6)

Respondents continually mentioned the circumstances and issues for the young person and their family alongside the presenting behaviour, and aimed to prevent young people being accommodated or becoming embroiled in the criminal justice system. Partly to that end, one of the key aims of risk assessment *per se*, was to target resources and interventions effectively: what one respondent called ‘proportionality’ and another called ‘tariffing’:

“[The main aim is] to ensure that proportionality, in terms of need, is appropriately delivered. I’m not saying that it tells us how to ration services, but... the level of assessment of need should then be factored into the level of service that we’re then recommending as appropriate for that particular young person.” (Interview 3)

“... the basic element of it for us is about tariffing... We are concerned about delivering appropriate services that relate to the need and not over-engaging with people because...

it's a mistake to bring people too far into the system... we'd be using tools to find how much we needed to put into the situation." (Interview 8)

However, as will be seen in the following section, risk assessments are not necessarily consistent with, nor do they always mirror, the resulting risk management plan.

6.5 How Risk Assessments Inform Practice

It was reiterated in discussion of how risk assessments were used that one of their main intentions was to inform the care plan and to match services to needs within a multi-disciplinary setting. The majority of respondents stressed the importance of the multi-agency partnerships and protocols currently in place or developing, although some saw such partnerships as a safety mechanism as well as a positive way of working with young people. One child psychologist was concerned that inviting an 'expert' to become involved in a risk assessment/management exercise might result in the other parties withdrawing from the process somewhat and that joint risk management plans were a safeguard in that respect:

"I have insisted on risk management plans as a condition of my involvement, so I have said that I wouldn't be willing to work with this person on a one to one basis unless it was supported by a wider risk management plan with regular multi-agency meetings." (Interview 17)

Other means of quality assurance were gained through supervision between the manager and practitioner; through regular 'audits' of risk assessment reports by the manager; via a quality assurance checklist; and by reviews of risk assessments. However, there was little if any indication in interviews that these quality assurance measures were done systematically and consistently within or across agencies.

6.5.1 Missing Data

Whilst multi-agency working was seen as one form of quality assurance, it was also seen as a valuable source of missing data for risk assessment reports. However, as one respondent pointed out: 'You don't always know that there's information missing' (Interview 8). Whilst education and health were mentioned as sectors where it was often difficult to access the right information, either because of changes in schooling (e.g., from primary to secondary) or confidentiality issues, the majority of respondents were pragmatic about filling gaps in information from partner agencies:

“So our assessments are only as good as the information that we can get... We try to be as thorough as we can but we are relying on other agencies passing on other information, and sometimes you get it and sometimes you don’t.” (Interview 20)

6.5.2 Aggregate Data

In terms of aggregating data from risk assessments to inform service planning, resources and quality assurance, nine respondents suggested that this did happen in some form or another and six suggested that it did not (either because of lack of staff or expertise or because the numbers overall were too small to be meaningful in the aggregate). As one academic commented:

“... it partly just depends on whether the manager is interested, and whether the teams are technically capable of doing it. Some teams have an experienced information officer who will generate that information... The other thing is... the Youth Justice Board... do collect some aggregate ASSET data, but it is very general and not terribly helpful, so I don’t think they have done enough to demonstrate the value of how it should be used.” (Interview 18)

6.6 Aligning Risk Assessment Tools and Professional Judgement

6.6.1 Risk Tools Used

During the course of the interviews with professionals, 10 different risk assessment tools were mentioned as being used in relation to children and young people. The four main ones were YLS/CMI (cited by 9 respondents), ASSET (6 respondents), ERASOR (3 respondents) and AIM (3 respondents). The remaining six tools cited were the DOH framework, EARL20(B&G), YASI, J-SOAP, SAVRY and Hampshire. It was suggested anecdotally by one youth justice worker that there may be an east-west divide in which tool is preferred for initial general assessments, namely ASSET in the east of Scotland and YLS/CMI in the west. This was certainly borne out by the (albeit small) numbers of respondents who used each of these tools: eight of the nine YLS/CMI users worked in the west of Scotland and five of the six ASSET users worked in the east of Scotland.

Geographical distinctions apart, there did not seem to be any other distinguishing features which explained preferences for tools, although Youth Justice Team workers and those currently or formerly criminal justice workers were more likely to use YLS/CMI than ASSET. Certainly, it would seem from interviews that professionals brought their preferences and training with them to their current job, although it is difficult to determine whether they thus

influenced the choice of risk assessment tool or they applied for the post because it required knowledge of that tool. That said, respondents were more vocal in their criticisms of certain tools than in their praise of them, with over 53 disadvantages of tools being cited compared to 35 advantages. The most commonly voiced of these advantages and disadvantages are given below.

Generally, risk assessment tools were found to be useful in identifying and prioritising key issues to address in relation to the young person and thus being holistic, informing professional judgement and structuring subsequent action plans. It was stressed by several respondents that one disadvantage is that they become overly prescriptive and can thus blind professional judgement, or alternatively encourage a 'tick-box mentality' which results in a mismatch between the risk assessment and any subsequent risk management plan, as one Youth Justice Team worker commented:

"... it's an aid to professional judgement, it doesn't replace it... having an assessment tool doesn't necessarily mean that your action plans are better, if that makes sense. You can have an assessment done without using a risk assessment or need assessment tool, and what happens is at the end is a skilled practitioner and they summarise it and put an action plan in place which is spot on. You can have somebody using a risk assessment tool, who at the end of it can put an action plan in place that bears absolutely no resemblance to the assessment." (Interview 6)

The main disadvantages of risk assessment tools generally, apart from the issue raised above, included that they were often not relevant to young people's needs, behaviour, developing personality and rapidly changing circumstances as they got older. Particular issues here included not being holistic, tending to stigmatise or create long-term labels of what might otherwise be a temporary or developmental phenomenon, and not being relevant to younger women or those displaying problematic sexual or violent behaviour. In this latter regard, ASSET (1 respondent), YLS/CMI (1 respondent) and Risk Matrix 2000 (3 respondents) were singled out as being unable to cope with younger people exhibiting problematic sexual behaviour. However, AIM was cited as a specialist tool for young people with sexually harmful behaviours which was structured and adaptable for young people and looked not only at dynamic factors and strengths but also at the wider context in which such behaviours took place. A further disadvantage of tools generally was that they could often increase anxiety and reduce confidence amongst workers, when ironically they have been developed to ease the process of assessment for practitioners.

Below are some of the more commonly stated advantages and disadvantages of ASSET and YLS/CMI specifically.

ASSET, a tool devised specifically for young people, was mentioned as being able to positively engage young people in the process of assessment, to take their views into account and to be thus more holistic (in terms of needs as well as deeds). Its disadvantages, however, were said to be that it was often time-consuming to complete, the language was not 'user-friendly' and it was too descriptive and non-contextual. Although ASSET has a risk of harm section, one respondent commented that this is often not completed, possibly because it comes at the end of a tiring process of form-filling or because workers cannot cope (skills-wise or resources-wise) with any subsequent recommendations. As one respondent commented:

"... one of the reasons for the action plans not necessarily matching the assessment is because the action plans are about what resources you've got." (Interview 6)

YLS/CMI was seen as systematic, tried and tested, quicker to complete than ASSET and able to constructively inform the subsequent action plan. However, unlike ASSET, it is not conducive to gaining young people's views, has a style which might result in a 'tick-box mentality', cannot differentiate the type and severity of offence and does not have a separate risk of harm section.

6.6.2 Using Professional Judgement

"... we are trained, we do a professional job and our own assessment is very important. That said, you can go off beam sometimes, so it's quite difficult. I suppose to some extent having the formal assessment [tool] is almost a check and a balance on that getting out of hand because if the professional assessment is way different from what's in the formal assessment, then there's something up... There's no substitute for professional assessment in my view." (Interview 5).

Whilst there was an issue raised by one interviewee about Risk Matrix 2000 often showing a discrepancy with professional judgement, there was general optimism amongst professionals about the level of consistency and confirmation between risk assessment tools and professional judgement – an optimism borne, one would assume, from the auditing of risk assessment reports and the supervision of caseloads rather than from mere conjecture. However, professional judgement was seen as essential in taking the risk assessment further in understanding, for example, the interplay between static and dynamic risk factors and their cumulative effects on individual behaviour and circumstances. But professional judgement depends on practitioner experience, confidence and analytical skills, and as mentioned earlier, concern was raised by one academic that such 'professionalism' can often be undermined by the use of risk assessment tools. It was also pointed out by one respondent that professional judgement can vary between geographical areas, for example

where levels of risk threshold are higher in urban areas than in rural areas; and by another respondent that the culture of the agency concerned can often temper or influence professional judgement. In this regard, inter-agency collaboration was again seen as a positive step towards consistency and a common understanding of decision making. As one respondent mused: *“who knows, eventually we might all talk the same language”* (Interview 8).

6.7 Inter-Agency Working

Professionals were asked what resources they could draw on to progress their risk management plans. Most were able to list a wide range of statutory and voluntary organisations that they worked with, as well as list programmes that their own organisations ran for young people at risk. Partner organisations included the following: Aberlour, Barnardo's, CAMHS, Children 1st, Includem, NCH and SACRO. Within the various respondents' organisations, the following areas were mentioned:

Structured groupwork programmes (including: Ross, Targets for Change, Construct, anger management, road traffic programmes, Pathways, Team Talk, Tim Chapman's programmes and Time to Grow); programmes for young people with problematic sexual behaviour; education or employment programmes, mentoring, psychiatric services, outreach, family group conferencing, parenting programmes, restorative justice, early intervention, programmes for persistent offenders and crisis intervention.

Although not specifically asked about, interviewees volunteered opinions on several occasions about gaps in service provision, namely in relation to young people with sexually problematic behaviour, foster care, longer-term residential care, child and adolescent mental health services and parenting programmes.

6.7.1 Inter-agency Cooperation

“... looking at the assessments since I've been here, I've been struck by how much better they are when they're multi-agency, how much more effective they are.” (Interview 10)

“... it is only by agencies working together that you can make defensible decisions to move forward in young people's lives... it can be a very positive experience for different agencies to be involved in that process and people can then feel particularly supported to work with a young person.” (Interview 17)

Much of the literature on social work and risk – albeit in relation to adults – suggests a paranoia within partner agencies about litigation and 'defensive' decision making (Barry,

2007), and yet in the current set of interviews there was little if any suggestion of 'back covering' or defensive practice. However, the current research focuses on a particular country with a unique welfare system for children and young people at risk, and it is therefore perhaps not so surprising that respondents talked about good relationships with partner organisations and a commitment to multi-agency working.

That said, there were some challenges identified at interview, mainly in relation to different sectoral cultures about information sharing and inter-agency working. Education and health in particular were singled out as being less able or willing to work in an interdisciplinary fashion in relation to young people at risk, partly because of issues of confidentiality, and partly because of a 'knee-jerk reaction' to risky behaviour amongst certain police officers and teachers:

"... we recently had a case where the police were very concerned about a young man and actually almost harassed him... he was picked up quite frequently... and we felt he was working well with us and actually we felt that he wasn't the risk that the police were perceiving him to be." (Interview 11)

"[It] sometimes can be a school issue, sometimes the child's not allowed to go to the toilet without an adult, not allowed in the playground without an adult, and that can be difficult for a child in primary school. So sometimes we have to work with those tensions and try and help schools feel a bit better about it." (Interview 10)

Other challenges to inter-agency cooperation included the fact that not all agencies share the same risk assessment tools, not all have a shared understanding of the risks involved, are not always holistic in their outlook to young people's needs, and have different focuses for training. The extent to which shared cultures and discourses on risk can develop in such a climate of diverse organisational cultures and accountabilities is thus open to question.

6.8 The Management of High Risk Cases

"... sometimes it is difficult to know when a young person is high risk until they are high risk." (Interview 15)

The above quotation from one respondent illustrates the reality of the process of risk assessment and risk management, in that there can never be a foolproof system which ensures that risk taking does not result in harm – to the young person, to the public or to the agencies involved. Hence the protocols and procedures in place throughout the spectrum of 'risky' cases, not just high risk cases. However, in relation to the latter, the activity is certainly heightened and a multi-agency approach was strongly promoted by the majority of respondents, not only in social work but also in the police and health sectors. Specially

convened case conferences and management meetings, and the sharing of pertinent information with the police and other agencies, were the majority responses to how high risk cases were managed. Accountability was part of that multi-agency approach, as the following quotation illustrates:

"I think by the very fact that we're there, we're sitting in, we're assisting in defining the level of risk, and we're assisting in defining the response to that, I think that it's an accountable process... We'd be looking for those within the organisations to be aware of what the risk is, the risk not only to the young offender but the risk to the organisation should it all go wrong." (Interview 14)

6.9 The Challenges of Risk Assessment with Children and Young People

Scottish legislation in relation to children and young people who offend emphasises their needs and potential vulnerability rather than their deeds and potential risk, although that emphasis may well be changing with the current politicisation of youth justice. Risk assessment for young people therefore perhaps mirrors more closely the process for vulnerable adults such as those with mental health problems or disabilities rather than the criminal justice process which focuses on containment, punishment and risk minimisation. This dichotomy of welfare versus justice, or vulnerability versus risk, was referred to by several respondents at interview, and is explored in greater depth below.

6.9.1 Welfare versus Justice

"... the potential downside is labelling a young person very early on in their life as being kind of risky and dangerous and what that means for the young person and their family, versus having a much more intensive package of support to meet their need." (Interview 17)

Several respondents spoke of the stigma attached to risk assessment and management of children and young people and one respondent suggested there was no clear strategy for information sharing which minimised such labelling. This was not helped, in another professional's opinion, by the Scottish Executive's National Standards for Youth Justice, which s/he believed focused more on persistence than gravity:

"... we're putting our resources into, for instance, a guy who has offended twice but both have been serious sexual offences, rather than spending our time chasing someone who has six offences of minor assault or petty vandalism. I don't know that the Executive is particularly good in recognising that in terms of risk assessment, that's really where we should be focusing our energies." (Interview 5)

Several respondents mentioned the dichotomy of the welfare culture of addressing needs in the community versus the justice culture of addressing deeds through containment. Risk

assessment tools and processes tend also to 'rank' young people for services and yet, as one respondent pointed out, *low* risk does not mean *no* risk, and given the rapidly developing personalities and volatile circumstances for many young people by dint of their age, low risks can often escalate into high risks at short notice.

6.9.2 Thresholds of Risk

Although multi-agency working, according to this sample of professionals, is seen as successful in Scotland, there was still an acknowledgement that different agencies have different tolerance levels of risk, different cultures and different thresholds which informed practice. Examples of 'knee-jerk reactions' were given at interview, where agencies had justifiably different agendas and different constituents to those of social work, which created a tension for risk management. For young people at risk, the differences between the Children's Hearings and criminal justice systems are stark and arguably at odds with each other and the processes for the assessment and management of risk can be inconsistent and incompatible. There are also resource implications, as one professional commented: that the money and effort that goes into keeping a young person in the community within the Children's Hearings system can be wasted once they reach the age of 16 and become embroiled in the Criminal Justice system. They may also be involved in both systems at once, which may prove counterproductive.

6.10 Summary

Requests for risk assessments come from a wide variety of sources at varying stages in a young person's life and thus require contact with several agencies in order to complete the process fully. Whilst the young people and their families were seen as the primary sources of information for risk assessments, other social work teams and other sectors such as health, housing, the police and education were also crucial contributors to the process.

The most commonly cited aims of risk assessment were to identify the risk of harm or reasons for offending, to identify wider needs in a young person's life and to develop appropriate action plans as a result. Although the majority of respondents worked in youth justice, 'justice' *per se* was not a major aim of risk assessment, but related more to welfare and need. However, it was acknowledged that this often created tensions with other agencies with a more public protection or risk minimisation remit.

Quality assurance was gained through the accountability required in a multi-agency context, as well as through supervision, auditing of outputs and outcomes and by reviews of action

plans. Whilst some agencies used aggregate data to inform future policy and practice, this was not done on a systematic basis and may benefit from further guidance from the Risk Management Authority or the Scottish Executive.

The two main tools used for risk assessment were YLS/CMI and ASSET, both of which were to varying degrees seen as appropriate for young people, although not necessarily for young women or those with problematic sexual behaviour. Indeed the latter group were of concern to several respondents who felt ill-equipped to make confident risk assessments with little policy guidance or tools.

There was general optimism amongst professionals that risk assessment tools complemented professional judgement, even though there was an acknowledgement that different agencies had different professional interpretations of risk and how to address it.

Inter-agency collaboration was seen as crucial in risk assessment and management and again there was optimism that it was working well in Scotland. Apart from in relation to problematic sexual behaviour, there was a plethora of agencies and programmes cited by respondents which aided the process of working with vulnerable young people. In respect of high risk cases, multi-agency collaboration was again deemed both essential and constructive in Scotland, and allowed not only for accountability and defensible decision making but also better outcomes for young people.

The main tensions cited by professionals at interview related to the dichotomy of welfare versus justice – not least for young people at the interface between the Children's Hearings and Criminal Justice systems. In this regard, thresholds of risk varied between agencies, depending on their respective constituents, remits and cultures.

CHAPTER 7

CONCLUSIONS

The number of children and young people engaged in serious violent and sexually offending behaviour is small, a fact – in addition to the very serious consequences of this conduct – which nevertheless merits development of appropriate risk assessment and management of this group. This is because the smaller size of this population means that tools for assessment and management historically have been adapted from those developed for bigger populations (adults) that may not be fully comparable. Fortunately, in the last several years, research specifically on young people, their patterns of offending, and their heterogeneous needs and patterns of development has begun to inform research agendas and development of risk assessment and management tools and practices. The research literature in this area is expanding and improving all the time. This review has attempted to capture key issues in the literature on the assessment and management of young people engaged in the most troubling kinds of offending. This final chapter highlights the main issues raised in the preceding chapters and uses these findings to suggest where continued gaps in the research, and therefore challenges to practice, persist.

It is important at the outset to note how far knowledge has advanced. While risk assessment tools in use today owe their existence to the formal introduction decades ago of statistically based estimates of risk, or actuarialism, they are almost unrecognisable when juxtaposed with these earliest statistical tools for risk prediction. Contemporary instruments reflect improvements in knowledge about how to assess risk (and what is being assessed, e.g. predicting danger versus assessing likelihood of harm and nature of need) and use this to inform ongoing management of young people. The most important developments have been the recognition and incorporation of both static and dynamic factors of risk into assessment tools; the use of these more sophisticated actuarial techniques to guide and improve consistency and accuracy of clinical or professional decision making; and, in turn, the recognition that actuarial techniques, no matter how advanced they become, work better in achieving risk assessment goals when they are informed by structured professional judgement. That is, the early inclination to view clinical judgement and actuarialism as an either/or choice, has given way to recognition that both are improved when used together and that each kind of approach has become more sophisticated as a result of research.

There remain important concerns and limitations about risk assessment, and about the research which provides the basis for its development. The practitioner should remain aware not just of technical challenges, for example, the fact that no statistical technique can ever provide 100% accuracy, that validation of tools designed specifically for young people and for particular kinds of young people's offending is still at quite an early stage, that the changing nature of risk requires that an individual's risk assessment is regularly re-visited and re-conducted, but of issues which are thrown into view when risk assessment is considered in its wider social, political and cultural context. For example, the social and political dimensions of the shift to a focus on risk of reoffending and risk of harm, and the impact of the increased use of risk-based technologies and risk-informed managerialism in criminal justice.

This review has highlighted the specific issues for the practice of risk assessment and risk management presented by young people. Young people who offend are a heterogeneous group, and diverse in developmental terms. The difficulties of predicting offending are greater in relation to young offenders than adults, on account of the processes of physical and emotional maturation, and the rapid pace of change that characterises the transition from childhood through adolescence to young adulthood. There are a number of complex challenges facing those who aim to respond effectively to children and young people who offend. There are few validated specialist tools that are both age and gender-appropriate, and those responding to risk presented by a young person involved in violent and/or sexually harmful behaviour need to be attentive to the potential for stigmatisation arising from the labelling of a young person at such an early stage.

The two main tools used in risk assessment practice in youth justice in Scotland are YLS/CMI and Asset, both of which, to varying degrees, are seen as appropriate for young people, although not necessarily for young women or those with problematic sexual behaviour. There are limited tools for assessing the risk of violence; currently only two instruments are available which have been designed specifically to assess violence risk in children and young people: the Early Assessment Risk List for Boys/Girls (EARL-20B/EARL-21G) and the SAVRY (Structured Assessment of Violence Risk in Youth). Yet their predictive accuracy remains largely untested. There are few specialist tools for assessing risk of sexual harmful behaviours; only one, the Assessment AIM, has been validated in the UK. The predictive accuracy of specialist tools is, by contrast to that used with adults, limited, and independent, peer-reviewed studies of predictive validity are scarce.

Ideally risk assessments not only provide clear guidance on the seriousness of harm or the nature of a young person's needs, but will directly feed into planning and interventions for managing risks and needs. Within Scotland, risk assessment is practised by a range of service providers across the country, most commonly to identify risk of harm, or reasons for offending, and to identify wider needs. Requests for risk assessments come from a variety of sources and thus require contact with several agencies in order to complete the process fully and effectively. The chapter on risk management identifies emergent trends, consensus and challenges in dealing with young people's serious violent and sexually offending behaviour. One area of consensus in the literature, which is also reflected in the responses of Scottish interviewees in this study, has been a prioritisation of a developmental view of young people and their behaviour. This recognises that all young people, including those with serious offending in their backgrounds, are in the midst of important changes; working effectively to manage risk therefore requires a holistic understanding of the young person and an intervention strategy that recognises the importance of his or her personal, social and familial contexts. Important obstacles to achieving risk management goals include the misfit between services indicated in an assessment and those available in a given locality, particularly for sexual offending by young people, and clashes of agency mission when assessing the risks and needs of a person. However, Scottish respondents in this study report numerous factors which suggest this jurisdiction is well placed to tackle these challenges. Most reported good professional relationships, high levels of information-sharing and cooperation and trust in multi-agency relationships, and strong consensus in viewing a young person's offending in a larger context. With the exception of services for problematic sexual behaviour, there is a plethora of agencies and programmes to aid the process of working with vulnerable young people. In respect of high risk cases, multi-agency collaboration was again deemed both essential and constructive, and allowed not only for accountability and defensible decision making but also better outcomes for young people.

Assessing risk of harm and risk of re-offending, and delivering age- and gender- appropriate and effective programmes and interventions are essential to any strategy designed to reduce the rates of criminal behaviour for young people involved in serious, violent offending and sexually harmful behaviour. A number of therapeutic models are emerging as dominant – such as CBT, multi-systems therapy and family systems models – and research on these has demonstrated their promise for constituting effective interventions. All programmes are not created equal, however, and there are issues of *implementation* (a diverse and varying set of programmes might all describe themselves as CBT, for example) and *independence*

(a number of programmes, as with risk assessment tools, are proprietary) that need to be considered.

Effective use of risk tools and instruments to inform risk assessment and risk management is largely dependent on the exercise of high levels of professional education and skill, and on the existence of trusting relationships between those assessing and those being assessed. Under these conditions, there is reason to be optimistic about emerging national as well as international research evidence that risk assessment instruments can and do usefully supplement professional assessment, enhancing its comprehensiveness, consistency and credibility. Certainly it seems, in terms of local service planning and delivery, such instruments can offer important advantages in allowing for the development of consistent policies and practices around gate keeping and the prevention of net widening.

The challenges of risk assessment and management are rooted not just in complex technical questions about 'scientific' accuracy and reliability but in moral, social and political questions about child protection and public protection, security and insecurity, and tolerance and intolerance. The best prospects for development rest in a reflective and genuine dialogue between practitioners, policy-makers and researchers. There is a strong case not just for further empirical research on the implementation of risk assessment and risk management practices and procedures, but also for a broader dialogue and debate about what Scottish society wants and expects of its youth justice system in relation to assessment and management of risk.

APPENDIX 1

ELECTRONIC DATABASE SEARCH CRITERIA

ERIC: Query: risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*) and sexual offending

1 Record

ASSIA: Query: risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*) and sexual offending

4 Records

Sociological Abstracts: Query: risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*) and sexual offending

21 Records

Sociological Abstracts: Query: risk and (assessment or management or prediction) and (child* or adolescen* or young people or youth) and (sex* or violen* or danger*) and offending

30 Records

National Criminal justice reference servcie Abstracts: Query: risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*) and sexual offending

31 Records

Social Services Abstracts; Query: risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*) and sexual offending

36 Records

Ingenta: search results: articles title/keyword/abstract containing "risk and (assessment or management or prediction) and (young people or youth or adolescen* or child* or juveniles) and sexual offending"

15 Records

Database: WorldCat, ECO, ATLAReligion: Query: kw: risk and (kw: management or kw: assessment or kw: harm or kw: predict*) and ((kw: young and kw: people) or kw: juvenile* or kw: youth or kw: adolescen* or kw: child*) and (kw: sex* or kw: danger* or kw: violen*) and (kw: behav* or kw: offen*)

37 records

CSA: Search Query: risk and (assessment or management or prediction) and (child* or adolescen* or young people or youth) and (sex* or violen* or danger*) and (offending)

11 records

CSA; Search Query: risk and (assessment or management or prediction) and (child* or adolescen* or young people or youth) and (sex* or violen* or danger*) and offending

56 Records

Social sciences abstracts: Search Query: Risk and (assessment or prediction or management or harm) and (child or young people or youth or adolescen*)

41 Records

ERIC: Search Query [(Risk and (assessment or management or prediction or harm) and (child\$ or juvenile or adolescen\$ or youth or young people) and (sex\$ or violen\$ or danger\$) and offen\$).mp. [mp=title, abstract, subject heading, heading word]]

12 records

Material identified using known/recognised authors and; references/bibliographies from articles already located

115 Records

(TOTAL 410 articles)

APPENDIX 2

INFORMATION SHEET FOR PROSPECTIVE INTERVIEWEES

You are being invited to participate in a research study. Please read and consider the following information about the study and do not hesitate to ask for clarification if anything is not clear.

About the study

Our names are Michele Burman, Fergus McNeill, Susan Batchelor, Sarah Armstrong, and Jan Nicholson and we are researchers from the Scottish Centre for Crime and Justice Research, University of Glasgow. We are currently conducting research into the risk assessment and management of children and young offenders in Scotland and would like to ask for your help. The purpose of the research is to provide an overview of current knowledge, expertise and practice in assessing and managing the risk presented by children and young people engaging in offending behaviour, and, in particular, sexual and violent offending.

Why are you being asked?

We are hoping to interview approximately 25 -30 individuals in total, drawn mainly from youth justice teams operating mostly within Social Work Departments, from the residential child care sector, psychologists, from Forensic and Child and Adolescent Mental Health Services, and from the policing sectors in Scotland as well as key academics, and practice personnel working in youth justice in England and Wales.

What does taking part in the study involve?

If you agree to take part in the study you will be asked to participate in one interview lasting about 45 minutes. The interview will either be conducted via telephone at a mutually convenient time, or face-to-face at a mutually convenient location (e.g. your place of work). We are interested in talking with about issues such as sexual and violent offending in young people, gender, risk assessment tools, how decisions on management are formed and how risk management plans are implemented. With your permission we would like to tape record the interview. You do not have to answer any questions you do not wish to, and you may stop the interview at any time.

What will happen to your answers?

The requirements of the Data Protection Act and Freedom of Information Act will be observed. All your comments will be anonymised and you will not be identified in the final research report. Only named members of the research team will have access to data arising from the research and this will be stored securely within locked cabinets at SCCJR. All computer-held data will be password-protected. All information collected will also be treated confidentially, unless you reveal details of harm towards yourself or that you are causing harm to others. If this occurs, ethical guidelines will be followed which involves contacting relevant bodies to enable help and advice to be given.

Further questions or concerns

The study has been approved by the Department of Sociology, Anthropology and Applied Social Sciences Ethics Committee at the University of Glasgow. If you have questions or concerns about the research you can contact Professor Michele Burman, the Principal Investigator, at: m.burman@socsci.gla.ac.uk.

APPENDIX 3

PRACTITIONER INTERVIEW TOOL

PART I: RESPONDENT'S ROLE

1. What is your current role in your organisation and your experience in youth justice?
2. Where does *risk* assessment and management of children and young people fit with your role?
3. What training have you had to support this?

PART II: APPROACHES TO RISK ASSESSMENT

4. Before we further discuss issues of *risk* assessment, what are the **aims and purposes** of assessment *generally*, in your work with children and young people?
5. What is the **process** for assessment of children and young people, *generally*, and what are the sources of information you use (e.g. individual, files, family members, other collateral sources)?
6. We'd now like to find out how **risk assessment** works in your organisation:
 - a. What are the main aims or purposes of **risk assessment**?
 - b. What triggers **risk** assessment?
 - c. What **general tools** do you use (e.g. ASSET, YLS, ONSET)?
 - d. What **specialised tools** do you use (e.g. AIM)?
 - e. How do you **assure quality** in the use of these tools (e.g. training opportunities, supervision and review of use, management meetings)?
7. What do you see as key advantages/disadvantages in using risk/need tools?
8. (*If not addressed in previous question*) Are the results of risk assessments aggregated to inform local service planning or for any other purpose? (i.e. What is the managerial use of RA?)

PART III: HOW RISK ASSESSMENT INFORMS CASE-BASED DECISION-MAKING

9. How are the results of risk assessments used in planning supervision of the young person (e.g. how do they feed into the development of a management or action plan)?
10. How do you deal with missing or partial information? How does this affect the quality of the assessment?
11. Are there any limitations of the tools with regard to case supervision or supervision planning?
12. What is the relationship between what the tool says and your professional judgment, and how do you handle conflict between them?

PART IV: MANAGEMENT OF RISK

13. What are the **range of programmes and interventions** in use in your area or organisation? ('Repertoire of services')
14. Are these different services targeted on the basis of risk or some other criteria (in other words, what are the referral criteria for programmes)?
15. How do you use these services to manage risk in **individual cases**?
16. What are your procedures for managing **high risk cases**?
17. We'd like to hear about **inter-agency relationships** and coordination in the management of risk:
 - a. Is there use of common or different tools, and what is the degree of shared understanding about them?
 - b. What is the level of consultation and the degree of information exchange?
 - c. To what extent is there shared accountability for managing risk?

18. What do you see as the tensions and difficulties in managing risks posed by children and young people? (E.g. needs vs. risk, wider obligations of the welfare system, etc.)
END OF QUESTIONS.

APPENDIX 4 CONSENT FORM

A STUDY OF RISK ASSESSMENT AND RISK MANAGEMENT OF CHILDREN AND YOUNG OFFENDERS

Researchers: Michele Burman, Fergus McNeill, Susan Batchelor, Sarah Armstrong, Jan Nicholson

1. I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I confirm that the interview will be recorded with my consent and that in the transcript a pseudonym or code identifier will be used and reference to me as an individual will be removed. The data will only be used for the stated research purposes.
4. I understand that any data I provide through taking part in this research will be held in accordance with the Data Protection Act 1998.
5. I agree / do not agree (delete as applicable) to take part in this Research.

Signature of participant

Name of participant (please print)

Date

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