

Framework for Risk Assessment, Management and Evaluation: FRAME

Working towards a Safer Scotland



*



* On 1 April 2011 the new non-departmental public body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Social Work Inspection Agency (SWIA). As such, the SCSWIS logo appears here in place of SWIA's.

© Copyright RMA Scotland 2011

Risk Management Authority
St James House
25 St James Street
Paisley
PA3 2HQ

CONTENTS

1. Introduction	4
2. Foundations of the FRAME approach.....	11
3. Language of risk.....	16
<i>Definitions</i> <i>Fundamentals</i>	20
<i>Definitions</i> <i>Assessment and Communication</i>	21
<i>Definitions</i> <i>Management</i>	27
4. Guiding principles	31
5. Practice Standards.....	54
<i>Standard 1</i> <i>Risk Assessment</i>	56
<i>Standard 2</i> <i>Planning and Responding to Change</i>	66
<i>Standard 3</i> <i>Risk Management Measures</i>	71
<i>Standard 4</i> <i>Partnership Working</i>	78
<i>Standard 5</i> <i>Quality Assurance</i>	80
6. Conclusion	84
7. Bibliography.....	86

CHAPTER 1: INTRODUCTION

Context

The publication of this paper represents the beginning of a multi-agency collaboration on an ambitious programme of change – the development and implementation of a framework that advances proportionate, meaningful and legitimate risk practice that is grounded in shared principles, values and standards.

The development of multi-agency public protection practice in Scotland has been influential with greater communication and collaboration than could have been imagined a decade ago. The duty to co-operate within Multi Agency Public Protection Arrangements (MAPPA) established by the Management of Offenders etc. (Scotland) Act 2005 has acted as a significant catalyst in achieving this progress whilst the emergence of Community Justice Authorities and Community Planning Partnerships indicates that partnership working on crime related issues is becoming the ‘default’ position at strategic and operational levels.

Understanding this context will inform the design of policy in relation to risk assessment and risk management practice, which is in turn informed by research, scrutiny and public perception and opinion.

Risk Management Policy

Scottish criminal justice agencies are working with the Risk Management Authority and the Scottish Government to establish a shared consistent framework to promote proportionate, purposeful and defensible risk assessment and management practice. The ‘Framework for Risk Assessment, Management and Evaluation’ or FRAME forms part of the Reducing Reoffending Programme and has been developed with contributions from a range of agencies represented on the Working Group.¹

¹ The Working Group membership comprised the Scottish Government, Risk Management Authority, Social Work Inspection Agency, Association of Chief Police Officers, Association of Directors of Social Work, Scottish Prison Service, Chief Officer’s Group, NHS Scotland, Skills for Justice Scotland and CJA Training and Development.

This project builds upon the earlier work and aims of the Risk Assessment Guidance Framework² and also draws explicitly on the International Standard for Risk Management³, following the guidelines for design and implementation. The contribution of both documents is acknowledged.

In 2006, The Risk Management Authority published *Standards and Guidelines for Risk Assessment* and in 2007, *Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction*. Both of these documents focussed primarily on practice in relation to the Order for Lifelong Restriction (OLR). This framework builds upon the principles and standards of practice promoted therein, and responds to growing awareness of the need for standards based practice in the wider field.

The establishment of FRAME also draws on learning from the significant experience and achievements in Scotland regarding the delivery of risk assessment and management initiatives within the wider Care and Justice sector. This includes the response to a range of enquiries, committees and reports.⁴ It has been recognised that the development of this framework encompasses a number of current research and development activities and work streams.

The Reducing Reoffending Programme (RRP) brings together a wide variety of agencies and professions in common objectives, “to deliver a key element of the Scottish Government's strategic objectives for a Safer and Stronger Scotland, delivering justice which is immediate, visible, effective, high quality, flexible and relevant.”⁵ Each of those agencies and professional groups has specific aims, objectives and tasks, and risk management is an integral part of every agency and professional's responsibilities and a key aspect of our joint endeavours.

² Social Work Services Inspectorate for Scotland (2000)

³ ISO (2009)

⁴ Social Work Services Inspectorate for Scotland (2000); Scottish Executive (2000); Scottish Government (2008); Scottish Government (2008b); Scottish Government (2008c); Scottish Government (2008d); Social Work Inspection Agency (2005); Social Work Inspection Agency (2009)

⁵ Scottish Government (2010)

Building a framework for risk management

FRAME aims to promote multi-agency practice that recognises the value of diversity in the roles, skills and knowledge of the various agencies and is underpinned by a shared understanding of the language, principles and processes of risk practice. Whether working with children, young people or adults, we recognise risk management as the means by which we each jointly and distinctively reduce and, where possible, prevent the physical and psychological harm to others that results as a consequence of offending.

The reduction of re-offending and the harm that it causes, the promotion of credible effective community disposals, the successful reintegration of prisoners on their return to the community, and multi-agency public protection initiatives all rely on proportionate, evidence-based, transparent and consistent risk management. FRAME is therefore designed to support these national outcomes and processes.

This project is focused on the development of a consistent, evidence-based framework for risk assessment and management that is grounded in first principles and is applicable across agencies and offender groups. It addresses proportionality, gender, age, stage of maturity, and development, and supports multi-agency practice through a shared understanding of roles and responsibilities, process and language of risk. The origins of this project lie in the findings of earlier Scottish research that sought to explore and advise on violence risk assessment.⁶ The research identified confusion within and between agencies on fundamental issues of understanding, assessing and communicating risk.

The fundamental concept of the emerging framework is that applied proportionately and appropriately, there is a common foundation of knowledge and practice which, if embraced nationally, could allow for meaningful shared risk practice. The outcome will be a tiered framework that supports practice at minimal, comprehensive and intensive levels appropriate to risk and purpose. The framework will be drawn from the research literature, allowing for the adoption of new developments as they emerge, and will be grounded in practice standards, and supported by layers of resource material.

⁶ Barry, M., Loucks, N., & Kemshall, H. (2008)

The framework will promote risk assessment practice that makes meaningful use of risk assessment tools without being over-reliant on them, ensuring that the valuable contribution of such instruments is contextualised within a structured approach to risk assessment which recognises the limits of such tools and the importance of professional and clinical judgement.

The various elements of this framework have been purposely designed to have broad applicability, however, it is acknowledged that the broad guidelines outlined within this policy paper do not capture the differences that exist in practice between agencies and across offender groups. It is anticipated that as the FRAME project evolves, specific and detailed guidance will need to be developed which support the application of the framework within the context of working with specific demographic groups such as young people and vulnerable adults.

Mandate and Commitment

The effectiveness of FRAME will be determined by the extent to which the framework is implemented with consistency and commitment at the levels of policy, strategy and operations. This initiative is acknowledged to be challenging and ambitious and will require sustained support and input from members. Responsibility for the strategic planning of this implementation lies with the national Working Group. The Working Group has developed this policy framework, and endorses the practice framework developed by the Risk Management Authority. The concepts, practices and applications will be agreed across agencies at the national level, and will be disseminated from this forum to key stakeholders at the appropriate stages.

The terms of reference for this group outline the accountabilities and responsibilities of the various representatives. All share the responsibility for communicating the aims and benefits of the risk management framework to their staff and stakeholders.

Each of the partner agencies is represented on the Working Group by a senior member of staff who is responsible for ensuring that his/her agency is aligned with the framework in relation to:

- Roles, responsibilities and accountabilities
- Agency specific policies and objectives
- Resourcing and staffing arrangements
- Mechanisms for dealing with conflicting interests
- Organisational culture and values
- Monitoring and performance improvement processes and;
- Communication strategies

FRAME proposes an approach that is grounded in the principles of risk practice in order to ensure that all professionals are aware of the process and skills of risk assessment and management, and understand the contribution that different kinds of instruments make to this practice. However, it firmly promotes the practitioner as the 'assessor' who skilfully, knowledgably and within the parameters of his/her competencies, applies appropriate tools in a structured, meaningful process.

Such an approach will further the aims of the current policies but equally will support any future policy that is underpinned by the foundations and principles at the core of FRAME.

The key themes are:

- ▶ Promoting best practice in:
 - risk assessment and management
 - multi-agency working based on respect for different roles, responsibilities and contributions,
- ▶ Through a shared understanding of
 - definitions of risk
 - purpose of risk assessment and management, and the
 - process of risk assessment and management
- ▶ Independence from, but integration of, tools
- ▶ Independent of, but aligned to current policies, procedures and processes

Monitoring, review and continuous improvement

FRAME will be a dynamic and developmental project, continually revised and updated in the light of research developments, national evaluations and learning gained from implementation and practice. The FRAME Working Group will establish communication mechanisms to ensure the engagement of appropriate stakeholders and to ensure compliance with legal, regulatory, and governance requirements.

In order to ensure that the framework is effective and continues to support the aims and objectives of the project, the Working Group will:

- periodically measure progress against this policy framework;
- periodically review whether the risk management framework is still appropriate, given the organisations' external and internal context;
- report on how well the risk management practice and process are being followed; and
- review the effectiveness of the risk management framework.

The FRAME Working Group will take account of parallel self-assessment and performance improvement activities of individual agencies, and will develop additional methods of evaluation to measure the progress of the aims and objectives as the programme evolves.

The aim of FRAME is to develop:

‘A consistent shared framework that promotes defensible and ethical risk assessment and management practice that is proportionate to risk, legitimate to role, appropriate for the task in hand and is communicated meaningfully.’

The objectives agreed by the FRAME working group are:

- 1. To develop an agreed risk assessment and management framework that supports multi-agency practice through a shared understanding of roles and responsibilities, process and language of risk.*
- 2. To establish agreed standards of practice, guidelines, and evaluation in support of consistent, meaningful and proportionate risk assessment and management practice which supports the principles of defensible decision making and which spans agencies, systems and offender groups.*
- 3. To ensure that workforce data is available relating to each agency’s roles and responsibilities within risk assessment/risk management to inform training plans.*
- 4. To inform policy decisions relating to risk assessment and management with learning from national and international research and practice.*
- 5. To promote implementation integrity by incorporating agreed quality assurance and evaluation mechanisms.*
- 6. To provide age and stage appropriate guidance on the development of approaches, processes and procedures for risk assessment and management practice of young people under 18, in accordance with the FRAME, UN Convention and GIRFEC principles.⁷*
- 7. To engage with relevant stakeholders in developing their understanding of the framework for risk assessment and management approach.*
- 8. To ensure risk assessment is performed in a manner that evidences defensible decision making and the efficient use of resources.*

⁷ While the principles and standards within FRAME are generally applicable, young people who are involved in offending have specific needs which cannot be fully addressed within the scope of this policy paper. *Getting it Right for Every Child (GIRFEC)* outlines a number of core principles and values which should inform policy and practice when working with young people.

CHAPTER 2: FOUNDATIONS OF THE FRAME APPROACH

Promoting consistent practice by sharing a risk management framework is complex, and can challenge professional assumptions regarding “best practice.” This requires us to articulate and examine our values, therefore we need to lay firm foundations for such a venture.

To this end, the following foundations of risk assessment and management practice have been developed in consultation with the membership of the FRAME Working Group. These are drawn from the International Standard for Risk Management⁸ and adapted for application to this framework. Risk assessment and management practice should:

1. *Promote the objectives and values of, and be guided by the principles of FRAME*

The task of risk management is not an isolated activity but a co-ordinated set of activities that must promote and uphold the objectives of evidence-based policy and practice. The vision of current policy in working with adults who offend is to break the cycle of reoffending by ensuring proportionate and early interventions with effective re-integration into the community.⁹ In working with young people, the same vision applies but with an additional emphasis on working preventatively, and pursuing diversion from adult justice services wherever possible.¹⁰ This policy agenda is driven by goals of reparation, rehabilitation and restriction at the least level commensurate with risk. Its core objectives are to reduce reoffending and the harm that it causes in communities by supporting effective evidence-based practice in public protection and limiting the use of custody.

⁸ ISO (2009)

⁹ Scottish Government (2010)

¹⁰ Scottish Government (2008b)

Risk management is not an end in itself; it is a set of coordinated activities that promotes the objectives and values to which FRAME Working Group members are striving. It should be driven by guiding principles that inform the achievement of these values and objectives.

A human rights based approach promotes a commitment to human worth and dignity, transparency and fairness, and social justice and inclusion. The guiding principles for risk practice are:

- Balancing rights
- Proportionality
- Collaboration
- Evidence-based practice

2. *Explicitly acknowledge and address the uncertainty of risk*

Risk entails uncertainty. Human behaviour is difficult to predict and human systems are fallible. It follows that risk cannot be eliminated nor accurately predicted: some will harm when this was unexpected whilst some will desist from harming despite the odds. However, if objectives are to be met and values upheld, we must acknowledge that whilst we cannot eliminate the unpredictable nature of risk we must channel our best efforts into addressing it as far as possible.

3. *Be an integral part of our business*

The uncertainty of risk is a central concern of all stakeholders in this framework. Risk is a shared concern; it is everyone's business. However, it is only part of our business. Each of us is working in a role and in an agency that has other objectives, duties and concerns. Having an *awareness* of risk can enhance those objectives, duties and concerns and when managing risk collectively, it is important that we share an understanding of the place and process of risk management in our respective roles.

4. *Inform decision making*

Risk assessment and management inform choices for action, and prioritisation of tasks and resources. Effective risk assessment and management are central to defensible decision making.

5. *Be systematic, structured and timely*

A systematic, timely and structured approach to risk assessment and management promotes consistency and defensibility of practice. It also allows for easy comparison of common tasks within and across agencies which facilitates ongoing evaluation and quality assurance.

6. *Be based on the best available information*

Effective risk assessment and management practice begins with the gathering of information, and relies upon a continued effort to verify, challenge, share and improve information throughout the process. Information includes data gathered on the individual from a variety of sources; research evidence about offending behaviour; information about the provenance and limitations of risk assessment methods; and consideration of the assessor's level of competency. Risk management is underpinned by a sound evidence base, and should be informed by the most current research knowledge.

7. *Be tailored to the organisational context*

Risk assessment and management are generic terms with broad applicability across a wide range of professional fields, but the application will vary depending on the context in which they are used. For example, in working with young people, the same guiding principles apply, however best practice suggests that additional emphasis must be placed on early and preventative intervention, needs identification, child protection and diversion from prosecution where possible. This framework is tailored to the needs of multi-agency practice in which the primary risk of concern is the harm that results from offending. Multi-agency risk management must be consistent with the values of the various stakeholders, draw on the range of expertise, but be understood and communicated in a common language. The risk management process should be appropriate for different professional roles and tasks.

8. *Take account of human, professional and cultural factors*

Offending does not occur in a vacuum. Crime is a political issue, violence has many cultural dimensions, and certain types of offending can induce particular public anxiety. In addition to this, each person involved in the risk assessment process has values and beliefs, skills and aptitudes, and experience and knowledge that may support or detract from effective risk management. Each agency represented within the Working Group acknowledges their responsibility for ensuring that their agency's human, professional and cultural factors are consistent with the FRAME policy developments.

9. *Be individualised*

The risk management process is tailored to individuals and their context. It is proportionate to risk, ensuring that restriction of liberty is commensurate with the need to protect others from harm. Based on the principles of human rights and the rights of the child,¹¹ with respect for the worth and dignity of all, risk management promotes well being through the reduction of the likelihood and impact of offending behaviour.

10. *Be transparent and inclusive*

Collaborative and effective risk management requires a commitment to including all relevant parties appropriately: agencies, the victim and their representatives, and the individual. Transparency and inclusiveness require clear, meaningful communication. The language of risk must be shared and understood; it must transcend parlance specific to particular professional groups.

11. *Acknowledge that risk management is dynamic, iterative and responsive to change*

FRAME recognises the dynamic nature of risk, and the need for practice that is responsive to change. Therefore the framework itself must be dynamic, iterative and responsive, and so subject to monitoring, evaluation and review.

¹¹ HMSO (1998); UNICEF (2009)

12. *Facilitate continual improvement*

As the risk management of individuals is continually monitored and reviewed, similarly practice within teams, and the effectiveness of the framework and the policy should be subject to evaluation and review to promote learning and continuous improvement.¹²

13. *Be clearly and meaningfully communicated*

To be effective and purposeful, assessments and plans to manage risk need to be understood by those whose actions they seek to inform and must be accessible to those whom they concern, whether a young person or an adult. In a multi-agency context this is a challenge that we must rise to. Therefore, a primary objective of this approach to risk management is the development of shared terms and definitions.

¹² ISO (2009)

CHAPTER 3: LANGUAGE OF RISK

Without a common language of risk, several problems arise: the reduced quality of communication and differing perceptions of risk conveyed by the same terms. A consensus has developed in Scotland about the desirability of having a meaningful way of expressing risk that is shared between agencies and across the country.¹³ This is one of the main objectives of FRAME.

Lack of uniformity in risk terminology is not a new problem, nor one specific to criminal justice in Scotland. There is evidence that this is also a subject of debate in the international criminal justice field.¹⁴ The expression of risk is a perennial challenge¹⁵, and the International Organization for Standardization (ISO) now seeks to advance this position by promoting a general set of terms and definitions for risk management that may be refined and applied in specific contexts.¹⁶

Language is important because it communicates understanding and values. The way we describe something conveys to others and reinforces to ourselves a set of beliefs and values. If this terminology is inconsistent with core values, or does not fit with our understanding of a situation, our communication at least will be less than effective.¹⁷ Furthermore, if the way we articulate something is at odds with our values and beliefs, we will experience a dissonance or misfit that may reduce our engagement with a specific task.

¹³ Scottish Executive (2001); Barry, M., Loucks, N., & Kemshall, H. (2008)

¹⁴ Babchishin, K. M., & Hanson, R. K. (2009); Baker, K. (2010)

¹⁵ Breakwell, G. (2007)

¹⁶ ISO (2009)

¹⁷ Baker, K. (2010)

Pointers are provided by discussions within the research literature relating to risk practice: some commentators critically examine prevailing risk practice in the correctional or criminal justice field internationally and challenge the technical, managerial and de-humanising aspects of the language.¹⁸ Rising to this challenge would require us to ensure that the language used is not counter-therapeutic, and does not alienate or de-personalise individuals, but rather communicates values of respect, inclusion and engagement. Others advise against the use of language that is associated with a particular profession in a multi-agency context,¹⁹ reinforcing the need for communication that clearly conveys the message to the intended audience²⁰ and in terms that have the same meaning to the various parties.²¹ Descriptions of risk should be clear and unambiguous and should inform the decisions and actions that the listener or reader needs to take.

The aims of this framework will not succeed unless we rise to these challenges. Therefore we seek herein to establish a language of risk that values the individual, is inclusive and avoids profession-specific terminology. The corporate terminology is helpful as it is common across many sectors, but also because we come to understand 'risk' as an abstract and uncertain estimation of the potential of an adverse event to lead to undesired outcomes. However, it is important to recognise that this language is applied to 'risk'. Risk is a concept that we must understand and respond to; risk is not a description of a person.

If we describe people as 'high risk' we may diminish our appreciation of the individuals, their lives, challenges, strengths and personal characteristics to a collection of risk factors. Conversely, a person described as 'low risk' may seem to merit little recognition. Neither would be consistent with the commonly held value of 'respect' or 'unconditional positive regard'.

¹⁸ Towl, G. (2005); McNeill, F., & Weaver, B. (2010)

¹⁹ Andrews, D. A., & Dowden, C. (2007)

²⁰ Monahan, J., & Steadman, H. J. (1996)

²¹ Barry, M., Loucks, N. and Kemshall, H. (2008)

Our use of terms such as very high, high, medium and low can lead to further difficulties when communicating risk. It is easy to assume that within and across professional roles there is a shared understanding of terms like 'high risk' however in many situations no such shared understanding exists. Consequently these terms can become meaningless unless they are properly qualified, and may be misleading unless they relate to agreed criteria against which risk is evaluated. Such terms work well within the Multi Agency Public Protection Arrangements (MAPPA) and Order for Lifelong Restriction legislation and procedures, where they relate to full and clearly defined definitions of risk.

However, good practice would suggest that we should use those terms sparingly, if at all, when communicating about concepts such as 'risk of harm' for which a range of definitions exist. This is not to suggest that risk cannot be estimated, or deny the usefulness of such terms as codes or shorthand within a given procedure. However to *decode* such a message successfully, it is essential that the recipient first understands the terms that were used to *encode* the message. In cases where there are a range of possible interpretations, the use of phrases like high, medium and low may not be the best means of describing risk when communication of an understanding of risk is important. Where they are used, there should be a clear and shared understanding about what the terms mean.

Additionally, risk is a multi dimensional concept and so further complications and confusion may arise when attempting to use 'catch all' phrases to describe an individual's risk. Assigning a broad categorisation to an individual who persistently offends, who engages in various forms of dishonest antisocial behaviour, has committed several alcohol related assault offences as a young person, and now presents on one charge of indecent exposure would present a challenge. In such a case, there are a number of possible negative outcomes - the likelihood and seriousness of each need to be evaluated.

Risk is dynamic and is influenced by context and time. As such, a risk assessment needs to capture the complex nature of risk and communicate an understanding of that risk in a manner that is relevant to the current task and the context of the particular decision making process. We wish to move towards a multi-agency culture in which we communicate an understanding of an individual in terms that demonstrate a value for human dignity and worth, and within that, describe risk meaningfully. We therefore propose that we should consistently seek to describe the *nature*, *seriousness*, *pattern* and *likelihood* of offending and that use of codes such as high, medium and low should be underpinned or supplemented with such descriptions in order to facilitate clear understanding.

The definitions below draw on the proposals put forth by ISO and combine with current terminology in our specific context to present a starting point for the development of a shared language of risk.

DEFINITIONS

Fundamentals

Risk is the potential for an adverse event to lead to a negative outcome, and by assessing risk we seek to estimate how likely the event is to occur and the nature and seriousness of its impact. In this context the ‘adverse event’ is offending behaviour and the negative outcome is the degree and nature of *harm* that it causes.

Harm is defined as loss, damage or personal injury. Personal injury may be of a psychological or physical nature. The aim of risk assessment is to reduce the incidence of offending and the harm it causes, and particularly to identify the potential for personal injury in order to prevent it. Personal injury may be caused by a range of behaviours, but there is a specific focus on that caused by *violent offending* and *sexual offending*.

Violence is a broad term that has proven difficult to define precisely, and distinctions are made between various types of violence: youth violence, gang violence, domestic violence, sexual violence, stalking, and knife crime, are some examples. The World Health Organization defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”, and identifies four means “by which violence may be inflicted: physical; sexual; and psychological attack; and deprivation”.²² According to this definition, the key elements contributing to violence are the level of intent, the use of coercion or force, and the potential for harm to the person, whether this is realised or not. In spite of the distinction between types of violence, those elements remain consistent, as can be seen further in the definitions included in a number of risk instruments.²³

²² WHO (1996) pp. 5-6

²³ Webster, C. D., Douglas, K. S., Eaves, D., & Hart, S. D. (1997); Andrews, D. A., Bonta, J., & Wormith, S. (2004); Borum, R., Bartel, P., & Forth, A. (2003); Hart, S. D., Kropp, P. R., Laws, D. R., Klaver, J., Logan, C., & Watt, K. A. (2003); Kropp, P. R., Hart, S. D., Webster, C. D., & Eaves, D. (1995)

Assessment and Communication

Risk Assessment is a process by which risk is understood. It involves the three steps of identification; analysis and evaluation of the best available information, which is then communicated to inform decision making and action with the ultimate aim of reducing the likelihood and impact of future offending.

1. Gather and review the relevant information to identify the:

- Historical and current factors about the person, his or her life circumstances and behaviour that support further offending (**risk factors**) or desistance (**strengths**). This element of assessment is assisted by the application of appropriate risk tools
- Pattern of offending
- Nature of previous and current offences
- Seriousness of previous and current offences

2. Analyse this information

- To further identify how likely further offending is in the long term and in the current context given the presence and balance **of risk, strength** and any identified **protective factors**.
- To identify the possible outcomes in the event of such further offending
- What is the likelihood of each possible outcome:
 - Non violent and non-sexual offending
 - Violent offending
 - Sexual offending
- Further analyse all of the above to estimate the impact of each possible outcome
- Make a statement of risk in terms of the nature, seriousness, pattern and likelihood of offending

3. Evaluate this analysis

- Evaluate against the appropriate criteria, and the context and purpose of the assessment
- Make a decision on the most appropriate course of action
- Communicate the risk as required
- Proceed to deliver the appropriate response

When working with vulnerable adults or young people, the same process of assessment will apply, however it should be noted that a range of risks and needs related to vulnerability, age or developmental stage may be indicated.

Risk Factors can be *dynamic (changeable over time and circumstances)* or *static (relatively unchangeable)*. Understanding the distinction between types of risk factors helps to appreciate their role in assessment and in their relative contribution to 'how', 'why' and 'when' offending occurs. **Static factors** such as age, gender and previous behaviour are statistically associated with offending. Whilst they can change slowly and incrementally as people age and offending histories evolve, they should be regarded as long term markers, and do not give a good understanding of current risk or targets for intervention. **Dynamic Risk Factors** are also associated with offending but are changeable; they fluctuate over time and assessment of such factors gives a better understanding of shorter term risk and identifies targets for intervention. They are amenable to change and may be *stable* factors: entrenched behaviours or attitudes that predispose an individual towards further offending, or *acute* factors: rapidly changing states or circumstances that can contribute towards triggering an offence.

Strengths are positive characteristics or circumstances that can make an individual more resilient to adverse circumstance, and predispose towards or encourage non-criminal behaviour and/or help to promote desistance from further offending. Strengths *disincline* an individual from offending due to their value to him or her and therefore they have a valuable role in promoting desistance.

Protective Factors are circumstances, relationships or characteristics that have a mitigating effect on risk of serious harm. When present, they act to prevent or interrupt the occurrence of an episode of potentially seriously harmful behaviour; as such they have an important role in risk management.

Statement of Risk is a clear expression of risk in terms of the nature, seriousness, pattern and likelihood of offending.

- **Nature** is the type of offence and the target
- **Seriousness** combines the degree of harm done, the degree of harm intended and the extent of planning in an episode of offending
- **Pattern** consists of the onset, duration, frequency and escalation of offending
- **Likelihood** is understood as the current balance of risk and protective factors/strengths. It is not expressed as a statistical probability.

This statement of risk can then be evaluated against the relevant criteria for the decision in hand; certain procedures have defined **risk criteria**, in other situations risk is evaluated against legislative, professional practice considerations.

Every effort should be made to ensure that such statements of risk are expressed in terms which are accessible to the individuals to whom they apply. This is particularly important when working with children and young people, or adults with learning needs.

Risk Criteria are the measures against which risk is evaluated to inform decision making in varying processes and systems. Risk criteria are important as they serve as gate-keepers for particular sentences and procedures, promoting fairness, transparency and integrity. Risk criteria are central to the sound functioning of MAPPA and the Order for Lifelong Restriction, and in those examples, revolve around the consideration of 'risk of serious harm'.

Risk of Serious Harm is one of our *risk criteria*: it sets a measure against which risk can be evaluated to guide decision making in various systems.

'There is a risk of harmful behaviour which is life threatening and/or traumatic and from which the victim's recovery, whether physical or psychological, can be expected to be difficult or impossible' .²⁴

Clarity about this definition is vitally important. It is known that difficulties occur in applying the definition, in clearly identifying the necessary elements of seriousness and likelihood. There is value in recalling the evolution of the definition and identifying the original key aspects.

"There is a risk of harmful behaviour which is life threatening and/or traumatic and from which the victim's recovery, whether physical or psychological, can be expected to be difficult or impossible. That is, sexual and violent behaviours, for example murder, serious assault, rape, all sexual offences against children, all violent robbery, kidnapping, holding hostage, terrorism and fire raising (where there was a clear intent to harm persons). The likelihood of this occurring is just as important as the fact that the person has caused such serious harm in the past. They must be regarded as having the potential to inflict such harm again."²⁵

A number of problems with this definition including its length and the list of offences, led to it being abbreviated, and the current definition is more succinct and memorable. However in so doing some of the key aspects may have become overlooked and need emphasised. The lengthier definition explicitly includes:

- Likelihood
- Sexual and violent behaviour
- Clear intent to harm persons
- Person has caused such serious harm in the past
- The potential to inflict such harm again

²⁴ Scottish Government (2008e)

²⁵ Adapted from OASys Manual, Home Office (2002)

That is, it incorporates the likelihood, nature, pattern as well as the seriousness of the offending. It is clear from the earlier version that the definition is identifying *further* life threatening or traumatic violent or sexual offending, by an individual who has caused such a degree of harm in the past.

In both versions there is confusion caused by the use of the word 'risk', in a manner that is inconsistent with this framework. It might better read 'there is a likelihood'. Furthermore, the nature of risk as a 'potential' rather than a certainty or actuality, is disguised by the phrases, "the victim's recovery...can be expected", which may usefully be revised as "from which recovery may reasonably be expected to be...".

FRAME proposes the adoption of the following revised definition:

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

Formulation is a term used by psychologists and psychiatrists for the 'understanding' of a case. The detail of such an 'understanding' should be proportionate and appropriate to the age and stage of the individual being assessed, to the specific circumstances of the case and task, and when assessing the risk of serious harm it needs to include a hypothesis of how, why and when such offending occurs. It demonstrates the interaction and role of respective and relevant risk factors, and highlights precipitating risk factors that may identify early warning signs and indicate *imminence*. This level of understanding is reached through detailed '*offence analysis*'. It is the link between risk assessment and risk management.

Imminence is the state of ‘being about to happen’. Our interest is in identifying when seriously harmful offending is imminent. Consideration of imminence is relevant when linking a risk assessment to a risk management plan in cases where ‘risk of serious harm’ is the concern, as it indicates the need for particular risk management activity. It requires identifying, *through offence analysis*, the *chain of events* that precede such an episode, and a search for early warning signs that may indicate that offending is ‘about to happen’. It is a challenging but important concept in risk management: in common with all aspects of risk assessment, there is no exact science, we can neither define imminence in hours or days, nor identify early warning signs in all cases; nevertheless, paying attention to imminence in order to protect others is an essential discipline of risk management . An understanding of imminence informs contingency planning, but is not reserved for this: awareness of the warning signs of imminence can be incorporated into all *risk management activities*, teaching the individual, significant others and identified victims, strategies for dealing with risk situations.

Offence Analysis employs a range of interviewing and thinking skills to explore past and current episodes of offending in order to identify how, why and when they occur. Analysis involves the examination of the ‘parts’ to understand their nature and function, so in offence analysis we aim to identify the factors that come together in an episode of offending by looking at how they contribute to such an occurrence.

Risk scenarios may be developed in the course of an assessment to assist in ‘forecasting’ the occurrence of future offending. Risk scenarios are based on what is known about the individual, the pattern, nature, and seriousness of previous offending, and the interaction and relevance of identified risk and protective factors.

Management

Case Management is a professional task that involves engaging an individual in the process of change, through **supervision** and **monitoring** progress, delivering and / or brokering the necessary **interventions** to support that change, and promoting **engagement** and **compliance**. The application of those aspects of case management will vary between routine and intensive depending on the case.

Where further offending is likely regardless of its impact, **supervision** as part of case management is indicated. Where further offending is likely and the impact of that offending is also likely to result in harm to others; or where further offending is likely and the pattern, nature or seriousness of offending seems to be increasing; **intensive case management** and close **monitoring** are indicated.

Where further offending is likely and there are indicators of risk of serious harm, further assessment is indicated to establish the need for **risk management**, and a **risk management plan** which is distinctive from a **case management plan**.

There are many applications of case management in care, treatment, protection and detention contexts. Appropriate to the purpose of the intervention, a needs assessment will determine the issues that should be the focus for change to support a range of positive outcomes. This is particularly relevant in working with children and young people who offend. In such cases assessment of risk must always be grounded in a broader and detailed assessment of their social, developmental and psychological needs.²⁶

Risk is an integral aspect of case management; whatever the task we must be alert to and responsive to a variety of risks. However, the focus of this paper is the risk associated with offending and, as such, is considered a necessary aspect of case management.

²⁶ [GIREFC](#) provides guidance about the need for a “single plan” in working with children and young people, and outlines a common assessment framework and specific tools that are appropriate for use with this age group.

Case Management Plan is a shared and dynamic working document based on an understanding of an individual's offending, the factors that support it and those that may encourage desistance. It is designed to engage the individual in a process of change. It addresses risks and needs, promotes strengths, and attends to responsivity issues identified by the assessment process. The plan should be developed in collaboration with the individual and should seek to target issues based on the individual's strengths and current levels of motivation, while prioritising the issues most closely related to offending and encouraging compliance. In developing and delivering the plan, the individual should be linked with appropriate services, advocacy should be offered where appropriate and progress should be monitored and reviewed. Emerging research on the use of structured and strategic approaches to case management practice and planning suggests that practice is most effective when it adheres to risk, need and responsivity principles.²⁷

Supervision is a means by which a relationship is established with the individual, to ensure that the individual is engaged through dialogue in a process of change and compliance. It may also involve oversight or administration of an order or sentence in a manner consistent with legislation and procedures, to ensure that any requirements or conditions are applied and compliance with such requirements is monitored. In working with children and young people who offend, supervision may be voluntary or statutory in line with the principle of 'minimum intervention' outlined in the Children (Scotland) Act 1995.²⁸

Monitoring involves a number of observational activities intended to determine progress or deterioration and alert to needed changes in the plan.

Intervention is a needed and specific programme, activity, or technique focused on change in a particular behaviour or a treatment for a particular problem.

²⁷ Bonta, J., Bourgon, G., Ruge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010)

²⁸ HMSO (1995)

Compliance involves adherence to conditions, but more constructively it is a mutual activity, an explicit contract between practitioner and the individual, based on a clear understanding of roles and expectations of each other.

Risk Management in this context is understood as the professional task of applying a range of activities with the aim of reducing the *risk of serious harm* to others. It is coordinated through the development of a *risk management plan*. It involves all of the activities associated with case management and in addition the activity of *victim safety planning*, detailed in a *preventative action plan*. In risk management, monitoring assumes a greater focus as it is the activity by which *imminence* is detected by the identification of early *warning signs*, and actions in a *contingency action plan* are triggered.

Risk Management Plan is a shared and dynamic working document, based on a *formulation or understanding of risk*, in which preventative and contingency action plans show a clear link between identified risks and necessary action, those responsible for those actions, and the required communications. It is responsive to change and should outline *review* procedures. It is distinctive from a case management plan.

Victim Safety Planning is a risk management activity by which attention is drawn to the safety of specific individuals or groups who may potentially be victimised, with a view to devising preventative or contingency strategies.

Preventative Plan is the element of a risk management plan that identifies the proactive, longer term activities of a rehabilitative or restrictive nature designed to reduce risk of serious harm.

Contingency Plan is the element of a risk management plan that identifies action required when indications of potential or actual deterioration manifest, suggesting *imminence* of further offending. It will be based on awareness of *protective factors* and *early warning signs* and is informed by the understanding of the identified risk scenarios.

Early Warning Signs are identified in the risk formulation in which the interaction of risk factors is explained in terms of the context and timing of offending. They are indicators of the precursors, precipitating or trigger factors. It should be noted that early warning signs may not be evident in every case.

Review of a risk management plan should be both scheduled and dynamic, and should consider positive and negative change and occurrences. Review involves considering the planned activities against those that actually occurred, the desired change against that which has occurred, and re-evaluation of future activities in the light of this consideration. Scheduled review ensures that periodic consideration of progress or deterioration is undertaken, however, dynamic review reflects the nature of risk: practitioners and teams must be continually open to and responsive to indications of change.

The frequency of review should be proportionate to the requirements of each case. For example it is anticipated that when working with young people reviews may occur on a more regular basis in keeping with the changes precipitated by their on-going development.

CHAPTER 4: GUIDING PRINCIPLES

Introduction

The challenge of assessing and managing risk draws together a diverse range of professions in the shared objective of protecting the public by minimising or preventing harm. The agencies that contribute to multi-agency public protection practice all have codes of ethics and value bases that guide the decision making of the various professional groups that they employ. These codes are in varying degrees of evolution, and to date they speak to rather generic, profession-specific applications but have commonality (e.g. integrity, beneficence, respect).

In the context of punishment and restriction of liberty, Ward (2009) has highlighted that those professions whose primary purpose is the care of others will reflect on their value base when delivering interventions aimed at change and rehabilitation in the criminal justice system.²⁹ Others have long espoused the responsibility of such professionals to champion humane, just, ethical, relevant and effective practices and procedures.³⁰ Grasping those paradoxes and delivering an approach based on engagement allows individuals to play a part in rehabilitation, restoration and reintegration.³¹

In the relatively new field of multi-agency public protection practice there is a need for a common shared set of principles to guide multi-agency public protection decision-making. It is generally accepted that an individual's values and beliefs are central to decisions to offend or not; it is also accepted but less well understood how a practitioner's values influence professional practice and decision making.³²

The FRAME Working Group has agreed several guiding principles for risk management. These principles set out the context within which good quality risk assessment and management may take place, although they are not exclusive to risk assessment and management practice and have wider relevance in many areas of practice including detention and imprisonment, social work, offender management and health care.

²⁹ Ward, T. (2009)

³⁰ Bonta, J., & Andrews, D. A. (2007)

³¹ McNeil, F., & Weaver, B. (2010)

³² Day, A., & Ward, T. (2009)

The necessary guiding principles are:

- Balancing Rights
- Proportionality
- Collaboration
- Evidence-based practice
 - Defensible Decision Making
 - Reducing Reoffending: Principles of Effective Practice
 - Engaging and Motivating Individual Change
 - Risk Assessment
 - Implementation Integrity
 - Competence

Balancing rights

This framework sets out a vision of risk assessment and management that takes cognisance of the competing rights of victims, individuals who offend, and the public, whilst promoting humane, ethical practice, effective interventions and public protection.

Contributions from a number of disciplines have argued that a primary and firm focus on human rights transcends the ethical codes and value bases of different disciplines, and perceived role conflicts between individual liberty and community safety³³ to provide the potential for a unified and cohesive approach.³⁴

The balancing of rights inherent in all multi-agency public protection practice echoes the balance of 'care' and 'control' familiar to the social work discipline.³⁵ Integrated and effective practice does not involve elevating one above the other dependent on circumstances, but a circumspect balancing of both.³⁶

This is challenging in the multi-agency public protection arena that is set in a context of media scrutiny, and political and public anxiety.³⁷

Reason and fairness, and a commitment to engagement are key ingredients in promoting compliance.³⁸ Similarly, evidence-based risk assessments and management plans are less likely to be an area of challenge when genuine efforts have been made to engage the individual in the process. Hence, defensible decision-making is central to this framework in order that practice may:

- withstand hindsight scrutiny in the event of adverse outcomes;
- justify decisions in order to enhance compliance; and
- withstand judicial challenges to interventions.

In addition, those individuals who are involved in offending benefit from defensible decision-making as it necessitates that rights are given consideration and, as a consequence, arbitrary interventions or restrictions are less likely to be employed.

³³ Hudson, B. (2001)

³⁴ Association for the Treatment of Sexual Abusers (2007)

³⁵ Scottish Executive (2006)

³⁶ Trotter, C. (2009)

³⁷ Kemshall, H. (2009)

³⁸ Kemshall, H. (2009)

Proportionality

Key to ‘balancing rights’ is the principle of proportionality. Proportionality is a fundamental principle that ought to underpin the risk assessment and planning processes. The degree of management, whether in the form of supervision, interventions, monitoring or victim safety planning, should be proportionate to the degree of risk posed. It is unethical to impose a degree of intervention which exceeds that necessary to address the assessed risk, and equally it is unacceptable in terms of public safety to fall short of the indicated level.

In criminal proceedings the concept of proportionality is traditionally based on ‘just deserts’: that is the individual who offends is punished for what he or she *has* done as opposed to what he or she *may* do. Internationally there has been an expansion of indeterminate sentences and risk management approaches that are based on concern about what the individual *may* do in the future. These have been subject to critical examination in the light of human rights legislation.³⁹ However, in this context the focus is not on ‘just deserts’ but on the concepts of the ‘least restrictive means necessary to achieve the desired goal’ and ‘the least restrictive interpretation of a sanction’; concepts that flow from a focus on human rights and proportionality. Such considerations are particularly pertinent in the area of youth justice. Research evidence indicates that labelling or interventions which contribute to the early criminalisation of young people can exacerbate re-offending into adulthood, therefore it is imperative that measures to manage young people who offend adhere to the principle of ‘minimum intervention’⁴⁰ and encourage diversion from adult services wherever possible.⁴¹ Such a focus on proportionality is an essential starting point in developing an ethical foundation for practice: we must respond to risk sufficiently, and no more.

FRAME is based on the premise that the degree of *attention* to risk must be proportionate to the risk. The majority of individuals coming to the attention of the criminal justice system are unlikely to cause serious harm to others; categorising such individuals as ‘low risk’ conceals the quality of rehabilitative and reparative endeavours that may increase their resilience and promote desistance from future offending.

³⁹ McSherry, B., & Keyzer, P. (2009)

⁴⁰ HMSO (1995)

⁴¹ Specific practice guidance on working with young people who offend in the context of social work services is contained within the National Youth Justice Practice Guidance (in press)

The criteria for defensibility support the use of empirically grounded research and evidence in risk assessment and management practice. In addition, the emphasis upon sound practice standards which underpin defensible decision-making provides a mechanism for avoiding over intrusion, discriminatory approaches and practitioner bias. Where decisions are transparent, accountable, proportionate, balanced and holistic, the rights of the individual are more likely to be upheld.

Practice that balances rights and responds proportionately has at its core a respect for human dignity and worth. Such respect requires that all parties are listened to, and this is the essence of collaboration.

Collaboration

Risk assessment and risk management should be essentially *collaborative* activities.⁴² This should be evident in the approach taken by practitioners and teams, among partners, and with the individual who is the focus of attention. Although collaborative working with victims is not always possible or appropriate, a victim perspective should always inform practice.

Collaborative practice involves developing an understanding of and respect for the roles, responsibilities and professional values of partners. The model is for risk assessment and management activities to be undertaken by an effective team which also maintains the particular skills and authority that different disciplines and agencies bring to risk assessment and management work. Within multi-agency public protection procedures, collaboration implies a high level strategic response to critical cases that harnesses the expertise, resources and commitment of all agencies with a primary responsibility in or a duty to cooperate in the management of such cases.⁴³

⁴² This reflects Standard 1 of the Risk Management Authority's Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction (2007): *Collaborative Working*

⁴³ Community Justice Services Division (2007)

In a balanced approach it is equally critical that the perspectives and needs of victims are addressed. In some cases this may involve a broad recognition of the risk posed to the community in general; in others concern for specific groups; or in many cases the need to protect, represent and advocate for the particular interests of identified individuals. While the circumstances will vary, continual attention to the victim is required and this may need particular emphasis in settings where practitioners have no direct contact with or awareness of potential victims. Although it may be difficult to involve victims in risk assessment and management, collaborative practice involves attention to public protection, public interest and appropriate consideration of victims.

In addition to this, the wider writing from various disciplines on the therapeutic alliance, compliance and engagement highlight the need to actively and ideologically value the involvement of the individual in the assessment and management process. This can be challenging, particularly when working with young people or vulnerable adults, and necessitates that staff are sufficiently trained and competent in the use of engagement and communication skills. This type of approach necessitates a commitment to the meaningful engagement of the individual in the processes of assessment and management, including interventions. This can include: an open and non-judgemental approach; explaining the process; explaining the roles of the professionals involved; and explicit negotiation on compliance. Where justified and reasonable, it has been suggested that decisions should be understandable and acceptable to the individual who offends, even if not always entirely welcome or palatable.⁴⁴

Evidence-based Practice

Practice that is rights based must be evidence based. Evidence-based approaches to assessment and intervention are identified as a means to promote the rights of individuals⁴⁵ and are based on concepts of adopting the least restrictive interpretation of a sanction and pursuing the least restrictive means necessary to achieve the desired goal.

⁴⁴ Kemshall, H. (2009)

⁴⁵ Dunkel, F. (2009)

An early and widely accepted definition of evidence-based practice, first championed in the medical field, described it as a “conscientious, explicit and judicious use of current best evidence in making decisions about individual patients”.⁴⁶ This definition has been adopted by some, and refined by others to clarify essential elements of the approach: best research evidence, professional expertise, and client values.⁴⁷

Broadly, an evidence-based approach has certain characteristics:

- it draws on a critical and impartial review of the best available research evidence;
- it values the knowledge base and experience of the practitioner;
- it is concerned with the engagement and values of the individual service user; and
- it measures and reports on outcomes to encourage transparency and learning.

Evidence-based practice has emerged and grown in influence over the last twenty years and has been embraced by various professions in differing degrees. The development and delivery of evidence-based programmes in the prison setting is apparent nationally and internationally,⁴⁸ and evidence-based policing is increasingly emerging as a research and development theme.⁴⁹ The influence of the approach in the mental health field can be seen in initiatives such as the publication of syntheses of research for a multi-disciplinary audience⁵⁰, whilst the 21st Century Review of Social Work makes numerous references to the desirability of the approach emphasising that:

“Services must develop a new organisational approach to managing risk, which ensures the delivery of safe, effective and innovative practice... focusing particularly on evidence-based approaches to risk assessment and management”⁵¹

⁴⁶ Sackett, D. L., Rosenberg, W. M., Gray, J. M., Haynes, R. B., & Richardson, W. S. (1996), p71

⁴⁷ Institute of Medicine. (2001); Macdonald, G. (2000); Petersilia, J. (2005); Bogue, B., Campbell, N., Carey, M., Clawson, E., Faust, D., Florio, K., Joplin, L., Keiser, G., Wasson, B., & Woodward, W. (2004)

⁴⁸ Following the Canadian model, the Scottish Accreditation Panel for Offender Programmes was established in 1997. There are a range of evidence-based programmes currently running in Scottish Prisons which include *Constructs: Positive Steps to Stop Offending* and *SOTP: Sex Offenders Treatment Programme*

⁴⁹ University of Cambridge (2008); Sherman, L. (2009)

⁵⁰ The *Evidence-based Mental Health Forum* available at <http://ebmh.bmj.com/> is one example

⁵¹ Scottish Executive (2005)

FRAME endorses an evidence-based approach and adopts this as a guiding principle. Within such an approach, FRAME draws attention to the following aspects of evidence-based practice in assessing and managing risk within the criminal justice context:

Defensible Decision Making

Each of the guiding principles described depends upon an inherent assumption that risk assessment and subsequent interventions can withstand scrutiny. While the understanding of and response to human behaviour are based on inexact science, ethical practice must be based upon the best available evidence to justify and defend decisions that balance rights, uphold proportionality and span multiple roles and agencies in the implementation of multi-agency public protection practice.

An action or decision is deemed defensible if an objective group of professionals would consider that it meets the following criteria:

- Staff involved have:
 - appropriate levels of knowledge and skill; and
 - an investigative stance and proactive approach

- The decision or action is based upon:
 - appropriate use of collected and thoroughly evaluated information; and
 - a risk assessment using reliable methods grounded in the evidence

- Planning demonstrates:
 - risk management strategies matched to risks and risk level; and
 - all reasonable steps have been taken

- Throughout the process:
 - there is communication with relevant others;
 - decisions are recorded; and
 - policies and procedures followed.⁵²

FRAME reflects these tests of practice at each of the levels of activity.

⁵² Kemshall, H. (2009)

Reducing Reoffending – Principles of Effective Practice

There is a body of research that explores the ways in which strategies of assessment, intervention and supervision contribute to improved outcomes in terms of reduced risk of reoffending. This literature identifies a number of principles of effective, evidence-based practice⁵³ but perhaps the most influential articulation of them is the risk, needs, and responsivity model (RNR).⁵⁴

This substantial body of research literature has identified the principles of risk, need and responsivity as central elements of effective practice. Respectively, the principles guide that:

- The level of service / intervention should match the level of risk/needs: interventions that fall short or exceed this level are likely to be counter-productive
- Intervention targets should focus systematically on the needs and problems linked with the individual's offending behaviour
- Interventions should be delivered in ways that are tailored to the abilities and learning styles of the individual. Some approaches are generally more effective; those that address the links between thinking and behaviour, problem solving and structured skills learning. Interventions should facilitate change through pro-social modelling, reinforcement and effective use of authority, and should be delivered in the context of a warm, respectful and collaborative relationship.

An evidence-based approach requires a critical appraisal of research based on the quality, relevance, and strength of its findings. Therefore it is important that we establish why this model forms a foundation to this framework, as it is not without challenge.

⁵³ Serin, R. (2006)

⁵⁴ Blanchette, K., & Brown, S. L. (2006); Ward, T., Mesler, J., & Yates, P. (2007); Andrews, D. A., Bonta, J., & Hoge, R. D. (1990); Andrews, D. A., & Bonta, J. (2006); Andrews, D. A. (2001); Andrews, D. A., & Dowden, C. (2007)

Firstly, the extent and quality of evidence that exists to demonstrate the effectiveness of the RNR model has gained it international recognition and influence.⁵⁵ The systematic, quantitative, experimental research design is regarded as ‘the gold standard’⁵⁶ and, large-scale review of such literature (meta-analysis) has been the primary approach that has delivered the RNR model. Such reviews have demonstrated that the RNR model can be effective if applied with integrity⁵⁷ and to date alternative models have not produced comparable evidence to support their efficacy. Critical examinations of this model acknowledge its major contribution and rank it as the ‘premier model’⁵⁸ in the field.

Secondly, the RNR model provides an approach that is generally applicable to a broad range of offender groups and therefore it is useful when developing a wide ranging framework.⁵⁹ The application of this approach has been examined in relation to work with young people,⁶⁰ women,⁶¹ sex offenders,⁶² violent offenders⁶³ and general offending populations⁶⁴ whilst work has also been done to look at its applicability in a variety of contexts including prison,⁶⁵ community,⁶⁶ and drug courts.⁶⁷

⁵⁵ Taxman, F. (2006)

⁵⁶ Taxman, F. (2010)

⁵⁷ Andrews, D. A. & Bonta, J. (2010)

⁵⁸ Ward, T. & Maruna, S. (2007b) p75

⁵⁹ Andrews, D. A. & Bonta, J. (2010)

⁶⁰ Latimer J. (2001); Latimer J, Dowden C, & Morton-Bourgon K. E. (2003); Lipsey M. W. (1999); Lipsey M. W, & Wilson D. B. (1998)

⁶¹ Dowden, C., & Andrews D. A. (1999)

⁶² Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009)

⁶³ Dowden, C., & Andrews, D. A. (2000)

⁶⁴ Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990); Lösel, F. (1995); Andrews, D. A., & Bonta, J. (2010)

⁶⁵ Bourgon, G., & Armstrong, B. (2005)

⁶⁶ Bonta, J., Rugge, T., Scott, T., Bourgon, G., & Yessine, A. (2008); Bourgon, G., Bonta, J., Rugge, T., & Gutierrez, L. (2010); Bourgon, G. (2011)

⁶⁷ Gutierrez, L., & Bourgon, G. (2009)

Some suggest a limitation in the nature of the meta-analytic approach in that it reports broad findings at the expense of fine detail.⁶⁸ Necessarily, such reviews rely on the availability of well-designed studies undertaken by researchers whose work advances the component parts of the effective practice principles, through the development and rigorous testing of interventions. Thereafter, systematic reviews can further explore the contribution of certain treatment approaches, such as cognitive behavioural programmes, to the broader principles.⁶⁹ Such complementary research activity allows for the expansion of the evidence base.

One recent review of the available meta analyses undertaken over twenty years affirms the status of the research literature and proposes that the credibility of criminal justice interventions relies upon adherence to the evidence-based principles.⁷⁰ The review found considerable variation in the effects found across different studies and suggested that despite the weight of the evidence, the principles of evidence-based practice were not generally adhered to. Others have noted that whilst disciplines like medicine have demonstrated consistent commitment to the evidence-based approach, within the field of criminal justice the degree of commitment to the evidence base appears less concrete.⁷¹ This presents a significant challenge to those who seek to integrate and implement the findings from research into day-to-day criminal justice practice.⁷²

⁶⁸ Ross, R. R., & Hilborn, J. (2008)

⁶⁹ Landenberger, N. A., & Lipsey, M. W. (2005); Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005)

⁷⁰ Lipsey, M. W., & Cullen, F. T. (2007)

⁷¹ Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002)

⁷² Bourgon, G. (2011)

It is now well documented that this research movement initiated a shift away from a punitive and pessimistic view in criminal justice policy.⁷³ Moreover, it has been argued that it “constituted a revolution in the way that criminal conduct is managed... and led to the development of a suite of empirically derived and effective interventions for a range of crimes...”⁷⁴ with the resultant impact of “reduced recidivism rates and safer communities”.⁷⁵ However, it is equally evident that in order to successfully improve practice, the application of the principles emerging from this research requires support and commitment at an organisational level⁷⁶ and that at times this has been lacking within the international criminal justice field. Indeed both proponents and critics of the RNR model identify that examples of disappointing or failed applications of the model have often stemmed from issues relating to poor implementation integrity and weak adherence to the principles.

⁷³ Cullen, F.T., & Gendreau, P. (1989)

⁷⁴ Ward, T., Melzer, J., & Yates, P. M. (2007) p.209

⁷⁵ Ward, T., Melzer, J., & Yates, P. M. (2007) p.226

⁷⁶ Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006)

A range of implementation integrity issues have been highlighted including occasions when large scale projects have overlooked the need for individualised responses and fundamental interpersonal skills.⁷⁷ It has been recognised for some time that relationship skills are central to good practice⁷⁸ in several disciplines.⁷⁹ Since the early 1980s research has demonstrated the skills and qualities of the effective criminal justice practitioner.⁸⁰ In recent years research has identified ‘core correctional practices’⁸¹; a set of skills and techniques with which effective criminal justice practitioners deliver structured evidence-based interventions within the context of positive, collaborative relationships with individuals who offend.⁸² Nevertheless, it is noted that evidence-based practices are on occasions presented as being in some way in opposition to person focussed, individualised interventions.⁸³ Such criticisms have also been levelled at the RNR model⁸⁴ and in response, approaches have emerged that propose alternative ways of conceptualising and promoting individual change. The development of desistance theory⁸⁵ and the Good Lives Model⁸⁶ are pertinent examples.

Rather than viewing these theoretical models as opposing forces, some suggest that a more constructive approach is to identify how they might complement each other.⁸⁷ However, a judicious approach for the academic and the practitioner in the development and adoption of new models is to ground them in the existing evidence base, subject them to rigorous testing and establish the added value that they bring before wholeheartedly promoting or accepting them.⁸⁸

⁷⁷ Andrews, D., & Bonta, J. (2010b)

⁷⁸ Andrews, D. A., & Kiessling, J. J. (1980)

⁷⁹ McNeill, F., Batchelor, S., Burnett, R., & Knox, J. (2005)

⁸⁰ Andrews, D. A., & Kiessling, J. J. (1980)

⁸¹ Dowden, C., & Andrews, D. A. (2004); Andrews, D., & Bonta, J. in McNeil, F., Raynor, P., & Trotter, C. Eds. (2010)

⁸² Clark, M. (2006)

⁸³ Forrester, D. (2010)

⁸⁴ Ward, T. & Stewart, C. (2003)

⁸⁵ Maruna, S. (1999)

⁸⁶ Ward, T., & Brown, M. (2004)

⁸⁷ Ogloff, J. R. P., & Davis, M. R. (2004); Wilson, R. J. & Yates, P. M. (2009)

⁸⁸ Andrews, D. A., & Bonta, J. (2003); Daffern, M., Jones, L., & Shine, J. (2010)

This framework recognises the challenge for professionals within the field of criminal justice to balance the competing demands of a rights based, value driven and evidenced based approach which safeguards public safety and law enforcement and also attends to the needs and interests of the individual service user. The evidence-based practitioner draws on the review of the wider research literature, and asks how this knowledge base informs the most appropriate response to the *individual*. In doing so, practitioners balance professional, ethical and evidence-based considerations.

Engaging and Motivating Individual Change

Meta-analytical reviews report the *mean* effect of interventions across numerous studies. However, a number of current academic endeavours are increasingly interested in understanding the process of *individual change*, and explore the factors and approaches that may facilitate the individual in such a process. Notably, there is interest in strength and protective factors, motivation and engagement, the pathways to desistance, and approaches which are strength-based and promote well-being.

The advances in motivational interviewing are such that it is increasingly recognised as an intervention in its own right.⁸⁹ In addition to this, the significant practitioner interest in and growing emphasis on strength and protective factors in both the desistance and risk management fields⁹⁰ are reflected in the fact that emerging approaches within research and practice increasingly attend to these factors.⁹¹ Some regard the strengths based approach⁹² as an antidote to an overt focus on risk and need, while others recognise strengths as valid case management and responsivity issues.⁹³

⁸⁹ Andrews, D.A., & Bonta, J. (2010)

⁹⁰ Vogel, V. de, Ruiter, C. de, Bouman, Y., & Vries Robbé, M. de (2009) ; Risk Management Authority (2006) ; Risk Management Authority (2007)

⁹¹ McNeill, F., & Weaver, B. (2010); Ward, T., Mann, R. E., & Gannon, T. A. (2007)

⁹² Ward, T., & Maruna, S. (2007); Ward, T., & Stewart, C. (2003)

⁹³ Andrews, D. A., Bonta, J., & Wormith, S. (2004)

Approaches which emphasise the process of engaging the individual in the process of change resonate with professional experience and values. While comparable evidence may not yet be available to demonstrate their added value in terms of improved outcomes in the reduction of re-offending, the *clinically* relevant contribution that they bring merits their recognition in this framework.⁹⁴ The desistance literature is a particularly relevant example in Scotland where its aims and values find favour with practitioners but also reflect wider aims of policy and indeed the ethos of care and welfare that is part of the Scottish criminal justice system's tradition.⁹⁵ Like other approaches, the concept of desistance involves the pursuit of a reduction in or cessation of offending, however, it is broader than this. It also encompasses a wider goal of seeking to encourage an individual's inclusion in and engagement with society.

The highly individualised emphasis of such a process, is one reason that the study of desistance is primarily based on qualitative research methods and draws on the accounts of individuals about the events and processes that encourage their decisions for change. Such qualitative work can complement the understanding of the responsivity principle, and when subjected to rigorous research design may contribute to the existing evidence-base on reducing re-offending.⁹⁶ Moreover, it can provide a means for the practitioner to locate efforts to reduce reoffending and promote public safety within a professional value base and commitment to the wider well-being of the individual.

⁹⁴ Hoge, R. D. (2009)

⁹⁵ Croall, H., Mooney, G., & Munro, M. (eds.) (2010)

⁹⁶ Ogloff, J. R. P., & Davis, M. R. (2004)

Current collaboration between researchers of different disciplines demonstrates the synergistic gain that can be achieved through mutual respect for both research approaches.⁹⁷ There are signs of a meeting of minds, evidenced by concerted research efforts to bring together the RNR and desistance models through quantitative research in order to establish empirically the factors that are associated with individual change.⁹⁸ Such projects that use quantitative research methods to explore individual change hold the promise of closing the perceived divide that exists between the robust empirical data generated by meta-analyses, and the practitioner focus on the individual.

Understanding an individual sufficiently to develop appropriate evidence-based responses to offending behaviour requires that the task begins with similarly evidence-based risk assessment.

Risk Assessment

Risk management practice generally identifies risk assessment as the starting point of the process,⁹⁹ and assessment of risk, needs, and responsivity is fundamental to the evidence-based principles discussed above.

The evolution of risk assessment has been well documented with general recognition that the incorporation of the ever growing research literature delivers an incremental improvement with each new generation of risk assessment instrument.¹⁰⁰

The development of actuarial instruments has evolved over thirty years: from instruments based on static risk factors that may contribute to broad classifications based on longer term risk, to more sophisticated approaches that contain a range of factors and are designed to assist in an understanding of an individual and his/her behaviour with the aim of reducing the likelihood of that behaviour through appropriate interventions.¹⁰¹

⁹⁷ The publication of *Offender Supervision : New Directions in theory, research and practice* by McNeil et al (2009) is the product of this kind of collaborative endeavour, and the introduction to the book outlines some of the dialogue surrounding current research and development in this field.

⁹⁸ Serin, R. C., Lloyd, C. D., & Hanby, L. J. (2010)

⁹⁹ ISO (2009)

¹⁰⁰ Andrews, D., Bonta, J., & Wormith, J. S. (2006)

¹⁰¹ Hanson, R. K. (2007)

Running in parallel with this development there has been an ongoing academic debate concerning the applicability of group data to the individual and the relative superiority of actuarial and clinical approaches.¹⁰² A useful guide for practitioners¹⁰³ proposes an approach that bridges both perspectives, drawing learning from those whose work highlights the limitations of the actuarial approach¹⁰⁴ while endorsing the counsel of others that abandonment of the actuarial tradition is unwise.¹⁰⁵

A further suite of risk assessment instruments, commonly known as 'structured professional judgement' (SPJ) instruments are distinct from actuarial tools in that while they incorporate the empirical evidence, they also include consideration of other clinical factors and do not lead to a quantified 'score'. These instruments¹⁰⁶ are primarily, although not exclusively,¹⁰⁷ developed for application with mentally disordered individuals who offend, and are therefore most commonly used by mental health professionals, psychologists and psychiatrists. Each existing SPJ tool focuses on a particular offence type, such as sexual, domestic, or youth violence and as such, these instruments are predominantly utilised in specialist settings for the purposes of detailed and individualised risk management planning.

However, structured professional judgement and decision-making are necessary components of *all* risk assessment practice, regardless of the type of instruments employed or the professional background of the practitioner.

Therefore this framework seeks a balance of approach for reasons of both principle and pragmatism. By definition an evidence-based approach is based on a broad and impartial review of the relevant research. Furthermore, a framework that seeks to span multiple tasks, contexts and professions must draw on evidence-based approaches that are relevant to such diverse needs.

¹⁰² Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006); Ward, T & Maruna, S. (2007); Cooke, D. J., & Michie, C. (2009) Hart, S. D., Michie, C., & Cooke, D. J. (2007)

¹⁰³ Craig, L. A., & Beech, R. A. (2010)

¹⁰⁴ Hart, S. D., Michie, C., & Cooke, D. J. (2007); Cooke, D. J., & Michie, C. (2009)

¹⁰⁵ Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006)

¹⁰⁶ HCR-20, RSVP

¹⁰⁷ SARA

Risk instruments whether designed as aids to initial decision making or case management in the wider criminal justice setting, or risk management tools in specialist settings, must be applied within an understanding of their respective strengths and weaknesses. In addition, to be used with any degree of confidence all should have a sound empirical basis and validation history.¹⁰⁸

Risk instruments of various types assist the practitioner in different ways,¹⁰⁹ anchoring the assessment in empirical evidence by identifying relevant risk factors. However, this is only one step in the assessment process; thereafter the practitioner must analyse in appropriate depth the meaning of those risk factors to the individual case. This is sometimes referred to as formulation, or developing an understanding of the individual and his/her behaviour.

There is general agreement that both an empirical grounding and an individualised approach to assessment are essential to effective and ethical practice.¹¹⁰

This framework proposes that while the type and depth of risk assessment may vary according to role and responsibilities, or the age and needs of the individual, assessment should follow a similar process in all cases:

- *Identification* of risk and other factors
- *Analysis* of their meaning to the pattern, seriousness, nature and likelihood of offending to produce a formulation or understanding of individual risk
- *Evaluation* of that formulation or understanding against the relevant decision making criteria for the task in hand
- Meaningful *communication* of the assessment to those who must act upon it

¹⁰⁸ Risk Management Authority (2007c)

¹⁰⁹ Hanson, R. K. (2007)

¹¹⁰ Andrews, D. A., & Bonta, J. (2010b); Vess, J., Ward, T., & Collie, R. (2008); Risk Management Authority (2006); Risk Management Authority (2007)

Implementation Integrity

This framework seeks to be evidence-based and so strives to embrace a broad range of sound research literature for the use of the practitioner and the benefit of the client. Such attention to the evidence-base is fundamental but research amply demonstrates that it is not sufficient – it must also be translated into practice. Commitment to the evidence-based approach is needed at many levels of practice and at all levels of an organisation.

Research supports the need for quality assurance and attention to implementation issues in the successful application of evidence-based practices. Commitment is required across all organisational levels if we are to achieve the positive outcomes that the research demonstrates are possible. For this reason, the concept of implementation integrity is reflected throughout this framework and is established in the standards set for front line and organisational practice.

Competence

To implement evidenced based practice, staff must be competently trained in the relevant areas. Measures such as the Correctional Programme Assessment Inventory 2000 (CPAI - 2000)¹¹¹, professional and agency procedures, professional codes of ethics,¹¹² and accreditation standards¹¹³ highlight the training, experience and competencies associated with tasks.

The CPAI - 2000 places considerable emphasis on the organisation's responsibility to promote, supervise and maintain competence at the individual and service levels. Emerging research also identifies the important role of professional supervision in maximising the positive impact of a practitioner's interventions.¹¹⁴ This and earlier research also suggests that interventions produce more positive outcomes when delivered by staff who demonstrate a range of core qualities, skills and practices.¹¹⁵

¹¹¹ Gendreau, P., & Andrews, D. A. (1996)

¹¹² British Psychological Society (2009); American Psychological Society (2010)

¹¹³ Risk Management Authority (2007b)

¹¹⁴ Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010)

¹¹⁵ Dowden, C., & Andrews, D. A., (2004)

Over several decades, the literature on risk assessment has highlighted the inadequacy of unstructured professional judgement¹¹⁶ and more recently, reviews have shown the general tendency for interventions to fall short of the ‘ideal’ and so reduce their impact.¹¹⁷ Conversely, it has also been demonstrated that there is an incremental effect when the principles of evidence-based practice are applied.¹¹⁸ The more attention that is paid to the principles of evidence-based practice, the more positive the outcome.

Equally, there is abundant evidence that the implementation of evidence-based initiatives fails where there is an absence of organisational commitment and practitioner support or training.¹¹⁹ It is relevant to note that findings of a current research project demonstrate positive results in a ‘real world’ setting where the principles of evidence-based practice have been adhered to by practitioners.¹²⁰ However there are significant challenges associated with implementing such practices in a sustainable way.¹²¹ In brief, competence is both an organisational and individual consideration.¹²²

From Principles to Practice

Principles guide decision making particularly when dilemmas are presented; from such principles practice standards flow. Standards provide a means for one to guide, reflect upon and evaluate one’s own or another’s practice. The identified guiding principles allow standards to be promoted for the assessment and management of risk in all cases that are held by the responsible agencies.

FRAME standards identify elements that should be common in all practice. However, it is recognised that practice may vary in relation to the age, needs and risk level of the young person or adult with whom work is being undertaken. The standards must therefore be applied in a manner that is appropriate to the individual case and the task in hand.

¹¹⁶ Menzies, R., Webster, C., McMain, S., Staley, S., & Scaglione, R. (1994); Webster, C., Dickens, B., & Addario, S. (1985); Gottfredson, S., & Gottfredson, D. (1994)

¹¹⁷ Andrews, D. (1995); Andrews, D., Zinger, I., Hoge, R., Bonta, J., Gendreau, P., & Cullen, F. (1990); Dowden, C., & Andrews, D. (2004); Garrett, C. (1985); Izzo, R., & Ross, R. (1990); Lipsey, M. (1992); Lipsey, M., Chapman, G., & Landenberger, N. (2001); McGuire, J., & Priestly, P. (1995); Wexler, H., Falkin, G., & Lipton, D. (1990); Whitehead, J., & Lab, S. (1989)

¹¹⁸ Gendreau, P., & Goggin, C. (1996).

¹¹⁹ Andrews, D. (2006); Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2004)

¹²⁰ Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010)

¹²¹ Bourgon, G., Bonta, J., Rugge, T., Scott, T., & Yessine, A. K. (2009)

¹²² Gendreau, P. C. (2001)

A tiered approach

Effective multi-agency public protection practice requires that many individuals of varying backgrounds, representing a number of disciplines within several agencies, and who are charged with undertaking different role specific responsibilities, are able to communicate and collaborate on common tasks. If a common task such as 'risk assessment' is understood in ways that are fundamentally different between groups, collaborative practice is hindered. Equally, if 'risk assessment' is understood to be a practice that is reserved for a number of specialists, sustainable resourcing and structural issues are at least highlighted.

Collaborative practice requires a process of practice that is recognised and valued across disciplines and in varying settings. This may at the outset seem unattainable; however, Breakwell suggests that all risk assessment in all contexts follows the same broad process:

1. Identify the hazard clearly
2. Identify the adverse event
3. Likelihood of adverse event
4. In the event what are the possible outcomes
5. Estimate the likelihood of each possible outcome
6. Estimate the impact of each possible outcome
7. Summarise and communicate the risk¹²³

Similarly, the ISO document usefully summarises the elements of risk assessment as:

1. Identification
2. Analysis and;
3. Evaluation¹²⁴

Risk instruments variously assist in the identification of risk factors that are relevant , but analysis of the meaning of those factors in the context of an individual's offending behaviour, coupled with an evaluation of such against the appropriate decision making criteria remain professional tasks, without which a risk assessment is incomplete.

¹²³ Breakwell, G. (2007)

¹²⁴ ISO (2009)

The Risk Management Authority's *Risk Assessment: Standards and Guidelines* and the manner of assessment currently accredited by the Risk Management Authority¹²⁵ encompass this broad understanding of the risk assessment process. FRAME proposes that a common adoption of this process will aid multi-agency practice by promoting a shared understanding of the *assessment* of risk.

In keeping with the foundations and guiding principles of FRAME, it is important that this process is applied proportionately, legitimately and purposefully. To this end, FRAME proposes the adoption of a triage approach. Triage, or 'sorting', is a commonly understood concept in medical settings and facilitates the determination of priorities for action in the context of an emergency situation.

In employing a tiered approach, we can ensure that the process of assessment and management is applied proportionately in considering the risk, appropriately in relation to the task, and legitimately according to role and competencies.

Broadly, there are three tiers of risk practice within FRAME that describe the approach to risk:

- 1. Aware**
- 2. Attentive**
- 3. Active and Alert**

The practical application of these three tiers is explored in Chapter Five: Practice Standards.

Central to this is the need for meaningful communication of risk which would see a move away from dependence on terms such as low, medium and high to describe the various and qualitatively different components of risk, towards descriptive and distinctive terms that convey a clear understanding of the risk in a manner that is accessible to all involved.

¹²⁵ Risk Management Authority (2009)

Weather forecasting has been explored as an analogy that is helpful in understanding risk communication and the tiered approach.¹²⁶ Weather forecasts provide a synthesis of scientific detail in a manner that can be understood by the intended audience. The purpose of the forecast is to provide the target audience with information which is specific to their context in order to guide their decision making and action. The detail and scope of the forecast will vary depending on the needs of the audience and the risks involved. A general forecast which gives an overview of the main features of the weather pattern and points towards any significant changes or developments may suffice for the day to day needs of most individuals. However, for those operating in potentially hazardous environments such as marine or mountain, the recipient will require a much more detailed meteorological report which highlights specific risk factors, potential changes and provides information about imminence and the need for contingency action to avert a serious negative outcome.

There are clear parallels when we consider the challenge of developing and communicating about proportionate risk practice. The analogy has been critically examined by some¹²⁷ but none-the-less it raises valuable questions about our communication of risk.

In this framework we propose that risk is communicated in agreed common terms. Moreover we suggest that any discussion of risk should routinely convey the *pattern*, *nature*, *seriousness* and *likelihood* of offending, addressing *imminence* in cases where risk of serious harm indicates the need for contingency measures.

¹²⁶ Monahan, J., & Steadman, H. J. (1996)

¹²⁷ Cooke, D. (2010); Hart, S., Michie, C., & Cooke, D. (2007)

CHAPTER 5: PRACTICE STANDARDS

Introduction

In 2006, The Risk Management Authority published *Standards and Guidelines for Risk Assessment* and in 2007, *Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction*. These standards were designed to outline best practice in relation to the risk assessment and management of individuals who commit serious offences, who are subject to an Order for Lifelong Restriction. The standards for FRAME build on this foundation, but have been revised to encompass the risk assessment and management of a broader spectrum of individuals and offending behaviour. They have been developed for a range of professionals, teams and organisations charged with the management of offending behaviour.¹²⁸ Care has been taken to make them applicable to different settings (prison, hospital, and community), levels of risk and complexities of management.

In FRAME standards identify elements that should be common in all practice and the purpose of these standards is to provide a method by which:

- practice may be directed and evaluated;
- decisions and individual management cases may be examined;
- teams and professionals may reflect on their practice; and
- organisational structures and policies may be designed and reviewed.

These standards set out the required elements of risk assessment and risk management practice. The methods by which these will be achieved within agencies will be defined by the FRAME Working Group members and supported by the Risk Management Authority. The standards are underpinned by the foundations and guiding principles outlined and are informed by a shared language of risk.

¹²⁸ To encompass a wide remit, these standards are necessarily generic and provide only brief guidelines. It is acknowledged that there may be variations in the application of standards in working with young people as opposed to adults and that specific consideration may also be required when applying them to specific groups (e.g. women, vulnerable adults, mentally disordered individuals etc). It is anticipated that more detailed practice guidance on applying FRAME within specific contexts will be developed in conjunction with the members of the FRAME Working Group as the project evolves.

Although standards are a useful tool when used within a range of complementary techniques, they cannot usefully exist or be used in isolation. Standards should be used within a framework of continuous quality improvement, which should draw on a range of approaches including self-assessment, practice audits, outcome measures, key performance indicators and service user consultations. These techniques may all be used in conjunction with standards to define the questions to be asked and to allow for progress and improvement.

Each standard has three levels and those levels build upon each other as the intensity and complexity of practice increases. The terminology used seeks to describe general principles of practice and does not imply any form of classification or categorisation of individuals. The levels do not necessarily represent a process, as in certain cases it will be evident from the outset that the case requires a high level of detail, rigour and scrutiny (e.g. Risk Assessment Order from the High Court). Nevertheless there are many instances when the levels may be worked through in order: for example, when a social worker undertakes a criminal justice social work report and the resulting disposal involves supervision, a ‘*scan*’ of risk may have sufficed for the report; but a more thorough ‘*examination*’ of risk, needs and responsivity is needed to develop a case management plan; thereafter if indicators of risk of serious harm are identified a further ‘*scrutiny*’ of risk is necessary to inform a detailed and individualised risk management plan.

Guidelines for applying each standard are provided to explore how the various levels will operate in practice.

STANDARD 1 - RISK ASSESSMENT

Standard Statement

Risk assessment will involve *identification* of key pieces of information, *analysis* of their meaning in the time and context of the assessment, and *evaluation* against the appropriate criteria. Risk assessment will be based on the best available information, gathered from documents and interviews.¹²⁹ Risk assessment will be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision making, acknowledging any limitations of the assessment. The results of risk assessment will be communicated responsibly, in a way that is meaningful and understood by all involved. Risk will be communicated in terms of the likelihood, pattern, nature and seriousness of offending.

Rationale

This standard directs practice that varies in relation to several factors including the:

- risk posed by the individual
- complexity of the case
- purpose of the intervention

The purpose of a risk assessment is to estimate the likelihood that a person's behaviour will cause harm to members of the public, to self and to the staff working with the individual, and to define the nature and seriousness of such harm with the purpose of preventing it.

¹²⁹ This reflects Standard 1 of the Risk Management Authority's Risk Assessment Standards 2006: *Document Review* which states "*The assessor must **review a range of relevant documents** concerning the offender's social, criminal and medical context in order to inform their assessment*".

Important decisions are made on the basis of risk assessment, but risk assessment is inexact and has limitations. Risk assessment should follow a structured process of risk identification, analysis and evaluation, and should be supported by clear information and evidence. If key information is missing or inaccurate the risk assessment and thus risk management will not be as comprehensive or as effective as it should be. Therefore any deficit in information should be made clear, and the impact of any information gaps on the validity or scope of the assessment should be highlighted.

However, it is equally important to recognise when you have adequate information to proceed, as assessment needs to be timely. The assessor needs to be aware of the quality and balance of information, and to be clear about this when communicating the findings of the risk assessment.

Determining the relative degree of risk posed, and the nature of that risk is a vital case management task. Information on the risk posed by an individual can help to:

- identify the nature and seriousness of the behaviour
- indicate the required level of intervention
- direct intervention targets
- inform the degree of restriction that is warranted
- act as foundation for a management plan
- communicate necessary action to others

In addition to sourcing accurate information, the identification of risk factors should be supported by the use of a range of risk tools. To withstand research scrutiny, a good risk assessment tool must evidence predictive validity, that is, it must contain variables which are highly predictive of future offending behaviour. In practice, a good risk assessment tool needs to contain information on the variables that guide decisions and allow the development of appropriate and responsive risk management plans in order to reduce the likelihood of offending behaviour. Its purpose goes beyond the goal of classification and by virtue of its theoretical underpinning, offers a means to understand and respond to the behaviour. Used responsibly such tools assist a practitioner to complete a risk assessment, but they are not risk assessments in themselves.

The selection of appropriate risk instruments is the responsibility of the practitioner and the agency, and may be guided by criteria outlined by the Risk Management Authority.¹³⁰ An appropriate instrument is one that is suitable for the individual and in its application practitioners should be aware of the impact of age, gender, race, mental health or cognitive ability. To ensure that decision-making is responsible, ethical and defensible, risk assessment tools should be used in line with the guidance provided by the authors and should only be undertaken by practitioners who are qualified in the use of the instrument.

The purpose of risk assessment, and its associated uncertainty indicates that it is best regarded as a forecast rather than a prediction.¹³¹ To be useful to others risk must be communicated in a manner that facilitates the listener's understanding. The terminology of risk assessment in the field of multi-agency public protection must be clear, and jargon-free to promote collaboration and information sharing. To this end a statement of risk is made in terms of the likelihood, pattern, nature and seriousness of offending in order that any evaluation is informed by a clear and meaningful understanding of the risk. The aim is to ensure that there is a ***shared understanding*** of risk, upon which each party can understand the implications for his or her decision-making and action and contribute to effective and collaborative practice.¹³²

Guidelines for applying the Standard

Risk Assessment is a process by which risk is understood. It involves the three steps of identification; analysis and evaluation of the best available information, which is then communicated to inform decision making and action. Whilst the focus of these steps may vary depending on the age and stage of the individual being assessed, the broad process will remain the same. In this context the aim of risk assessment is the reduction of the likelihood and impact of future offending.

¹³⁰ Risk Management Authority (2007c)

¹³¹ Cooke, D. J., & Michie, C. (in press)

¹³² Monahan, J., & Steadman, H. J. (1996)

However, this process has to be applied proportionately and appropriately. Understanding the *purpose* of the assessment is important from the outset. The assessor should also be conscious of their role and its boundaries and the limits of their competency to ensure that the means of assessment are *appropriate*. Having some knowledge of how the listener or reader will need to be guided by the assessment will help to make it *meaningful*. In considering the example of undertaking an assessment with a young person, whilst the process of assessment will be the same as that used with adults, there will be an emphasis on issues which are particularly relevant to young people such as issues of vulnerability, child protection, needs identification and diversion from prosecution.

Understanding the purpose of the assessment informs the earlier stages not only the conclusion. The level of identification undertaken is determined by the characteristics of the case and the necessary depth of assessment; the relevant context of the assessment informs the analysis; and the intended decision making provides the criteria against which that analysis is evaluated.

In the context of MAPPA, risk is evaluated against the criteria for 'risk of serious harm'. The risk of serious harm and the complexity, or manageability of the case indicates a level of intervention and planning. It follows that the assessment must be appropriate to the needs of planning and management.

For example, a risk assessment of a MAPPA level 1 case undertaken by a police officer informs the subsequent monitoring activity and that should be evaluated against the role, responsibilities and procedures relevant to the task.

Similarly a social work assessment for a Criminal Justice Social Work Report has different evaluation criteria to that of a Parole Home Background Report, or a Social Background Report for the Children's Hearing System; in the first the criteria are the availability and appropriateness for community disposals; in the second the criterion is the ability to risk manage the individual if released, whilst the third evaluates the need for statutory measures to meet the needs and protect the welfare of the child or young person, and address any risk that he or she poses.

So while risk assessment may vary according to its purpose, the case, and the role of the practitioner, it always entails three elements: identification, analysis and evaluation.

Applying the Process:

1. Gather and review the relevant information to *identify* the:

- Historical and current factors about the person, his or her life circumstances and behaviour that support further offending (***risk factors***) or desistance (***strengths***). This element of assessment is assisted by the application of appropriate risk tools
- Pattern of offending
- Nature of previous and current offences
- Seriousness of previous and current offences

2. *Analyse* this information

- To further identify how likely further offending is in the long term and in the current context given the presence and balance ***of risk, strength*** and any identified ***protective factors***.
- To identify the possible outcomes in the event of such further offending
- What is the likelihood of each possible outcome:
 - Non violent and non-sexual offending
 - Violent offending
 - Sexual offending
- Further analyse all of the above to estimate the impact of each possible outcome
- Make a statement of risk in terms of the nature, seriousness, pattern and likelihood of offending

3. *Evaluate* this information

- Evaluate against the appropriate criteria, and the context and purpose of the assessment
- Make a decision on the most appropriate course of action
- Communicate the risk as required
- Proceed to deliver the appropriate response

Within this framework there are three tiers of risk assessment that are named in a way that reflects the *depth* of the assessment, or how closely risk is 'looked at':

1. Scan

A scan for risk involves developing an **awareness** of the level and nature of risk with a view to supporting decisions and communicating meaningfully about risk management. This is not simply a cursory or superficial review of a case. A scan should **identify** the key risk indicators and propose conclusions about the possible impact of those factors without requiring a detailed examination.

Certain tasks, duties or operational contexts require brief risk assessment that nevertheless needs to be defensible, meaningfully communicated and acted upon with integrity. Such brief risk assessment may serve the purposes of one-off initial decision making, or underpin ongoing routine duties.

Examples would include a social work court report author; a police officer administering the requirements of the Sexual Offender Act 2003; a prison officer or a nurse on a hall or secure ward; or a residential worker in a children's unit. None of those is managing a case but risk is an integral aspect of their duties. In each case, their work needs to be underpinned by an **awareness** of risk, and an understanding of what their professional responsibilities are in relation to identifying or monitoring, and further communicating the implications of risk.

Practitioners are urged to regard risk assessment as a continuous process and also to recognise when occasions arise that necessitate a full, formal review of risk assessment over and above those instances set by procedure. The frequency of assessment may also be determined by the needs of the individual as in the case of young people, who by virtue of their on-going development may require more frequent review. Procedures may require re-assessment at set points such as annual reviews, case conferences or case transfers. Over and above procedural requirements, the need for review of the assessment may occur due to deterioration or progress in the case, or significant changes in circumstances.

However, responsive case or risk management is promoted by continual awareness, attention to and alertness to indicators of change and proportionate readiness to act. This stance allows the practitioner to notice and respond to lesser day to day changes, and to detect occasions when more significant change may be occurring.

Therefore, the usefulness of scanning practice extends beyond initial assessment, to aid ongoing monitoring of risk and change. An initial assessment, of the appropriate depth sets the groundwork for intervention, and continual scanning of the identified relevant factors promotes responsive management of the case. This practice is elaborated upon in Standard 2 - Planning and Responding to Change.

A brief review of actuarial factors grounds the assessment in **awareness** of 'risk markers'. However, the assessor should balance this with a structured review of the case history and determine what the information means in this case at this time. Even limited information at the scanning stage may still allow for a consideration of the nature, seriousness and pattern of past and current offending, and so assist a statement that informs decision making.

This process allows for a scan of the risk landscape and should prompt consideration as to whether there are risk indicators that merit further assessment, and whether routine intervention can proceed on the basis of the scan. In either case clear recording and onward communication of the rationale for the decisions taken are essential.

2. Examine

Assessments at this level are informed by due **attention** to risk and are appropriate in the context of case management planning and decision making, to inform interventions and any considerations about protection of others. This requires a focused review of a broad range of factors and an analysis of past and current offending. In view of the dynamic nature of many risk factors, risk assessment will be an on-going process which responds to change in order to inform the implementation and review of case plans.¹³³

¹³³ This reflects Standard 2 of the Risk Management Authority's Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction 2007: *Risk assessment*

Risk assessments at this level will examine and clearly document:

- risk/offending related needs
- risk factors specific to the individual
- the likelihood of further offending
- the possible negative outcomes of such offending
- potential victims
- the impact of further offending on others
- obstacles to engagement
- strengths, internal controls or protective factors
- targets for change
- measures of progress or deterioration
- the level of monitoring/reporting needed
- the level of rehabilitative efforts needed

Since reducing re-offending and rehabilitation are key objectives, a full review of the risk, need and responsivity factors is an integral part of this type of assessment, regardless of the nature and seriousness of the offending. As well as highlighting risk factors, the assessment should identify strengths that might promote desistance, and protective factors that may prevent or interrupt episodes of offending. This step of identification should be supported by a suitable risk/needs instrument which is appropriate to factors such as age, gender and race.

As with the scan for risk, at this level there is an ongoing consideration of the pattern, nature and seriousness of offending. However, to achieve the understanding necessary to inform a case management plan geared towards *reducing the likelihood* of further offending, a greater degree of analysis is needed. In addition to the nature and seriousness of past and current offending, an *examination* is needed of 'how', 'why' and 'when' offending occurs. This is known as offence analysis. As previously discussed within the chapter on language of risk, this involves examination of the events, circumstances, behaviours, thoughts and feelings that precede and follow an episode of offending.

This provides a clearer picture of the balance of risk and strength/protective factors, and the ‘triggers’ for offending, and allows for detailed planning of the measures needed to reduce the *likelihood* of further offending.

This level of assessment will indicate one of the following conclusions:

- routine case management is indicated to reduce risk and promote desistance;
- intensive case management is indicated to monitor and prevent/respond to escalation; or
- further assessment of risk of serious harm is needed

3. Scrutinise

Risk assessment becomes increasingly detailed and individualised when the purpose is **active and alert** risk management planning¹³⁴ focused on minimising the risk of serious harm to others. At this level the goal is to develop a *formulation* of risk which identifies an individual’s key risk and protective factors and explains how those factors interact in time and context and produces an appreciation of the likely risk scenarios that need to be anticipated and managed.¹³⁵ It should give consideration to events or triggers that might represent early warning signs which could usefully inform contingency action.

¹³⁴ This reflects Standard 2 of the Risk Management Authority’s Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction 2007: *Risk assessment*

¹³⁵ Risk formulation is explored more fully in the Risk Management Authority’s Accredited Manner which is available at <http://www.rmascotland.gov.uk/rma-accreditation/accreditation-process/manners/>

Assessments at this level will include:

- a thorough review and evaluation of information gathered from several interviews, file reading and collateral sources
- the use of risk assessment tools appropriate to the case to provide a sound empirical basis for the identification of relevant risk and protective factors¹³⁶
- detailed analysis of past and current offending in terms of the pattern, nature, seriousness and likelihood
- application of a structured offence analysis in order to explore how, why and when offending occurs and begin to identify relevant risk and protective factors
- a formulation of risk that offers an understanding of the interaction and respective role of risk and protective factors in an episode of offending, and helps to identify triggers and early warning signs which may assist in recognising and responding to imminence
- identification of likely future risk scenarios that the risk management plan will seek to avert
- a clear linking of factors identified in the risk formulation with risk management measures
- recognition of case specific issues that may extend beyond the boundaries of professional training, qualification and expertise

Assessments should be based on a broad range of information and efforts should be made to verify the information, highlighting any inconsistencies. Findings should be communicated in a thorough and concise report tailored to the purpose(s) of the assessment and the readership of the report.¹³⁷ The report should clearly highlight any gaps in knowledge or information, and should evaluate the quality and balance of the information on which the assessment is based.

¹³⁶ Assessors should use the most recent edition of the Risk Management Authority 's publication Risk Assessment Tools Evaluation Directory (RATED) to help them to choose the tool they will use. Risk Management Authority (2007c)

¹³⁷ This reflects Standard 5 of the Risk Management Authority's Risk Assessment standards 2006: *Report structure*

STANDARD 2 - PLANNING AND RESPONDING TO CHANGE

Standard Statement

All management plans and decisions will be based on a risk assessment which is of the appropriate level to support such a decision or plan. The actions to be taken will be clearly documented and their rationale will link explicitly to risk assessment. The risk assessment and management processes will be dynamic, with the capacity to respond to changes in risk. Care will be taken to maintain the dynamic link between risk assessment and planning through ongoing assessment and review. The level and immediacy of any response to change will be proportionate to the significance of the change and risk. Reductions and increases in restrictions or interventions will be justified and supported by a suitable reassessment of risk.

Rationale

A common source of error in risk practice is the 'anchoring' bias.¹³⁸ When practitioners have given careful and perhaps prolonged consideration to a case and arrived at an understanding of the risk, over-confidence and personal investment in this understanding can be tempting. Practitioners should mitigate against this by maintaining an awareness of the uncertainty and changeable nature of risk, an understanding of the limitations of risk assessment generally, and an acknowledgement of the potential influence of human, professional and cultural factors on a specific case.

The complexity of planning and readiness to respond to change will vary in relation to several factors including the:

- risk posed by the individual;
- characteristics of the case;
- purpose of the intervention

¹³⁸ 'Anchoring' or 'focalism' is a term used in the field of psychology to describe the common human tendency to rely too heavily, or to "anchor" on one piece of information when making decisions.

In this framework the term 'risk management' is used to describe the activities needed to minimise the likelihood or degree of harm to others. Risk management planning should always be informed by appropriate risk assessment. However, risk may not be the only or primary issue to be considered in the case, nor may it direct all of the actions taken by practitioners and teams. This is particularly true in cases involving young people or vulnerable adults who may also present with significant needs and protection issues. This requires planning which considers risk alongside other issues of importance, in order that an integrated, proportionate and holistic approach may be taken.

The complexity of planning and management required in any case will be informed by the risk posed; the nature, seriousness, pattern and likelihood or imminence of re-offending may each contribute to the complexity of planning required. However, the level of planning and management may be determined by the legislative basis of the case.

Regardless of the level of risk a case presents or the complexity of management required, this standard requires that decisions and plans will be proportionate, evidence-based, transparent and relevant to the current context. It is also intended that this standard will assist in ensuring that plans are revised in response to updated assessment.

Risk assessment is the basis of a case or risk management plan. The factors that the assessment identifies and analyses as relevant to the offending behaviour of the individual must evidently link to strategies in the plan. This is essential to defensible practice. Planning also involves implementing and monitoring the plan, following through on agreed actions and reviewing on an on-going basis.

Responding to change requires that events and behaviours which are to be monitored are clearly identified and understood, and that indicators of progress or deterioration are also commonly understood among all partners in the case. Anticipated and unexpected change must be considered for its significance to the plan, and reviewed as appropriate; the plan should be reviewed as to its suitability in light of the anticipated or actual change and revised accordingly.

This practice should be common in all cases but is required by the Criminal Justice (Scotland) Act 2003 in terms of the Order for Lifelong Restriction.

Guidelines for applying the Standard

Risk is dynamic and so risk management must be responsive to change but the level of planning varies according to the nature and the complexity of the case.

Within this framework there are three tiers of planning and readiness to respond to change that are named in a way that reflects the *complexity*.

1. Routine Awareness

All cases warrant **awareness** of risk, and the nature of the case or one's role may determine that the complexity of planning or scope for response to change is limited to monitoring and onward communication.

This level of planning may be appropriate in a number of contexts. Examples might include:

- a case where the risk assessment identifies no indicators of physical or psychological harm to others;
- a case that has progressed satisfactorily and now requires monitoring until completion;
- the case of a registered sex offender in the community who is not subject to supervision, or a young person who has turned 18 and whose supervision requirement under the Children's Hearing System has been terminated. There may not be scope for legitimate measures beyond monitoring although there may be awareness of risk of serious harm to others;
- cases in custodial, treatment, community or care settings in which various practitioners may be allocated monitoring responsibilities as part of the wider management of the case. Those with a supporting role will be required to be aware of risk, the targets for monitoring and the necessary actions to be taken.

Decisions relating to the management of risk will be informed by monitoring and should be supported by on-going risk assessment. Practitioners should be aware of their responsibility in detecting, reporting and responding to any significant change in the risk state. Contingency measures, to be implemented in the event of early warning signs of imminence should be clearly recorded and communicated.

2. Co-ordinated Attention

The appropriate level of **attention** to risk is co-ordinated within a case management plan. The case management plan will include strategies to manage risk and promote rehabilitation by:

- tackling the identified risk and need factors
- supporting and enhancing existing strengths
- addressing responsivity issues
- assisting with welfare concerns

It will include strategies to prevent harmful outcomes by monitoring and responding to deterioration or escalation. The plan will outline clear lines of accountability and responsibility, and timeframes for delivery.

This level of case planning is as central to good risk practice as that undertaken at the next level. It should not be underestimated in terms of importance; critical decision making and case management is undertaken with these cases. The identification of those who do not pose a risk of serious harm, and alternatively, those who do pose a risk of serious harm to others, is more straightforward than the identification and management of the 'grey' cases in the middle. Reviews of serious further incidents highlight the importance of due **attention** to risk.

3. Complex Multi-Agency Activity and Alertness

Building on the requirements outlined for planning at case management level, in cases where a detailed risk management plan is required, this will set out the arrangements for supervision and monitoring, will detail the treatments or interventions to be carried out, and will address victim safety planning in a 'preventative action' section.¹³⁹ The plan should also contain a 'contingency action' section which considers imminence of offending and details planned responses to:

- the appearance of early warning signs;
- the weakening or breakdown of protective factors; and
- the weakening or breakdown of the risk management strategies¹⁴⁰

The risk management plan should clearly link to the risk assessment with evidence that identified factors are attended to and that the overall plan contains sufficient measures to address the likely risk scenarios. In addition, a risk management plan should prioritise schedules and coordinate measures, allocate tasks to named individuals and communicate responsibilities to all individuals involved in delivering the plan.

An identified case manager undertakes this planning with oversight, supervision and support from the lead agency. There will be continuity of risk management as individuals are transferred between institutions and teams, and when individuals move between institutions and the community.

The distinctive aspect of planning at this stage is the acknowledgment of the risk of serious harm posed and the need for a co-ordinated and collaborative response.

¹³⁹ This reflects Standard 3 of the Risk Management Authority's Risk Management Standards 2007: *Risk formulation: linking risk assessment to risk management*

¹⁴⁰ This reflects Standard 3 of the Risk Management Authority's Risk Management Standards 2007: *Risk formulation: linking risk assessment to risk management*

STANDARD 3 - RISK MANAGEMENT MEASURES

Standard Statement

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

Rationale

The breadth and intensity of risk management measures will vary in relation to several factors including the:

- risk posed by the individual
- complexity of the case
- purpose of the intervention

Risk management measures should be based on effective risk assessment and should seek to identify specific needs for treatment and interventions. Risk management strategies will be based on the best available research and practice standards, and should evolve over time as new research emerges. They will also be tailored to the risk, need, and responsivity factors of the individual to ensure that interventions are effective and efficient.

In this context, risk management measures should be clearly distinguished from case management measures. In many cases individuals may receive significant levels of support and intervention from a range of agencies; however risk management measures relate to strategies which are specifically employed to address the risk that the offending behaviour poses to the well-being of others.¹⁴¹ The overall level of service provided in a case may considerably exceed the concern about risk to others where issues of persistence, vulnerability or well-being require, however, this is distinguished from risk management.

Current best practice research identifies a number of core competencies and practices which are thought to enhance outcomes when applied to work with individuals who offend.¹⁴² It is anticipated that all practitioners involved in risk management practice will have an understanding of these core competencies and practices in order to inform their awareness of risk. In cases where intervention or treatment is required as part of case management, practitioners' adherence to these core competencies and practices would represent best practice. Strategies for managing risk should be delivered by practitioners who are appropriately qualified and competent in their delivery.

Risk management measures will necessarily vary between agencies depending on the role and remit of the organisation. Risk management strategies should be in keeping with the goals of the lead agency and should reflect the purpose of that agency's intervention.

Risk management strategies should be informed by effective risk assessments to ensure that resources, in terms of rehabilitative and restrictive measures are assigned proportionately, appropriately and defensibly.

¹⁴¹ It is worth noting that in work with young people, where offending is often a response to an unmet need, this distinction between risk factors and needs factors is often less clear. As far as possible, risk factors should be addressed within a holistic case management plan which promotes collaboration with the young person and the least punitive restrictions .

¹⁴² These core competencies and practices are identified as: effective use of authority; problem solving; effective disapproval; effective reinforcement; pro-social modelling; cognitive restructuring; skill building; motivational interviewing; and advocacy/brokerage. (Andrews, D. A. & Bonta, J. in McNeil, F., Raynor, P., & Trotter, C., Eds. (2010) p22)

The standard set for the management of the risk posed by the 'critical few' individuals who have committed serious violent and sexual offences and are subject to the Order for Lifelong Restriction¹⁴³, requires that consideration is given to a 'multiple' approach; that is identified risk scenarios should be addressed by layers of risk management measures delivered in a variety of means, by a range of professionals.

However, the breadth and intensity of risk management measures must be proportionate to the *risk to others*. In all cases an **awareness** of risk is necessary, whilst it is envisaged that an **alert and active** response will be required in only the 'critical few' cases.

Here, it is helpful to recall the foundations of FRAME which state that while 'risk is an integral part of our business'; it is not our sole focus. Care, treatment and rehabilitative efforts remain valid endeavours, and individuals whose offending does not threaten the personal well being of others still require evidence-based and responsive services to encourage desistance and assist in the reduction of offending.

Guidelines for applying the Standard

Within this framework there are three tiers of risk management measures that are named in a way that reflects the *intensity* of their application.

At the first level risk management is most likely to consist of monitoring and/or supervision but as the concern about risk increases it is likely that multi-layered risk management measures, delivered by a range of agencies will be employed to address the identified risk factors. At all levels preventative measures are desirable, with contingency measures becoming appropriate as the likelihood of serious harm increases.

Preventative measures are the proactive, longer-term activities of a rehabilitative or restrictive nature designed to reduce risk of serious harm.

¹⁴³ Risk Management Authority (2007)

Contingency measures are required when indications of potential or actual deterioration manifest, suggesting *imminence* of further offending which is likely to result in serious harm. They seek to interrupt or prevent the occurrence of such offending. Based on the understanding provided by the offence analysis about the factors that come together in an episode of offending, contingency measures are actions that respond to triggers and early warning signs.

Risk management strategies fall into four broad activities:

- Monitoring
- Supervision
- Intervention or Treatment, and
- Victim safety planning

Monitoring involves a number of observational activities intended to determine progress or deterioration and is alert to needed changes in the plan. Monitoring is an active component of risk management and is of prime importance when managing the risk of serious harm, as it supports the contingency plan and informs readiness to respond to change

Supervision is the activity of overseeing or administering an order or sentence in a manner consistent with legislation and procedures, ensuring that any requirements or conditions are applied and compliance with such requirements is monitored. However, it is also a means by which a relationship is established with the individual, to ensure that the individual is engaged through dialogue in a process of change and compliance. Thereafter, the supervision relationship and context provides a means for the delivery of one-to-one interventions tailored to the individual's main areas of risk and need. In the context of working with young people, supervision can be either voluntary or statutory in keeping with the principle of proportionality which promotes the application of the least restrictive measures necessary.¹⁴⁴

¹⁴⁴ It is noted that in all cases, but particularly those of young people and vulnerable adults, the role of family and/or carers can be vital to the voluntary or statutory supervision role.

Intervention/treatment is a needed and specific programme, activity, or technique focused on changing a particular behaviour or treating a particular problem. Interventions can be delivered within supervision sessions or may involve referral to other services. In more complex cases there may be a range of interventions and treatments needed, that must be co-ordinated within a plan.

The responsivity principle proffers the importance of matching interventions or treatment to the individual characteristics of the person who has committed an offence. Research demonstrates that interventions or treatment programmes are most effective when tailored to an individual's learning ability and style, motivation to change, personality type and level of interpersonal and communication skills.¹⁴⁵ Evidence also suggests that in working with individuals who offend, interventions are most effective when they target the criminogenic needs of the individual using cognitive behavioural, problem solving, and skills learning approaches.¹⁴⁶

Victim Safety Planning is a risk management activity by which attention is drawn to the safety of specific individuals or groups who may be potential victims, with a view to devising preventative or contingency strategies. It is important to remember that individuals who offend, and in particular young people and vulnerable adults can be both victims and perpetrators of offending behaviour.

1. Limited Measures

In a large number of cases, an analysis of the pattern, nature, seriousness and likelihood of offending will identify that there are no indicators that the impact of offending will involve personal injury to others, although further offending may be very likely. Routine monitoring or supervision may suffice to promote desistance, nevertheless, *awareness* should be maintained, and attention paid to any escalation in the frequency or seriousness of offending, with regular review of the level of risk management as required.

¹⁴⁵ Andrews, D. A., & Bonta, J. (2007)

¹⁴⁶ Andrews, D. A., & Bonta, J. (2003) Andrews, D. A., & Bonta, J. (2010b)

2. Heightened Measures

Interventions will be proportionate and primarily preventative in nature. That is, they should be sufficient to **attend** to the risk posed, but they should be the least restrictive necessary. As well as being based on good evidence in themselves interventions should be applied in keeping with the risk, needs and responsivity principles.¹⁴⁷

Individuals managed at this level may or may not have caused harm to others in the past: an individual may have committed offences that resulted in personal injury to others, but this behaviour is assessed as having been historical, isolated or amenable to change. Alternatively, in the absence of such prior behaviour, there is evidence of either an escalation in frequency or seriousness of offending, or behaviours/attitudes that may increase the likelihood of harm to others.

This is the central level but should not be underestimated in terms of importance; critical monitoring and intervention is undertaken with these cases. Reviews of serious further incidents highlight the importance of due **attention** to risk.

Measures should serve the dual function of reducing risk and promoting rehabilitation. Informed by a thorough examination of the risk and protective factors, risk management strategies will be evidence-based and should be tailored to the individual in keeping with the risks, needs and responsivity principle. It is possible that a range of risk management strategies will be employed including monitoring, supervision, intervention and victim safety planning however the measures must be proportionate.

Where treatment or intervention is applied as a risk management strategy, approaches should adhere to core competencies and practices by drawing on techniques such as pro-social modelling, cognitive restructuring, skill building and motivational interviewing.

Practice that is **attentive** to risk may employ a number of risk management strategies

¹⁴⁷ This reflects part of Standard 4 of the Risk Management Authority's Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction 2007: *Risk Management Strategies*

within one case depending on the level of risk and the needs of the individual. In recognition of the dynamic nature of risk, assessment will be ongoing and there will be scope to vary the breadth and intensity of risk management strategies in response to positive or negative change. The overall level of service provided as part of the case management plan may considerably exceed the attention to risk where issues of persistence, vulnerability or well-being demand it, but, this should be distinguished from *risk* management.

3. Intensive Measures

Cases in which the concern is about risk of serious harm are likely to draw on the full range of risk management strategies, employing a variety of approaches and interventions delivered by multiple means, via a range of agencies, in order to address the identified risk factors. However, in a critical few cases there may be limited powers to intervene (e.g. an individual who has committed a serious violent offence, held in custody on remand). In such cases, monitoring may be the only available risk management strategy, but in view of the concerns about the level of risk, monitoring activity is likely to be intensive. It is anticipated that information sharing between agencies will remain a priority in all such cases.

As with the other levels, strategies must be proportionate and evidence-based, but where intensive intervention is concerned with risk of serious harm, contingency measures are indicated. Contingency measures are reserved for cases where the likely negative outcome is serious.

STANDARD 4 - PARTNERSHIP WORKING

Standard Statement

The appropriate agencies will work together in the assessment and management of risk. The degree of communication, co-ordination and collaboration will be commensurate to the risk and complexities of the case. Information will be shared responsibly, in a timely manner, and in a way that is meaningful to all involved. Information sharing will be at a level which is mindful of each individual's rights to privacy and confidentiality.

Rationale

This standard directs practice that varies in relation to several factors including the:

- risk posed by the individual
- complexity of the case
- purpose of the intervention

Multi-agency working has increased in prevalence and influence, its effectiveness being reliant not least on mutual respect between the agencies for each other's specific contribution and knowledge base. The importance of maintaining clarity about professional boundaries while co-operating on a shared task has been identified.¹⁴⁸ While several multi-agency initiatives in child and public protection have led to greater degrees of co-operation, it is necessary that this is also balanced by understanding the limits of each agency's professional task. This must be supported at the strategic level and not dependent solely on good local relationships.

¹⁴⁸ Irving, G. (2005)

Guidelines for applying the Standard

Within this framework there are three tiers of partnership working that are named in a way that reflects the *degree* of the working partnership.

1. Communication

Routine communication within teams and between agencies, onward referral and monitoring of progress will reflect an **awareness** of risk. An understanding of other agencies' roles will be shown when incorporating their information into risk assessments, communicating risk, or when making referrals on the basis of assessments.

2. Co-ordination

Effective inter-agency working is co-ordinated by a case manager with overall responsibility for ensuring the contribution of other agencies and services. Mutual understanding between professionals of their respective responsibilities in the case is required. Such co-ordination is appropriate to the individual and the nature of the case, and is conducted with due **attention** to risk.

3. Collaboration

Collaboration is a multi-agency and strategic activity at this level. Risk assessments, decisions, and management plans should involve a range of people from different disciplines and agencies, who work together as a team that is **actively alert** to risk.¹⁴⁹ These people will be appropriately qualified and skilled, and should be empowered to make decisions regarding resources for risk management.

¹⁴⁹ This reflects Standard 4 of the Risk Management Authority's Risk Assessment Standards 2006: *Multi-disciplinary Working*

STANDARD 5 – QUALITY ASSURANCE

Standard Statement

Individuals responsible for assessing risk, making decisions or designing plans on the basis of risk assessments, and implementing those plans will be appropriately qualified, skilled, knowledgeable and competent to carry out this work. They will be supported by sufficient continuous professional development opportunities, supervision, policies and structures.¹⁵⁰ Routine mechanisms will be employed to assure the quality of assessment and management practice. Self evaluation will occur at practitioner, agency and multi-agency levels. There will be commitment to wider scale evaluation of the framework and associated initiatives. Such evaluation will be used to inform national improvement and contribute to the evidence base.

Rationale

This standard directs practice that varies in relation to several factors including the:

- risk posed by the individual
- complexity of the case
- purpose of the intervention
- role of the agency/professional

¹⁵⁰ This reflects Standard 7 of the Risk Management Authority's Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction 2007: *Organisational Support*

Research evidence suggests that when practitioners are well trained and exhibit 'core competencies and practices'¹⁵¹, effective outcomes are more likely to be achieved.¹⁵² There is also evidence to suggest that organisational factors, such as strategic and management support for implementation, and 'visible' evaluation efforts can influence the effectiveness of services in reducing re-offending.¹⁵³ The findings of a number of inquiry reports have also highlighted the need for an understanding *across* agencies of the roles and responsibilities of different professions in ensuring the protection of the public.¹⁵⁴

The generic literature on learning evaluation highlights the infrequency with which organisations evaluate the degree of transfer of learning to the work place.¹⁵⁵ Similarly in the literature specific to risk assessment it is noted that 'drift' in the accuracy of practice occurs unless agencies employ quality assurance and improvement techniques.¹⁵⁶

This standard should apply at all levels regardless of the risk posed by the individual, but as the complexity of the case increases the need for specialist intervention and multi-agency involvement is likely to increase.

Guidelines for Applying the Standard

Unlike the others this standard is not tier specific although, broadly it applies at three levels:

¹⁵¹ The influence of Core Correctional Practice (CCP) is explored in a number of Canadian research papers. The term does not translate well to Scotland, and is adjusted while acknowledging the source. Dowden, C., & Andrews, D. A (2004)

¹⁵² Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010)

¹⁵³ Andrews, D. A. & Gendreau, P. (2002)

¹⁵⁴ Department of Health (2003); Social Work Inspection Agency (2005)

¹⁵⁵ Bee, F., & Bee, R. (2007)

¹⁵⁶ Bonta, J., Bogue, B., Crowley, M., & Motiuk, L. (2001)

1. Individual

As previously stated, evidence suggests that when practitioners adhere to core competencies and practices the outcome of interventions is more likely to be effective.¹⁵⁷ The research literature indicates that this pattern is consistent whether intervention is delivered through structured programmes or one-to-one supervision. These core competencies and practices are identified as: effective use of authority; problem solving; effective disapproval; effective reinforcement; pro-social modelling; cognitive restructuring; skill building; motivational interviewing; and advocacy/brokerage.¹⁵⁸ It is argued that when applied in conjunction with high-quality communication and relationship building skills the effectiveness of interventions is enhanced.

Whilst not all practitioners are expected to be proficient in delivering these practices across all levels, it is anticipated that staff working with individuals who offend should have appreciation of these core skills in order to function within any of the three tiers of risk practice. Competencies may differ in accordance with the specific remit of the agency, and the individual's level of skill, knowledge and training will also vary depending on the complexity of the case and the nature of the risk. A case which demands a general **awareness** of risk may require less expertise than one in which practice is **active and alert** to risk but should nonetheless be based on these core practices.

Equally, practitioners working with specific groups of offenders should have skills and training relevant to their particular area of practice. A residential worker in a secure children's unit for example, should have an understanding of child development, child protection and effective practice in engaging with children and their families in order to effectively engage with and manage the risk and needs of the child within their social environment.

¹⁵⁷ Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010); Raynor, P., Ugwudike, P., & Vanstone, M. (2010)

¹⁵⁸ Andrews, D., & Bonta, J. in McNeil, F., Raynor, P., & Trotter, C., Eds. (2010) p22

2. Organisational

Organisations have a responsibility to ensure that practitioners and teams involved in risk assessment and management have the necessary competencies and resources in terms of structures, support, training and guidance to design, implement and deliver risk management decisions and plans.

Line-managers will be responsible for ensuring that staff are appropriately trained and supervised and the onus lies with each agency to ensure the appropriate level of qualification and competence for staff within their agency. Senior managers are responsible for ensuring the implementation, effective functioning and ongoing evaluation of organisational policies and structures which support effective risk management procedures.

3. Multi-Agency

It is important that agencies work together to develop an understanding of the roles of key partners in assessing and managing risk, and that this understanding of roles and responsibilities is shared with front-line staff. Several inquiry reports have highlighted how incorrect assumptions about the roles of other professionals have led to a breakdown in communication, or a failure to perform and take responsibilities for key tasks.¹⁵⁹

¹⁵⁹ Department of Health (2003); Social Work Inspection Agency (2005)

CHAPTER 6: CONCLUSION

The process of producing this policy paper has been collaborative, constructive and challenging. Seeking to promote a shift in professional practice and culture across a range of disciplines is an ambitious aim, and yet it is one that each of the agencies has responded to with enthusiasm and commitment. We are aware that the aim of this initiative is a long term vision. We are also aware that many further challenges lie ahead: we have embarked on a programme of change.

Having accomplished the tasks of producing the policy paper and securing endorsement from the agencies collaborating in this initiative, the next step for the Working Group is to determine and lead the next stage of implementation.

We believe that the principles, values and standards that underpin FRAME are generally applicable, but recognise that their application to specific groups and contexts will require additional articulation. Building on the collaborative approach that has supported the development of the policy paper, the Working Group members will consider the review of existing policies and guidelines in relation to risk assessment and management, the needs of the various professional groups, and the development of specific practice guidance to support FRAME. Here we will need to lead the necessary change and inspire commitment to it, as well as developing the means to support the practice development.

It is intended that this process and the development of FRAME occupational competency standards will determine the workforce development needs in relation to risk assessment and risk management practice. In tandem, the identification and preparation of a group of motivated and skilled mentors and practice supervisors will provide the means of disseminating the approach and will support practice development.

A range of practice guidance, a toolkit of resources and evaluation methods will be developed over time. It is intended that the Risk Management Authority website will provide a central medium for communicating progress on FRAME initiatives and providing access to such resources.

In conclusion, we believe that we have achieved a great deal but acknowledge that we have more work to do together to support the delivery of :

'A consistent shared framework that promotes defensible and ethical risk assessment and management practice that is proportionate to risk, legitimate to role, appropriate for the task in hand and is communicated meaningfully.'

BIBLIOGRAPHY

- American Psychological Association (2010) *Ethical Principles of Psychologists and Code of Conduct*. Available from: <http://www.apa.org/ethics/code/index.aspx> [Accessed 30/11/2010].
- Andrews, D. A., & Kiessling, J. J. (1980) Program structure and effective correctional practices: A summary of the CaVIC research. In: Ross, R. R. & Gendreau, P. (eds.) *Effective correctional treatment* (pp. 101-126). Toronto, Canada: Butterworth.
- Andrews, D. A., Zinger, I., Hoge, R., Bonta, J., Gendreau, P., & Cullen, F. (1990) Does correctional treatment work? A psychologically informed meta-analysis. *Criminology*, 28, pp. 369-404.
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990) Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behaviour*, 17, pp. 19-52.
- Andrews, D. (1995) The psychology of criminal conduct and effective treatment. In: McGuire, J. (ed.) *What works: Reducing re-offending: Guidelines from research and practice* (pp 35-62). Chichester, UK: Wiley.
- Andrews, D. A. (2001) Principles of effective correctional programs. In Motiuk, L. L. & Serin, R. C. (eds.) *Compendium 2000 on effective correctional programming* (pp. 9-17). Ottawa: Correctional Services of Canada.
- Andrews, D. A., & Bonta, J. (2003) A commentary on Ward and Stewart's model of human needs. *Psychology, Crime, and Law*, 9, pp.215-218.
- Andrews, D. A., & Gendreau, P. (2002) *Correctional Program Assessment Inventory - 2000*. St John, NB: University of New Brunswick
- Andrews, D.A., Bonta, J., Wormith, S. (2004) *LS/CMI: The Level of Service/Case Management Inventory: An Offender Assessment System*. Toronto: Multi-Health Systems.
- Andrews, D., Bonta, J., & Wormith, J.S. (2006) The Recent Past and Near Future of Risk and/or Need Assessment. In *Crime & Delinquency*. 52: pp. 7-27.
- Andrews, D. A., & Bonta, J. (2006) *The Psychology of Criminal Conduct* (4th ed.) Newark, NJ: Anderson Publishing.
- Andrews, D. A., & Bonta, J. (2007) The Risk-Need-Responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. *The Canadian Journal of Criminology and Criminal justice*. 49, pp. 439-464.

- Andrews, D. A., & Bonta, J. (2010) Rehabilitation Through the Lens of the Risk-Needs-Responsivity Model. In: McNeil, F. , Raynor, P. & Trotter, C. (eds.) *Offender Supervision: New directions in theory, research and practice*. Cullompton: Willan Publishing.
- Andrews, D. A. & Bonta, J. (2010b) *The Psychology of Criminal Conduct* (5th ed.) New Jersey: Matthew Bender.
- Association for the Treatment of Sexual Abusers (2007) Human Rights and the Assessment and Treatment of Sex Offenders: General Comments. *Sexual Abuse: A Journal of Research and Treatment*, 19 (3), pp. 205-216.
- Babchishin, K. M., & Hanson, R. K. (2009) Improving our talk: Moving beyond the "low", "moderate", and "high" typology of risk communication. *Crime Scene*, 16, pp. 11-14.
- Baker, K. (2010) More Harm than Good? The Language of Public Protection. *Howard Journal of Criminal Justice*, 49 (1), pp. 42-53.
- Barry, M., Loucks, N., & Kemshall, H. (2008) *Serious Violent Offenders: Developing a Risk Assessment Framework*. Paisley: Risk Management Authority.
- Bee, F., & Bee, R. (2007) *Learning Evaluation: Chartered Institute of Personnel and Development Toolkit* (2nd ed.) London: CIPD.
- Blanchette, K., & Brown, S. L. (2006) *The assessment and treatment of women offenders: An integrative perspective*. Chichester, England: John Wiley & Sons.
- Bogue, B., Campbell, N., Carey, M., Clawson, E., Faust, D., Florio, K., Joplin, L., Keiser, G., Wasson, B., & Woodward, W. (2004) *Implementing Evidence-Based Practices in Community Corrections: The Principles of Effective Intervention*. Washington, DC: National Institute of Corrections.
- Bonta, J., & Andrews, D. A. (2007) *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada.
- Bonta, J., Bogue, B., Crowley, M., & Motiuk, L. (2001) Implementing offender classification systems: Lessons learned. In Bernfeld, G. A., Farrington, D. P., & Leschied, A. W. (eds.) *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 227-245) Chichester, England: Wiley.
- Bonta, J., Rugge, T., Scott, T., Bourgon, G., & Yessine, A. (2008) Exploring the black box of community supervision. *Journal of Offender Rehabilitation*, 47, pp. 248-270.

- Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2010) *The Strategic Training Initiative in Community Supervision: Risk-Need-Responsivity in the Real World*. Ottawa: Public Safety Canada.
- Bourgon, G., & Armstrong, B. (2005) Transferring the Principles of Effective Treatment into a “Real World” Prison Setting. *Criminal Justice and Behavior*, 32, pp. 13-25.
- Bourgon, G., Bonta, J., Rugge, T., Scott, T., & Yessine, A. K. (2009) *Translating “What Works” into Sustainable Everyday Practice: Program Design, Implementation and Evaluation 2009-05*. Ottawa: Public Safety Canada.
- Bourgon, G., Bonta, J., Rugge, T., & Gutierrez, L. (2010) The role of program design, implementation, and evaluation in evidence-based “real world” community corrections. *Federal Probation*, 74, pp. 2-15.
- Bourgon, G. (2011) The principles of effective correctional treatment also apply to community supervision: A re-examination of Bonta et al.’s 2008 meta-analysis. *Crime Scene*. 18, (1), pp. 9-11
- Borum, R., Bartel, P., & Forth, A. (2003) *Manual for the Structured Risk Assessment of Violence in Youths*. (Version 1.1). Florida: University of South Florida.
- Breakwell, G. (2007) *The Psychology of Risk*. Cambridge: Cambridge University Press.
- British Medical Journal (2011) *Evidence-based Mental Health: An international digest of the evidence for mental health clinicians*. Available from: <http://ebmh.bmj.com/> [Accessed: 28/02/2011].
- British Psychological Society (2009) *Code of Ethics and Conduct*. Available from: <http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards> [Accessed: 30/11/2010].
- Clark, M. (2006) Entering the business of behaviour change: Motivational interviewing for probation staff. *Perspectives*, 30 (1), pp. 38–45.
- Cooke, D. (2010) More prejudicial than probative? *The Journal*. Available from: <http://www.journalonline.co.uk/Extras/1007494.aspx>. [Accessed 01/12/2010].
- Cooke, D. J., & Michie, C. (2010) Limitations of Diagnostic Precision and Predictive Utility in the Individual Case: A Challenge for Forensic Practice. *Law and Human Behaviour*, 34 (4), pp. 259-274.
- Cook, D. J., & Michie, C. (in press) *Violence Risk Assessment: Challenging the Illusion of Certainty*

- Community Justice Services Division (2007) *Circular No JD/15/2006 - Updated March 2007 - Implementation of the Multi Agency Public Protection Arrangements (MAPPA) in Scotland*. Edinburgh: Scottish Government.
- Craig, L. A., & Beech, R. A. (2010) Towards a guide to best practice in conducting actuarial risk assessments with sex offenders. *Aggression and Violent Behavior*, 15, pp. 278–293.
- Croall, H., Mooney, G., & Munro, M. (eds) *Criminal Justice in Scotland*. Cullompton: Willan Publishing.
- Cullen, F. T., & Gendreau, P. (1989) The effectiveness of correctional treatment: Reconsidering the ‘nothing works’ debate. In Goodstein, L., & MacKenzie, D. L. (eds.) *The American Prison: Issues in research and policy* (pp. 23-44). New York: Plenum.
- Daffern, M., Jones, L., & Shine, J. (eds.) (2010) *Offence Paralleling Behaviour: A Case Formulation Approach to Offender Assessment and Intervention* Chichester, UK: John Wiley & Sons, Ltd.
- Day, A., & Ward, T. (2010) Offender Rehabilitation as a Value-Laden Process. *International Journal of Offender Therapy and Comparative Criminology*, 54, (3), pp. 289-306.
- Department of Health (2003) *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming*. London: HMSO.
- Douglas, K. S., & Skeem, J. L. (2005) Violence risk assessment: Getting specific about being dynamic. *Psychology, Public Policy, and Law*, 11, pp. 347-383.
- Dowden, C., & Andrews, D. A. (1999) What works for female offenders: A meta-analytic review. *Crime and Delinquency*, 45, pp. 438-452.
- Dowden, C., & Andrews, D. A. (2000) Effective correctional treatment and violent re-offending: A meta-analysis. *Canadian Journal of Criminology*, 42, pp. 449-467.
- Dowden, C., & Andrews, D. A. (2004) The importance of staff characteristics in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, 48, pp. 203-215.
- Doyle, M., Dolan, M., & McGovern, J. (2002) The validity of North American risk assessment tools in predicting in-patient violent behaviour in England. *Legal and Criminological Psychology*, 7, pp. 141-154.

- Dunkel, F. (2009) Young People's Rights: The Role of The Council of Europe. In Junger Tas, J., & Dunkel, F. (eds.) *Reforming Juvenile Justice*. New York: Springer.
- Farrington, D. P., Jolliffe, D., & Johnstone, L. (2008) *Assessing Violence Risk: A Framework for Practice*. Paisley: Risk Management Authority.
- Forrester, D. (2010) Playing with Fire or Rediscovering Fire? Exploring the Perils and Potential for evidence-based Approaches in Children's Services?. In Preston-Shoot, M. & Ayres, P. (eds.) *Children's Services at the Crossroads. A Critical Evaluation of Contemporary Policy for Practice*, (pp. 115-126). Lyme Regis: Russell House Publishing.
- Garrett, C. (1985) Effects of residential treatment on adjudicated delinquents: A meta-analysis. *Journal of Research in Crime and Delinquency*, 22, pp. 287-308.
- Gendreau, P., & Andrews, D. A. (1996) *Correctional Program Assessment Inventory (CPAI)* (6th ed.). Saint John, NB: University of New Brunswick.
- Gendreau, P., & Goggin, C. (1996) Principles of effective correctional programming. *Forum on Corrections Research*, 8 (3), pp. 38-41.
- Gendreau, P. C., & Goggin, C. (2001) Implementation Guidelines for Correctional Programs in the "Real World". In Bernfeld, G. A., Farrington, D. P., & Leschied, A. W. (eds.) *Offender Rehabilitation in Practice* (pp. 247-268). Chichester, England: Wiley.
- Gottfredson, S., & Gottfredson, D. (1994) Behavioural prediction and the problem of incapacitation. *Journal of Criminology*, 32 (3), pp. 441-474.
- Griffin, H. L., Beech, A., Print, B., Bradshaw, H., & Quayle, J. (2009) The Development and Initial Testing of the AIM 2 Framework To Assess Risk and Strengths in Young People who Sexually Offend (2009). *Journal of Sexual Aggression*. 14, (3), pp. 211-225.
- Gutierrez, L., & Bourgon, G. (2009) *Drug Treatment Courts: A Quantitative Review of Study and Treatment Quality. User Report 2009-04*. Ottawa: Public Safety Canada.
- Hanson, R. K. (2007) *The Accuracy of Recidivism Risk Assessments for Sexual Offenders: A Meta-Analysis 2007-01*. Ottawa: Public safety Canada.
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009) The principles of effective correctional treatment also apply to sexual offenders. *Criminal Justice and Behavior*, 36, pp. 865-891.

- Hart, S. D., Kropp, P. R., Laws, D. R., Klaver, J., Logan, C., & Watt, K. A. (2003) *The Risk for Sexual Violence Protocol (RSVP): Structured Professional Guidelines for Assessing Risk of Sexual Violence*. Simon Fraser University: Vancouver.
- Hart, S., Michie, C., & Cooke, D. (2007) Precision of actuarial risk assessment instruments: Evaluating the 'margins of error' of group v. individual predictions of violence. *The British Journal of Psychiatry*. 190: pp. 60-65.
- HMSO (1995) *Children (Scotland) Act 1995*. Edinburgh: HMSO.
- HMSO (1998) *Human Rights Act*. London: HMSO.
- HMSO (2003) *Criminal Justice (Scotland) Act 2003*. Edinburgh: HMSO.
- HMSO (2003) *Mental Health (Care and Treatment) (Scotland) Act 2003*. Edinburgh: HMSO.
- HMSO (2005) *Management of Offenders etc. (Scotland) Act 2005*. Edinburgh: HMSO.
- Hoge, R. D., (2009) *Advances in the Assessment and Treatment of Juvenile Offenders*. Ottawa: Carleton University.
- Home Office (2002) *OASys (Offender Assessment System), Manual version two*. London: Home Office.
- Hudson, B. (2001) Human Rights, Public Safety and the Probation Service: Defending Justice in the Risk Society. *The Howard Journal of Criminal Justice*, 40 (2), pp.103-113.
- Institute of Medicine (2001) *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Irving, G. (2005) *Registering the Risk: a Review of the Notification Requirements, Risk Assessment and Risk Management of Sex Offenders*. Edinburgh: Scottish Executive.
- ISO (2009) *ISO 31000 Catalogue: Risk Management - Principles and Guidelines* International Organization for Standardization. Available from: http://www.iso.org/iso/catalogue_detail.htm?csnumber=43170 [Accessed: 14/01/2011].
- Izzo, R., & Ross, R. (1990) Meta-analysis of rehabilitation programmes for juvenile delinquents. *Criminal Justice and Behaviour*, 17, pp. 134-142.
- Kemshall, H. (2009) Working with sex offenders in a climate of public blame and anxiety: How to make defensible decisions for risk. *Journal of Sexual Aggression*, 15 (3) pp. 331-343.

- Kropp, P. R., Hart, S. D., Webster, C. D., & Eaves, D. (1995) *Manual for the Spousal Assault Risk Assessment Guide (2nd ed.)*, Vancouver: British Columbia Institute of Family Violence.
- Lanctot, N., & Le Blanc, M. (2002) Explaining deviance by adolescent females. In Tonry, M. (ed.) *Crime and Justice*, 29, pp. 113-202. Chicago: University of Chicago Press.
- Landenberger, N. A., & Lipsey, M. W. (2005) The positive effects of cognitive-behavioral programs for offenders: A meta analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1, pp. 451-476.
- Latessa, E.J., Cullen F. T., & Gendreau P. (2002) Beyond correctional quackery: professionalism and the possibility of effective treatment. *Federal Probation*. 66, (2), pp. 43–49.
- Latimer, J. (2001) A meta-analytic examination of youth delinquency, family treatment and recidivism. *Canadian Journal of Criminology*, 43, pp. 237-253.
- Latimer, J., Dowden, C., & Morton-Bourgon, K. E. (2003) *Treating youth in conflict with the law: A new meta-analysis*. Ottawa: Research and Statistics Division, Department of Justice, Canada.
- Lipsey, M. (1992) Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects: In Cook, T., Cooper, D., Corday, H., Hartman, H., Hedges, L., Light, R., Louis, T., & Mosteller, F. (eds.) *Meta-analysis for explanation: A casebook* (pp. 83-127), New York: Russell Sage.
- Lipsey M. W., & Wilson, D. B. (1998) Effective intervention for serious juvenile offenders. In Loeber, R., Farrington, D. P., (eds.) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, (pp. 313–45). Thousand Oaks, CA: Sage.
- Lipsey, M. W. (1999) Can rehabilitative programs reduce the recidivism of juvenile offenders? An inquiry into the effectiveness of practical programs. *Virginia Journal of Social Policy and Law*, 6, pp. 611–41.
- Lipsey, M., Chapman, G., & Landenberger, N. (2001) Cognitive behavioural programs for offenders. *Annals of the American Academy of Political and Social Science*, 578, pp. 144-157.
- Lipsey, M.W., & Cullen, F.T. (2007) The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews. *Annual Review of Law and Social Science*, 3, pp. 297-319.

- Lösel, F. (1995) Increasing consensus in the evaluation of offender rehabilitation? Lessons from research syntheses. *Psychology, Crime, and Law*, 2, pp. 19–39.
- Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2004) *Investigating the relationship between program integrity and correctional program effectiveness*. Ohio Department of Rehabilitation and Correction Research Compendium, 2, pp. 208-213.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006) Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, 5, pp. 575-594.
- Macdonald, G. (2000) Evidence-based practice. In Davies, M. (Ed) *The Blackwell Encyclopaedia of Social Work*. Oxford: Blackwell.
- Maruna, S. (1999) *Desistance and Development: The Psychosocial Process of 'Going Straight.'* British Society of Criminology Conference Selected Proceedings, 2, pp. 1-25.
- McGuire, J., & Priestley, P. (1995) Reviewing what works: Past, present and future. In McGuire, J. (ed.), *What works: Reducing re-offending - Guidelines from research and practice* (pp. 3-34). Chichester, UK: Wiley.
- McNeill, F., Batchelor, S., Burnett, R., & Knox, J. (2005) *21st Century Social Work: Reducing Re-offending Key Practice Skills*. Edinburgh: Scottish Executive.
- McNeil, F., Raynor, P., & Trotter, C. (eds.) (2010) *Offender Supervision: New directions in theory, research and practice*. Cullompton: Willan Publishing.
- McNeill, F., & Weaver, B. (2010) *Changing Lives? Desistance Research and Offender Management*. Glasgow: Scottish Centre for Crime and Justice Research.
- McSherry, B., & Keyzer, P. (2009) *Sex Offenders and Preventive Detention: Politics, Policy and Practice*. Sydney: Federation Press.
- Menzies, R., Webster, C. D., McMain, S., Staley, S., & Scaglione, R. (1994) The dimensions of Dangerousness Revisited: Assessing Forensic Predictions About Violence. *Law and Human Behaviour*. 18, pp. 1-28.
- Millan, B. (2001) *New Directions: Report on the Review of the Mental Health (Scotland) Act, 1984*. Edinburgh: Scottish Executive.
- Monahan, J., & Steadman, H. J. (1996) Violent Storms and Violent People. How Meteorology Can Inform Risk Communication in Mental Health Law. *American Psychologist*. 51, pp. 931-938.

- National Offender Management Service Public Protection (2009) *MAPPA Guidance*. Home Office. Available from: <http://www.probation.homeoffice.gov.uk/output/page30.asp>. [Accessed 30/11/2010].
- OHCHR (2002) *The UN Convention on the Rights of the Child*. OHCHR. Available from: <http://www2.ohchr.org/english/law/crc.htm> [Accessed 03/02/2011].
- Ogloff, J. R. P., & Davis, M. R. (2004) Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime and Law*, 10 (2), pp. 229-242.
- Petersilia, J. (2005) *Center for Evidence-Based Corrections: Proposal to California's Youth and Adult Correctional Agency (YACA)*. Irvine, Department of Criminology, Law and Society: University of California.
- Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006). *Violent offenders: Appraising and managing risk, 2nd ed.* Washington DC: American Psychological Association.
- Raynor, P., Ugwu-dike, P., & Vanstone, M. (2010) Skills and strategies in probation supervision: the Jersey study. In McNeil, F., Raynor, P., & Trotter, C., (eds.) (2010) *Offender Supervision: New directions in theory, research and practice*. Cullompton: Willan Publishing.
- Risk Management Authority (2006) *Standards and Guidelines for Risk Assessment*. Paisley: RMA.
- Risk Management Authority (2007) *Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction*. Paisley: RMA.
- Risk Management Authority (2007b) *How to become an Accredited Risk Assessor - Criteria and Competencies*. Paisley: RMA.
- Risk Management Authority (2007c) *Risk Assessment Tools Evaluation Directory*. Paisley: RMA
- Risk Management Authority (2009) *RMA Accredited Manners of Risk Assessment and Minimisation Register*. Paisley: RMA.
- Ross, R. R., & Hilborn, J. (2008) *Rehabilitating Rehabilitation: Neurocriminology for the treatment of antisocial behavior*. Ottawa: Cognitive Centre of Canada.
- Sackett, D. L., Rosenberg, W. M., Gray, J. M., Haynes, R. B., & Richardson, W. S. (1996) Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, pp. 71-72.
- Scottish Executive (2000) *Report of the Committee on Serious Violent and Sexual Offenders*. Edinburgh: Scottish Executive.

- Scottish Executive (2001) *Serious Violent and Sexual Offenders*. Edinburgh: Scottish Executive.
- Scottish Executive (2001a) *Reducing the Risk: Improving the Response to Sex Offending. Report of the Expert Panel on Sex Offending chaired by Lady Cosgrove*. Edinburgh: Scottish Executive.
- Scottish Executive (2005) *Changing Lives: Summary Report of the 21st Century Social Work Review*. Edinburgh: Scottish Executive.
- Scottish Executive (2006) *MAPPA Guidance*. Edinburgh: Scottish Executive.
- Scottish Executive (2006b) *Changing Lives: Report of the 21st Century Social Work Review*. Edinburgh: Scottish Executive.
- Scottish Government (2008) *Getting it right for children and young people who present a risk of serious harm: Meeting Need, Managing Risk and Achieving Outcomes*. Edinburgh: Scottish Government.
- Scottish Government (2008b) *Preventing Offending by Young People: A Framework for Action*. Edinburgh: Scottish Government.
- Scottish Government (2008c) *Protecting Scotland's Communities: Fair, Fast and Flexible Justice*. Edinburgh: Scottish Government.
- Scottish Government (2008d) *Scotland's Choice: Report of The Scottish Prisons Commission*. Edinburgh: Scottish Government.
- Scottish Government (2008e) *Version 4 of the MAPPA Guidance with Covering Justice and Communities Circular JD/3/2008 and NHS CEL (2007) 8*. Edinburgh: Scottish Government.
- Scottish Government (2010) *Reducing Re-offending Programme*. Edinburgh: Scottish Government.
- Serin, R. C. (2006) *Evidence-based practice: Principles for enhancing correctional results in prisons*. Washington, DC: National Institute of Corrections.
- Serin, R.C., Lloyd, C.D., & Hanby, L. J. (2010) Enhancing Offender Re-entry: An integrated model for enhancing offender re-entry. *European Journal of Probation*. Vol 2 [Online]. Available from: http://www.ejprob.ro/index.pl/enhancing_offender_re-entryan_integrated_model_for_enhancing_offender_re-entry
- Sherman, L. (2009) *Evidence-Based Policing: What We Know and How We Know It. Proceedings of The Third SIPR Annual Lecture*, The Scottish Police College, Tulliallan. The Scottish Institute for Policing Research: University of Dundee.

- Social Work Inspection Agency (2005) *Review of the Management arrangements of Colyn Evans by Fife Constabulary and Fife Council*. Edinburgh: Scottish Executive.
- Social Work Inspection Agency (2009) *Assessing and Managing Offenders Who Present a High Risk of Serious Harm*. Edinburgh: SWIA.
- Social Work Services Inspectorate for Scotland (1997) *A Commitment to Protect: Supervising Sex Offenders - Proposals for More Effective Practice*. Edinburgh: Stationary Office.
- Social Work Services Inspectorate for Scotland (2000) *Risk Assessment Guidance Framework: Management and Assessment of Risk in Social Work Services*. Edinburgh: Scottish Executive.
- Taxman, F. (2006) Assessment with a flair: Offender accountability in supervision plans. *Federal Probation*, 70, (2), pp. 2-7.
- Taxman, F., & Sachwald, J. (2010) Managing Chaos: Implementing Evidence Based Practices in Correctional Agencies. In McNeil, F., Raynor, P., & Trotter, C., (eds.) (2010) *Offender Supervision: New directions in theory, research and practice*. Cullompton: Willan Publishing.
- Towl, G. (2005) Risk assessment. *Evidence Based Mental Health*, 8, pp. 91-93.
- Trotter, C. (2009) Pro-social Modelling. *European Journal of Probation*, 1 (2), pp. 124 -134.
- UNICEF (2009) *A Better Life for Every Child: A Summary of the United Nations Convention on the Rights of the Child* [online]. Available from: <http://www.unicef.org.uk/Latest/Publications/Summary-of-the-United-Nations-Convention-on-the-Rights-of-the-Child/> [Accessed on 31/05/2011]
- University of Cambridge (2008) *Evidence-Based Policing: Possibilities and Prospects*. Proceedings of the International Conference Sponsored by the National Policing Improvement Agency (UK) In Collaboration with the Launch of the Jerry Lee Centre for Experimental Criminology, Institute of Criminology: Cambridge University.
- Vess, J., Ward, T., & Collie, R. (2008) Case Formulation with Sex Offenders: An Illustration of Individualized Risk Assessment. *Journal of Behavior Analysis*, 1, (3) pp. 284-293.
- Vogel, V. de, Ruiter, C. de, Bouman, Y., & Vries Robbé, M. de (2009) *SAPROF: Guidelines for the assessment of protective factors for violence risk - English Version*. Utrecht, The Netherlands: Forum Educatief.
- Ward, T., & Stewart, C. (2003) Criminogenic needs and human needs: a theoretical critique. *Psychology, Crime & Law*, 9, (3) pp. 125-43.

- Ward, T., & Brown, M. (2004) The Good Lives Model, and Conceptual Issues in Offender Rehabilitation. *Psychology, Crime & Law*, 10, (3) pp. 243-257.
- Ward, T., Mann, R. E., & Gannon, T. A. (2007) The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior: A Review Journal*, 12, pp. 87-107.
- Ward, T., Mesler, J., & Yates, P. (2007) Reconstructing the Risk-Need-Responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behaviour*, 12, pp. 208-228.
- Ward, T., & Maruna, S. (2007) *Rehabilitation – Beyond the risk paradigm*. New York: Routledge.
- Ward, T. (2009) Dignity and human rights in correctional practice. *European Journal of Probation*, 1 (2), pp. 110 -123.
- Webster, C., Dickens, B., & Addario, S. (1985) *Constructing dangerousness: Scientific, legal and policy implications*. Toronto: University of Toronto.
- Webster, C. D., & Hucker, S. J. (2007) *Violence risk assessment and management*. Chichester, England: Wiley.
- Webster, C. D., Douglas, K. S., Eaves, D., & Hart, S. D. (1997) *HCR-20: Assessing Risk of Violence (Version 2)*. Vancouver: Simon Fraser University.
- Wexler, H., Falkin, G., & Lipton, D. (1990) Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behaviour*, 17, pp. 71-92.
- Whitehead, J., & Lab, S. (1989) A meta-analysis of juvenile correctional treatment. *Journal of Research in Crime and Delinquency*, 26, pp. 276-295.
- WHO (1996) *Global Consultation on Violence and Health. Violence: a public health priority*. Geneva: World Health Organization.
- Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive behavioral programs for offenders. *Criminal Justice and Behavior*, 32, pp. 172-204.
- Wilson, R. J., & Yates, P. M. (2009) Effective Interventions and the Good Lives Model. *Aggression and Violent Behavior*, 14, pp. 157-161.



Risk Management Authority

St James House
25 St James Street
Paisley
PA3 2HQ

tel 0141 567 3112
fax 0141 567 3111
email info@rmascotland.gsi.gov.uk

www.rmascotland.gov.uk