

Multi-agency inspection

A review of residential services for young people with harmful sexual behaviour

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A joint report by the Social Work Inspection Agency,
Care Commission and HM Inspectorate of Education

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ISBN: 978-1-905501-57-1

Social Work Inspection Agency (SWIA)
Ladywell House
Ladywell Road
Edinburgh
EH12 7TB

Produced for the Scottish Executive by RR Donnelley B51531 12/07

Published by the Social Work Inspection Agency, December, 2007

Further copies are available from
Blackwell's Bookshop
53 South Bridge
Edinburgh

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1. The past 25 years have seen a growing awareness of the issues and complexity of sexual abuse of children. Many professionals now recognise that a very small proportion of children and young people, can and do, sexually abuse each other. We use the term 'sexually harmful' to describe that behaviour.¹ In 2006 three agencies, the Scottish Commission for the Regulation of Care (Care Commission), Her Majesty's Inspectorate of Education (HMIE) and the Social Work Inspection Agency (SWIA) conducted a review of the work of four residential schools providing specialist services for young people engaging in sexually harmful behaviour. Geilsland School, St Mary's Kenmure Secure Unit, Oakbank School and Kibble Education and Care Centre were jointly inspected between November 2005 and May 2006. The findings of these inspections have been analysed and set in the context of current research. This review reports on the services provided by the four schools for 36 young people with sexually harmful behaviour, it makes a series of recommendations to enhance and develop practice.
2. As part of this review we asked the Criminal Justice Social Work Development Centre (the Centre) to look at research on working with children with sexually harmful behaviour.² We also drew upon the findings of Hutton and Whyte's study of '*Young People and Sexually Harmful Behaviour in Scotland (2006)*'. That study provided an analysis of data on 189 Scottish children and young people who were referred to, or were receiving specialist services during 2004.
3. In December 2005 the Scottish Executive published the '*Review of the Management Arrangements of Colyn Evans by Fife Council and Fife Constabulary*'. Colyn Evans had been a pupil at Geilsland School for 16 months. In response to key questions in the report about the safety and effectiveness of work with young people with sexually harmful behaviour, Scottish Ministers instructed an immediate inspection of the arrangements for the care and education of young people at Geilsland. Ministers subsequently requested similar inspections to be carried out at the three other schools which provided services for young people with sexually harmful behaviour. The outcomes of the inspections were reported separately for each school and copies of the reports can be obtained from the Care Commission (www.carecommission.com). These reports highlight areas of strength found in individual schools and they contain recommendations on improvements which individual schools needed to make. These have been followed up at subsequent inspections.

1 We employ the broad definition used by Hutton (2007):

Sexual behaviour displayed by children is currently understood as a continuum from mutually agreed experimentation through to harmful, abusive exploitation. The following factors have been identified to determine whether the behaviour is harmful:

- *differences in age, size and/or developmental status of the children involved;*
- *use of force or coercion;*
- *context and location of the behaviour;*
- *frequency and intensity of the behaviour;*
- *level of preoccupation with behaviour;*
- *persistence of behaviour despite intervention;*

2 Copies of the review can be obtained from the Centre, University of Edinburgh, Linda.Hutton@ed.ac.uk.

4. This review draws upon these reports to discuss key issues in the care of the young people. These included assessment, programmes, young people's health, effective leadership and management. The review found significant differences in the depth of experience and expertise in working with this group of young people.
5. Throughout this review we refer to young people, defined as those over the age of 12 years. Legally most of the young people in this study are 'children', but we make the distinction in practice terms as there is broad current agreement by researchers and specialist practitioners that children aged under 12 years have different needs.
6. The majority of the young people we discuss are boys. Both in the group of 36 we studied and in the group Hutton and Whyte (2006) studied, less than 7% were girls. We recognise the importance of work with girls and that there are currently very few specific programmes which have been developed to meet their particular needs. In addition, programmes are required which address the particular needs of young people with learning disabilities.
7. The conclusions which can be drawn from current research are limited by the absence of longitudinal studies and also by the low detection rate for sexual abuse. However, the research which has been done suggests that few young people who engage in sexually harmful behaviour in their adolescence go on to become adult abusers. Those who receive appropriate help are even less likely to continue their behaviour (Worling and Curwen 2000). Young people with sexually harmful behaviour are at greatest risk when adults fail to recognise and respond to them appropriately. Minimising their behaviour, putting it down to youthful experimentation and hoping they will 'grow out of it' is not helpful. The staff in the four schools and the local authority social workers were all committed to tackling the young people's behaviour and offering them an opportunity to manage, control and change their behaviour. This review sets out to analyse the ways in which this was done.
8. This report is for people who are concerned for the welfare of young people with sexually harmful behaviour and the protection of their victims. It will have relevance to a number of agencies:
 - Organisations who provide services in residential settings and in the community;
 - Local authorities who are commissioning resources for young people;
 - Staff who are working with them and with their families; and
 - Reporters and members of children's panels.

In each chapter we identify examples of good practice by schools, local authorities and other agencies in the care and management of the young people.

EXECUTIVE SUMMARY

9. Over the last ten years professionals and policy makers have recognised, and given attention to, sexually harmful behaviour by young people. Services to manage, prevent and treat this behaviour are still relatively new. Evaluations of them and the identification of the knowledge and skills required of staff are still being developed. This review is based on the findings of:
 - the individual school inspections;
 - the follow up visits to the placing local authorities; and
 - the literature review and profiling of young people carried out by the Centre (Appendix 1).
10. The life experiences of the 36 young people were characterised by severe early disadvantage, neglect and abuse. Many came from families known to social work services for years. The young people had a wide range of behaviour problems which included over a third having been violent to others, self-harmed and misused substances.

This review has eight key messages.

- i. Young people with sexually harmful behaviour can be helped to change through targeted intervention by staff who are knowledgeable, skilled and well managed.
- ii. Most of the young people in this review had experienced disruptive and abusive family life. Some had been physically and sexually abused.
- iii. The young people require approaches which challenge their offending behaviour, whilst meeting their needs for care, education and healthy development.
- iv. The best outcomes for young people can be achieved when local authorities who commission services, provide a comprehensive chronology of the young person's life events and are precise about what they want for them. This is important both in terms of the approach which will be offered and the joint arrangements for the safe return of the young person to the community at the end of their placement.
- v. Risk assessments of young people with sexually harmful behaviour are essential underpinning to all aspects of their care plans and day to day care. The most effective approaches start with an assessment pre-admission, which is updated on admission and shared between key staff regularly. It should build on previous assessments and knowledge of the young person's behaviour.
- vi. Programmes designed to help young people stop their sexually harmful behaviour are most likely to achieve their goals when they are carefully planned, targeted at the behaviour and development of the individual young person, and integrated with their overall care and risk management plans.

- vii. Young people with sexually harmful behaviour benefit from an environment where all the staff who have different responsibilities for their care and education work together well. They also benefit where their progress is communicated regularly to staff in the community and, where appropriate, the young person's family.
 - viii. Specially trained staff working in dedicated settings with appropriately designed environments can provide effective services for young people with sexually harmful behaviour.
11. Providing the right environment for these young people is challenging for managers and staff. The educational, social and personal needs of each young person are best met within a safe environment. One which both supports them in changing their behaviour and allows them to develop. Good teamwork by staff, combined with clarity about roles and responsibilities is essential to sustaining their care, education and behavioural change. Effective assessment, review and care planning are vital. Managers are key to making sure plans are implemented and evaluated. They also need to recognise the personal strain on staff and provide them with proper supports including opportunities for training and development.
 12. At present there is a range of different approaches to working with young people with sexually harmful behaviour. Although there is not, as yet, real evidence to support one form of treatment being more effective than another, there are a number of promising approaches. We talk more about this in Chapter 4. This lack of clear evidence of effectiveness can lead to commissioning authorities being unsure about what they can expect from the service the young people are receiving.
 13. Recognition of the complexity of the demands on managers who support staff to work with young people whose behaviour can be sexually harmful is not yet widely developed. Particular skills and sensitivity are needed to support staff working with such complex issues. Good leadership, training and skill development are essential if service providers are to continue to develop expertise in this area of work with young people.
 14. This review recognises the importance of consolidating and developing knowledge and skills. Some of the skills are found in other areas of work with young people, such as the importance of integrated working, good information sharing, and well planned assessments. Others are particular to the needs of this group, for example some young people may have been either physically or sexually abused themselves. Staff may have to recognise in their work that different programmes and approaches are needed to address both the young people's own abuse and their harmful behaviour to others. Staff need very particular support to sustain and develop their knowledge and skills.
 15. This review gives grounds for optimism. We found some promising practice, in an area which has until recently been misunderstood or underestimated in its complexity. However, there was also room for improvement and for staff in different schools and community projects to learn from each other.

Young people's experiences before admission

Introduction

16. This chapter provides information about the young people who were resident in the four schools at the time of the inspections and refers to the larger survey collated by the Centre. The four residential schools are not the only services working with young people with sexually harmful behaviour. Work also takes place with young people in other units in the same or other residential schools, or at home where they receive services from specialist community based projects.

Profile of the young people in this review

17. Thirty-six young people were included in this review. Only three of the young people were girls. This low percentage was consistent with the Centre's survey of this group which found that 94% of young people in all of the services were boys. Almost all of the young people were recorded as being white Scottish or white British. Although the two groups of young people – the 36 in the four schools review and the 189 in the Hutton and Whyte group – could not be compared directly due to different sample sizes and age ranges, there appeared to be similarities in the patterns of disadvantage and early deprivation between the two groups.
18. The young peoples' ages ranged from 14 to 17 years. Most of them were 15. The young people in the secure unit were older, most of them were 16 or over. They came from 18 of the 32 local authorities in Scotland. Almost half (16) came from four local authorities, who each placed either five or three young people. Half of the local authorities had placed only one child in these schools.

Young people's experiences before admission

19. The young people we studied had experienced poor care, physical or sexual abuse and family disruption in their lives. The figures below give a picture of their adversity, abuse and neglect:³
- 64% had experienced poor care in their early years;
 - 40% had experienced physical abuse;
 - 36% had been the subject of either confirmed or suspected sexual abuse, 88% of which had taken place within the family;
 - 34% had experienced parental separation;
 - 31% had experienced bereavement;
 - 28% had experienced domestic violence;
 - 22% had witnessed parental substance misuse;

³ These percentages must be treated with caution due to the small numbers, and the findings should be treated as points for discussion.

Chapter 1: Young people's experiences before admission

- 20% had experienced parental rejection;
 - 19% had experienced emotional abuse; and
 - 17% had been neglected.
20. The most frequent recorded reasons for the young person's first contact with social work services were:
- 31% had experienced poor care;
 - 25% were thought to be at risk;
 - 17% were beyond parental control;
 - 14% had other reasons, including inappropriate sexual behaviours and fire raising; and
 - 8% were offending.
21. A fifth of the young people had more than one reason for their first contact, including child protection issues and sexually inappropriate behaviour. The young person's age at the point of first contact ranged from birth to age 13, half of their families had had previous contact with social work services.
22. Prior to referral to one of the schools, more than a third (39%) of the young people had been looked-after away from home, often in an emergency when other placements had broken down. More than half of referrals to the residential schools were made by social workers (56%). A quarter of referrals were made by Courts (11%), the Children's Panel (8%) or the police (6%).

Education and development

23. The young people's education records reported high levels of early educational problems including learning and behavioural difficulties, bullying, truancy or exclusion from mainstream schooling. Forty-two percent had an identified impairment to their development, including a learning difficulty (19%) or Attention Deficit Hyperactivity Disorder (ADHD) (6%).

Behaviour

24. Most of the young people (86%) had a record of previous or current non-sexual behaviour problems. These included:
- 39% for violence towards others;
 - 31% for fire raising;
 - 28% for self-harm;
 - 25% for other behaviour problems, primarily offending;
 - 22% for substance misuse; and
 - 8% for animal cruelty.

Most had a record of more than one non-sexual behaviour problem, with 31% having two problems and 28% having three problems.

25. We found there were significant gaps in the information recorded about the sexually harmful behaviour of the young people before their admission. Their behaviour was often described as abusive, with sexual behaviour involving contact more frequent than sexual behaviour which did not involve contact. The victim was most likely to be known to the perpetrator. Although females were more likely to be victims, many perpetrators were as likely to victimise males as females. We did not find enough information to enable us to assess the young peoples' intentions, or whether or not they used force or threats towards their victims. Hutton and Whyte (2006:8) concluded that,

'Research seems equally clear that whilst the number of young people likely to pose great danger to others is very small, we do not have a wide range of well established assessment tools to identify precisely who they are.'

Conclusion

26. This chapter sets out what we found about the backgrounds of the young people resident in the specialist units due to their sexually harmful behaviour. Our findings are similar to research reported in the literature review. The majority of the 36 young people had experienced poor care in their early lives, many had been subject to physical or sexual abuse. Most of the young people had other behaviour difficulties and many had experienced a number of different placements. This has significant implications for the work which is undertaken with this group of young people. In the next chapter we discuss issues in their care, education and health.

CHAPTER 2

The right environment: care, education and health

Introduction

27. This chapter describes what we learned about the experience of young people in the schools. We looked at whether the schools provided an environment of safety, good care and education, paid attention to the young people's health, and measured their own performance against national care standards, quality indicators, regulations and guidance.

Findings

The environment

28. All the young people in this study attended classes with other young people. The particular needs of individual young people were usually taken into account when forming class groups. Some young people with significant additional support needs received a specially designed curriculum in a separate intensive support base. Where care staff, teachers and health care staff worked together closely, we found that there was a positive culture and the curriculum was well-planned and structured across 24 hours. This helped staff to understand their respective roles and responsibilities. Consequently we found that they had high expectations of the young people's learning and development.
29. The schools deployed a combination of approaches for promoting positive behaviour, with a range of special programmes to tackle problem behaviour and meet the specific needs of young people. These approaches and programmes were most effective when integrated into the personal and social education (PSE) programme.
30. We found variation between the schools in the quality of relationships between staff and managers, staff members, and staff and young people. Senior managers played important roles in helping care and teaching staff to manage the young people's challenging behaviour consistently, promote positive behaviour, and celebrate achievements. Joint planning and effective support for staff were essential in sustaining good relationships between staff and young people. Where planning was less well organised these relationships suffered.
31. There were different standards of residential accommodation in the schools. One campus was carefully laid out to create a pleasant environment and thoughtful approaches to landscaping ensured all round good visibility. Lower tree branches had been removed, places where young people could conceal themselves had been identified and automatic security lighting installed. However, schools with extensive grounds posed challenges to supervision of the young people. We consider that schools should review and implement improved safety and security measures in their grounds.
32. The majority of the schools provided classrooms of a good size,⁴ suitable resources, Information and Communication Technology (ICT) and specialist accommodation for practical subjects. Risk assessments in practical classes varied. Some corridors were too

⁴ Quality indicator 6.1: accommodation and facilities.

narrow to ensure safe management of challenging behaviour. The absence of a quiet room within the education provision in which young people could calm down resulted in them being returned too frequently to residences.

33. The public areas of the schools were homely and comfortable. Young people were encouraged to personalise their bedrooms. Some bedrooms had en suite facilities which offered young people privacy and communicated respect. We considered that sharing toilet and bathing facilities could create unnecessary risks of opportunities for bullying and abuse. Staff told us of their concern about reaching a young person in an emergency, when this involved getting through two locked doors. However, one school did have an effective back-up system which gave staff emergency access. Careful thought should be given to ‘designing out’ any elements and features which may raise levels of risk.

‘Preventing re-offending often starts with the external constraints and careful monitoring that can be provided by the environment in which the young person lives and by the people who care for him. However, as the work progresses with the young person this external control should give way to internal controls, insight and a real change in behaviour and thus a change in placement, which enables the young person to exercise these internal controls, may be appropriate.’ (Bankers et al. 1999:55)

Care

34. We found that sufficient numbers of staff with a good skills mix ensured safe care and education. Relationships between staff and young people generally appeared respectful, warm and positive. Clear boundaries for their behaviour, were consistently enforced, and their environment and routines were safe and predictable. Young people told us of staff who were approachable, listened to their concerns and gave good advice. Complaints made by young people were taken seriously, and they had good access to external advocacy services. However, some young people also reported that they felt bullied by other young people and that staff did not intervene to support them.
35. We found examples of good teamwork in meeting young people’s needs and managing risks. The most effective approaches involved close integration between specialist interventions or programmes and day-to-day care. This is discussed further in Chapter 4. For example, there were regular meetings about individual young people and clear behaviour support plans were in place. However, the full impact of specialist intervention was sometimes limited as care staff were unclear about their responsibilities, lacked adequate training and had little support.
36. One of the biggest challenges for staff was tackling young people’s sexually harmful behaviour. This behaviour did not stop on admission. Placing social workers expected care staff to closely supervise the young people and to keep them informed about their progress.

Some social workers reported that they had not been appropriately informed about the school's response to incidents, for example when a young person complained about the use of restraint. Child protection training was offered to all staff, but it was not completed to an appropriate level and with sufficient frequency by all of those who were eligible.

Child protection

37. The agencies involved in this review have discussed child protection processes with ADSW and agreed the following:

- all schools should conform to the child protection arrangements set up by the Child Protection Committee in the local area. Schools should advise the commissioning local authority of child protection referrals as the commissioning authority has the primary duty to investigate child protection issues for the child they have placed;
- commissioning local authorities and schools should notify the Care Commission of any child protection referral arising in the school. This will allow the Care Commission to consider any action they need take in addition to what the service provider or the commissioning local authority may deem necessary;
- commissioning local authorities and schools have a responsibility to consider whether to involve any relevant local authorities or others in risk assessment and management plans for young people who present risk of harm to others;
- commissioning local authorities and schools should make sure the young person, their carers and families are aware of their right to complain through the commissioning authority's complaints procedure, through the school's own complaints procedure or through the Care Commission;
- commissioning local authorities and schools should make sure the young person, their carers and families know how to raise concerns about alleged abuse; and
- commissioning authorities and schools should make young people, their carers and families aware of how they can contact advocacy or children's rights services who can help them raise allegations.

Education

38. Whole school assemblies provided opportunities to celebrate successes and promote achievements. School councils played an important part in making sure young people's voices were heard and helped to promote a sense of shared responsibility.

39. Some schools had started to use the framework and principles of *A Curriculum for Excellence 2004 (ACE)* to start to re-frame the structure of the curriculum across 24 hours. A broad curriculum enabled teachers to meet learning needs effectively. We found examples of vocational and enterprising activities which led to young people achieving some notable results in National Qualifications (NQs).

40. The quality and effectiveness of joint work was at an early stage in most schools. There were some formal structures for joint working between care, education, health and specialist interventions. We did find evidence of developing strong whole-school approaches to PSE and health and wellbeing.

Particular strengths in these PSE programmes included:

- activities and experiences using the expressive arts. Young people spoke positively about their successes in activities which were frequently new to them;
 - improved fitness and awareness of team skills, through cycling expeditions, playing in the football team and a running club;
 - whole-service activities, sometimes linked to enterprising activities, and fund-raising for charities which increased young people's sense of empathy;
 - evening and weekend activities in partnership with a local college, in subjects such as practical craft, mechanics and art; and
 - links from the broader PSE agenda to the more specific and targeted programmes which addressed sexually harmful behaviour.
41. Schools had not always considered how to link generic aspects of PSE with the more specific and specialised programmes to address sexually harmful behaviour. Therefore there were fewer opportunities for a wider group of staff to become knowledgeable and skilled in this area.
42. Young people were prevented from achieving appropriate qualifications when the structure of the curriculum was not planned well. Learning opportunities available during the evenings and weekends should be planned to ensure they complement formal class work.
43. Care staff regularly supported teachers to manage difficult behaviour or risky situations. We observed good practice where care staff worked alongside teachers using their skills to help young people to engage with learning. However, we found examples of poor practice in which care staff just patrolled the education area to control the young people's behaviour. Care staff resented this role, which reinforced young people's negative perceptions of education.
44. Approaches to improving young people's social, emotional and personal development varied. Some young people were receiving impressive, well-coordinated programmes. But we did not find this consistently. We were concerned that one school had paid little or no attention to this aspect of care and education and consequently the needs of their young people were not well met.

Health

45. *The Looking After Children*⁵ materials were often used effectively to set out the needs of the young person in relation to their physical, social and emotional well-being. This included a record of immunisations and other health needs. In the absence of a complete history of the child's health needs, schools carried out their own assessments. Areas of need were incorporated in the care plan, which noted the required input from the service itself or healthcare professionals.
46. Young people usually received age appropriate information about their health and well-being. However, we considered there could be greater integration with general health promotion strategies. The curriculum usually included elements of health promotion in PSE.
47. Schools employed a nurse or contracted with local professionals to provide health care and advice. Access to secondary health services was obtained appropriately. We found that the schools experienced difficulty in obtaining dental services, although most had arrangements in place for young people to be seen on an emergency basis. We did not consider the lack of regular dental care acceptable.
48. The arrangements with local health services to provide health care for young people from the NHS area or those who came from another area were not always accurately described. Arrangements for looked after young people to access local healthcare services should be clarified by managers at the time of admission. Staff at all levels should have greater awareness of the importance of promoting the health of the young people in their care, including their mental health and well-being.

Conclusion

49. In this chapter we have recognised the importance for the young people of an environment which brings together their needs for care, education and health. We did not find this in all of the schools. Effective practice in this area comprises a mixture of practical arrangements combined with good working practices and communication between staff. A good physical environment not only conveys value and respect for both staff and young people but also enhances safety. We found examples of good practice by schools which:
 - provided en suite facilities as a contribution to creating a safe physical environment. (The use of en suite facilities should be subject to risk assessment and management);
 - provided enough classrooms of a suitable size and facilities for practical work which were risk assessed;

⁵ The Looking After Children in Scotland materials are tools for information gathering, planning, assessment and review for children looked after away from home. They meet the requirements of the Children (Scotland) Act 1995. They are based on seven dimensions which are key to the development of children and young people. These are health, education, family and social relationships, emotional and behavioural development, identity, social presentation, and self care skills.

- created a quiet space within the education area to enable young people to calm down and be supported to re-engage with learning as soon as possible;
 - carried out a risk assessment of their grounds;
 - planned an holistic curriculum across 24 hours, including specialist approaches and programme;
 - made sure that staff were clear about their individual and complementary roles in delivering the overall curriculum and managing challenging behaviour in classes and residences; and
 - had clear arrangements for young people to access local health care services including dental services.
50. Local authorities who provide comprehensive background information on the young people and their families at the time of referral give all staff the maximum opportunity to address the young person's behaviour and to help their development. In the next chapter we discuss the role of assessment and planning in the care of the young people.

Recommendation

All schools should update and improve their child protection procedures (and take account of the procedures agreed with ADSW at paragraph 37).

CHAPTER 3

Assessing, planning and managing

Introduction

Assessing needs and risks

51. Assessment of need and risk is an essential element in the care of young people with sexually harmful behaviour. Comprehensive assessments can:

- contribute to young people being treated fairly;
- ensure the nature and meaning of their sexual harmful behaviour is understood;
- identify their needs;
- quantify risk; and
- identify risk management strategies.

(Hackett, 2004)

52. A range of assessment tools is available for assessing risk in young people with sexually harmful behaviour. Many assessment tools take static (pre-existing or unalterable) risk factors into account but not dynamic (changeable) risk factors. Some risk assessment tools do not help staff identify factors which reduce risk or indicate whether a young person is likely to respond positively to education or treatment.

Examples of tools being used by the schools included the following:

- AIM (Assessment, Intervention and Moving on) is an assessment model which looks at offence specific factors, developmental factors, and family/carer and environment/ community dynamics. The model has ten steps to help practitioners gather and analyse information relevant to the concerns about the young person, as well as their strengths and weaknesses;
 - ERASOR⁶ is designed to assess the risk of re-offending with 12-18 year olds who have previously committed a sexual assault. It looks at sexual interests, attitudes and behaviour, historical sexual assaults, psychosocial functioning, family/environmental functioning and treatment; and
 - ASSET (Youth Justice Board 2000) and YLS/CMI assesses the risk of offending in general.
53. Practitioners may also make a range of other assessments of young people, including an integrated assessment, Looked After Children (LAC) Assessment and Action Records, reports to children's hearings, and child protection assessments. In addition, following the review of the management arrangements of Colyn Evans, the Scottish Executive decided to develop measures to improve identification, risk assessment, planning for and management of young people who sexually offend.

6 Estimate of risk of adolescent sexual offence recidivism.

Care Planning and Management

54. The objectives and management of reviews of looked after children are set out in regulations and guidance, and provide a framework for care planning. National care standards state what young people can expect from service providers. The commissioning authority is responsible for the linked processes of assessment, planning and reviewing. The authority retains this responsibility throughout the period the young person is looked after, including before and after any residential placement(s). Nonetheless residential schools are charged with the care and welfare of the young people on a day to day basis.

Findings

55. We found that initial assessments of the young people completed following their admission generally included an assessment of the risk of harm to others and of re-offending. However, in a third of files we were unable to find whether or not this had been completed. ERASOR (Worling and Curwen 2001) was the most frequently used model. The majority of young people were assessed at the beginning of their placement as having been at high risk of re-offending with a minority assessed as medium or low risk. There were no differences in the risk levels presented between the groups of young people in the four schools. Older boys were more likely to be admitted to a secure unit, often as a result of a court appearance. These boys were more likely to have been placed on the sex offender register and therefore plans were in place for their release into the community. Approaches to assessment, particularly the tools used, varied between residential schools and between residential schools and community-based projects. They were underpinned by different theoretical models, completed to different levels and the evidence for outcomes was not always clearly stated. Assessment reports compiled by schools were not always shared with the commissioning authority.
56. Looked after children reviews were held at the prescribed intervals and were chaired by a representative of the commissioning local authority. Some reviews were conducted without a full case chronology supplied by the commissioning authority. The reviews covered a number of different areas of the young people's progress, including their education, safety, development of social skills and improvements in behaviour, for example that a young person had stopped bullying other young people. Between reviews, schools provided responsible social workers with regular reports on the progress of the young people. In addition schools completed internal reviews of progress which were normally attended by the responsible social worker. We found examples of commissioning authorities which had not clarified what they could expect of the young person's placement, and on occasions they failed to hold the school to task and to an agreed timetable.
57. The young peoples' care plans were updated at their reviews. The ways in which care plans were implemented varied. Some schools relied heavily on in-house provision whilst others commissioned external services. For example three of the schools employed psychologists to work with the young people.

58. We considered that the outcomes of many reviews were unsatisfactory because some progress reports from the school were absent, in particular reports from specialist programmes. Care plan objectives were not always implemented and the reasons for this were not apparent. Sometimes assessment findings and care practice were not brought together, for example not all staff working with the young person were aware of a plan to support appropriate behaviour.
59. We learned from schools and local authority staff, and noted from files, examples where incidents of sexually harmful behaviour were described in vague terms. There appeared sometimes to be reluctance on the part of staff to go into detail about the young people's behaviour. Staff told us that they found it difficult to strike a balance between recognising what the young people had done and not wanting to label them.
60. Residential schools can provide the most effective programme's when they have precise and comprehensive information about the nature, extent and background of each young person's sexually harmful behaviour.
61. Local authorities and service providers work more effectively together when they use the same criteria and terminology. This ensures key information is understood. All those working with young people with sexually harmful behaviour must recognise the importance of providing detailed descriptions of that behaviour. Providers and purchasers of services would benefit from agreeing a classification of information for the basis of ongoing work with young people.
62. Commissioning authorities benefited from being precise about their expectations of each placement. This was most likely to be achieved when 'out of authority' placements were made by a multi-disciplinary screening group which continued to have a role in reviewing the progress of the young person. Where screening groups had a continuing involvement they were informed both by LAC review outcomes from previous placements and reports produced by schools on their performance.

Conclusion

63. We found several models of assessment in use with the young people. Risk management plans varied both in content and quality and all agencies working with young people with sexually harmful behaviour need to give attention to the role and purpose of assessment.
64. We found good examples of assessing, managing and planning when schools:
 - were provided with a comprehensive multi-agency chronology of key events in the young person's life by the commissioning local authority at the start of their placement;
 - prepared a single care plan for each young person which included objectives for education, health and care and stated the links between specialist interventions and day to day care and education;
 - regularly audited case files to make sure that work with young people was completed to task and timetable; and
 - used one of the structured risk assessment tools.

Recommendations

Commissioning local authorities should provide the school with a comprehensive assessment of the young person. This should include a risk assessment and a chronology of the young person's life events. They should be precise about what they want for them and clear about what will be offered both in terms of specialist interventions or programmes and the young person's day to day care.

Schools should scrutinise the comprehensive risk assessments and chronologies received from the commissioning authority, to make sure they are complete and up to date. This should form the basis of the schools ongoing assessment of the young person's progress. That progress should be shared with the responsible social worker at key points. Specialist providers should routinely share their assessments with the responsible social worker and school staff.

The Scottish Government should produce guidance on how best to assess children and young people who may present a high risk of harming others.

CHAPTER 4

Appropriate and effective responses

Introduction

65. We found commissioning authorities looked for specialist interventions, structured to reduce the level of risk posed by young people. They wanted approaches which took into account the young person's age, ability, behaviour, level of risk and other needs. Where possible they tried to manage young people locally, but when this was not a safe option they requested a specialist placement. They also sought to work in partnership with specialist services in the community and residential settings.
66. Our literature review summarises current knowledge about effective responses to sexually harmful behaviour.⁷ It notes that there is still relatively little literature on young people in contrast to adults who sexually abuse. Hackett (2006) identified the concept of 'risk fixation', an excessive pre-occupation by professionals with risk reduction. This sole focus could be unhelpful to young people as it could limit opportunities to help them develop greater resilience and learn new skills. Efta-Breitback *et al.* (2004:12) found that '*to-date there is no real evidence to support any one form of treatment being more effective than another*'. As young people in this group usually have more than one type of behaviour problem there may be particular value in the work of Borduin *et al.* (1995) which promotes the value of multi-systemic therapy (MST). MST addresses all aspects of the young person's environment and its impact on their life rather than focusing only on cognitive and behavioural characteristics. This involves a number of professionals working simultaneously with the young person their family and wider network (for example school friends).

'There are a number of distinctions between adolescents and adults who sexually abuse. These differences include:

- *the lack of research on adolescents compared to the research on adults*
- *research which suggests that most adolescents who sexually abuse will cease their sexually abusive behaviour by the time they reach adulthood, particularly if they receive therapeutic help and supervision*
- *inappropriate behaviours in adolescents are often less deeply ingrained than in adults and thus easier to change*
- *adolescents are still developing patterns of sexual behaviour and are therefore more open to alternatives*
- *adolescents are more accustomed to education and open to new learning and acceptable skills.'*

(Department of Health 2004:249-250)

7 Copies can be obtained from Linda.hutton@ed.ac.uk

Findings

67. We found the schools provided young people with good personal care and attended to their individual needs. In addition most young people were offered a wide range of interventions dealing with for example, their offending, sexually harmful behaviour, anger management and trauma. Some specialist assessments and programmes were particularly well integrated with the everyday lives of the young people. In the main, schools had clear procedures and used appropriate instruments to assess the young people, including their needs and the risks they posed to others or themselves. Also we found a wide range of co-ordinated specialist programmes, which had clear theoretical underpinnings and were based on evidence of what worked for young people. In addition monitoring processes were usually in place.
68. However, we had some concerns about the independent providers which were commissioned by the schools to provide specialist programmes for young people. We did not find evidence that they gave sufficient attention to longer-term outcomes and they did not provide performance reports for the schools. We think they should be subject to independent audits of the quality of their work.
69. The value of some risk assessments of the young people was limited by gaps in the information supplied by commissioning authorities. The updating of risk assessments and the development of risk management plans was sometimes limited by an absence of precise and detailed recording of additional incidents or inappropriate behaviour by young people within the schools. We found good examples of carefully laid out action plans which helped to manage the risk presented by the young person.
70. Another important aspect of risk management was the composition of the school population. For example, young people displaying persistent patterns of sexually harmful behaviour could be placed with especially vulnerable young people. School admission policies should look at the needs and vulnerability of their current population and the risks presented by a young person joining the group.
71. The young peoples' sexually harmful behaviour did not necessarily stop on admission. This behaviour presented serious challenges to staff, they had to draw a distinction between ordinary adolescent behaviour and behaviour which was oppressive, exhibitionist or abusive. Where staff considered that the behaviour was abusive and potentially criminal the police were involved.
72. We found that there were different approaches to understanding and working with sexually harmful behaviour between the residential schools and specialist community based projects. These differences had the potential to confuse young people who were moving from one service to another. When the young person moves from the community to a residential school well worked out plans are important for effective work. Commissioning authorities were not always precise in their expectations of placements, particularly in

relation to the young person's sexually harmful behaviour. Their expectations were further limited by some schools who did not explain exactly what the commissioning authorities could expect from the placement.

73. Two of the schools offered specialist programmes delivered through externally contracted independent providers. The impact of these programmes was enhanced by integration with day-to-day care of the young person. Care staff in the residential schools should be trained and supervised to assist in delivering specialist assessments and interventions.
74. While some schools monitored immediate outcomes for young people this was sometimes hampered by incomplete recording. The current absence of information about longer-term outcomes for young people is a major impediment to assessing the effectiveness of different programmes. We concluded that a study of the long term outcomes for young people would help to improve practice.

Conclusion

75. There are significant challenges for all staff working with the young people to manage and help them to change their behaviour. A key stage is to identify precisely the nature of their harmful behaviour and to record it accurately and professionally. Young people need targeted responses by specialist programmes to tackle their sexually harmful behaviour, and care and education staff who are sufficiently aware of the aims and content to support the young people in their daily living. We found examples of effective practice in schools when:
 - staff from the specialist services attended staff meetings;
 - one provider supplied workbooks for the young people which they could complete with their care worker;
 - care plans set out clearly how the programmes related to the young person's whole experience; and
 - care staff were trained and supervised to assist in delivering specialist assessments and interventions.

Leaving school is an important transition for the young people and we discuss in the next chapter the importance of how this change is managed.

Recommendations

All independent service providers and schools should review, at least annually, their programmes designed to help young people stop their sexually harmful behaviour. They should monitor and measure outcomes. Independent evaluations should also be commissioned by the schools or projects.

The Scottish Government should commission research measuring the outcomes of different programmes.

CHAPTER 5

Throughcare and links with services in the community

Introduction

76. Local authorities who act as corporate parents to looked after children and young people have particularly important responsibilities in supporting them to achieve successful transitions to adulthood.

‘The concept of corporate parenting is ill defined and often misunderstood. The term originated in the “Quality Protects” (1998) initiative in England. For the first time the role of elected members was clarified. They were required to ‘make sure that the interests of children come first and should do their utmost to ensure that children in public care get a good start in life.’ (Extraordinary Lives 2006:96)

77. Responsibilities for the through and aftercare of young people are set out in regulations.⁸ These include both the planning and the provision of joined-up services. Effective throughcare planning should be comprehensive including education, health and social work services.
78. For this group of young people there are two important areas:
- continued support and oversight as they move into adulthood; and
 - the transfer of information from the children’s hearing to the adult justice system.

Findings

79. We found that six of the 18 commissioning authorities had specialist community based projects to address the needs and risks of young people who display sexually harmful behaviour. About a fifth of the 36 young people whom we reviewed had involvement with one of these resources.
80. We found the timing of the decision that a young person should move on was directly linked to their progress in school. Most of the schools offered care and education for young people beyond their 16th birthday so that they could complete work which would meet their needs and address any identified risks. Some young people had behaviour support plans identified for subsequent community placements. We found a small number of examples of schools providing outreach support for young people in their community. We found evidence of joint planning for moving young people on from school but much less evidence of longer-term planning being in place at the time of their placement starting.
81. Throughcare and aftercare services were usually delivered by specialist teams within social work services or by an organisation commissioned by social work services. Safe and effective approaches to the movement of a young person require a full and up-to-date case chronology to be transferred between agencies. We found that if information was exchanged between agencies it was not always up to date or comprehensive.

⁸ (The support and assistance of young people leaving care (Scotland) regulations, 2003).

82. School staff's assessment of the young person usually informed the decision that the young person should move on. Commissioning authorities told us that they had two reservations about these assessments. First that they were too pessimistic, erring toward evaluating young people as at high risk of harming others. Secondly, that they were not sufficiently comprehensive in that they often failed to assess the ongoing impact of preparing the young person for independence. This had implications for transition planning.
83. Commissioning authorities who wanted to work with the young person's school sometimes found school staff were reluctant to undertake an integrated assessment. We found examples of commissioning authorities which, under these circumstances, requested an assessment from an independent assessor which took account of factors in the young person's family and community as well as in their school. We found examples of good practice where schools convened a meeting to plan and manage the future risk of and for the young person. We considered that schools could have had greater involvement in outreach support for young people who had left or were getting ready to leave.
84. We found support and supervision of young people in the community was improved where either a specialist community based project assumed responsibility for the young person's aftercare or a court order was in place. For two young people this entailed specific financial assistance from the Scottish Executive Justice Department (SEJD). The availability of resources to provide intensive support and supervision of young people in the community was variable. The young peoples' access to resources were determined more by the availability of them than by the level of risk presented by the young person. Where a young person has complex needs the throughcare worker should assume the role of case manager.

'It is critical that the role of case manager incorporates responsibility for ensuring that all aspects of a young person's needs are being appropriately addressed as well as co-ordination with other agencies and staff. These needs must be assessed in the context of community safety and risk.' (Report into the management arrangements for Colyn Evans, 2005:22)

85. Effective throughcare and aftercare arrangements are critical to the achievement of improved outcomes for this group of young people. Local authority planning must take short and longer-term considerations into account, including transitions to and from residential schools and between specialist community-based teams. This requires closer integration between residential and community based services; particularly at key transition points for young people. Residential schools and local authorities should apply national throughcare and aftercare guidelines (Scottish throughcare and aftercare forum 2006). They should also make sure that any information or concerns they have about young people with sexually harmful behaviour are shared under the terms of the Concordat.⁹

⁹ All agencies involved in the management of sex offenders have signed a Concordat (SE2005) to share relevant information about sex offenders and sex offending. Protocols developed under the terms of the Concordat should include all agencies that hold information about any person posing a threat to public safety, including children and young people.

86. A young person leaving a residential school is a key transition which needs to be well managed to sustain the progress they have made. Planning for the eventual return of a young person to the community should start at the beginning of their placement and be discussed at each review. We consider that an integrated assessment with the school and the young person's local authority is important to determining both the risk the young person may present and also the resources required. This assessment should take account of behaviour and progress in school and also family circumstances and links in the community.
87. All staff working with young people are responsible for regularly updating their knowledge of work with sexually harmful behaviour and national and local responses to young people who commit offences. For example, through the implementation of the Management of Offenders (Scotland) Act 2005, the work of the Risk Management Authority and Skills for Justice.

Conclusion

88. Valuable work with young people can rapidly be undone if their return to home or a community resource is not well managed. Early planning for the transition combined with joint working between school and community staff is crucial to sustain and support young people. We consider that there is a role for the Scottish Government with the Convention of Scottish Local Authorities (CoSLA) to co-ordinate an approach to setting out a contract between local authorities and placement providers. We found examples of schools and local authorities planning helpful moves for young people when:
 - a local authority recruited carers specifically for one young person returning to the community;
 - a local authority commissioned an assessment from an independent assessor which took account of factors in the young person's family and community as well as in their school;
 - schools convened meetings to plan and manage the possible future risks posed by the young person returning to the community, both for the young person and the community; and
 - schools undertook an assessment of the young person's behaviour and progress in school, together with family circumstances and links in the community.
89. Making sure that staff in different agencies work well together to plan for the young people's futures is a key management task which we review in the next chapter.

Recommendation

The Scottish Government with CoSLA should set out a service specification for placements in residential services which identifies responsibilities, anticipated outcomes and timetables.

Commissioning local authorities should make joint arrangements with the school for the safe return of the young person, to the community, at the end of their placement.

CHAPTER 6

Leadership and management

Introduction

90. Quality assurance should be high on the agenda of the school's board of directors. It is important that the roles and responsibilities of the boards are linked to the school's statement of functions and objectives. Their overview of complaints and child protection procedures is particularly important. Schools should set out specific responsibilities for quality assurance.
91. Senior managers have a responsibility to provide effective leadership and to promote a culture of collaboration across care, health and education services within the residential school. They must make sure that staff have the knowledge and skills to work with this group of young people, and put in place effective systems for managing risk.
92. The care and management of young people with sexually harmful behaviour places particular responsibilities and strain on all staff who work with them. Inappropriate sexual behaviour by young people can bring about very strong emotions in staff. Effective work with this group requires staff who are consistent in their responses, and clear on the boundaries of what is, and is not, acceptable behaviour. Open and honest communication between adults is important, both as a model to the young people and also to make sure that information is shared.
93. Expectations for leadership, management and staffing are set out in regulations and national care standards. In the response to the Colyn Evans Report (2005) the Scottish Executive placed emphasis on the role of senior managers who should '*ensure that those working with young sex offenders have sufficient expertise for the task*'.

Findings

94. We found elements of strong and effective leadership which was underpinned by clear aims and objectives. Schools had clearly set out their statements of functions and objectives but board members were not always clear what their responsibilities were in the relation to these.
95. In the best practice managers had improvement plans with strategic direction and clearly delegated responsibilities for implementing actions. They reviewed and updated policies and procedures and disseminated them in a way which linked policy and practice.
96. We found that effective heads of service had established a culture of self-evaluation in which staff were committed to continuously assess the impact of their practice. Systems were in place to monitor and record progress and there was commitment to evaluating the impact of specific programmes immediately following intervention. We found an example of a combination of quality indicators and national care standards to evaluate the overall quality of provision and promote improved practice across care and education.

97. The right mix of skills, including access to forensic psychologists to address complex needs, was an important factor in supporting staff and young people. An external specialist agency provided assessment and intervention to assist two of the schools' own programmes. Schools were generally reviewing their staff training.
98. However, we found gaps in the recognition of the complexity of services required to meet the needs of young people. There was a lack of integration of the different approaches from care, health and education.
99. We found that staff were reluctant to be precise about the nature of the young people's harmful sexual behaviour. This can stem from a failure to recognise the seriousness of it. Reluctance to name behaviour explicitly can also stem from staff wanting to maintain some distance from the behaviour and not to become too involved in the detail. To work effectively with the young people staff have to build relationships with them which can encompass their abusive behaviour without either condoning it or rejecting the young person. Staff can experience complex emotions when working with these issues and staff at all levels need skilled support and supervision. We would like to see more exploration and research into the issues involved in managing staff teams working with young people who are a risk to others and themselves.

Conclusion

100. In all services it was critical that management, care staff and specialist agencies worked well together to support a broad based holistic approach to working with young people. This includes addressing any concerns about their general development while also giving attention to sexually harmful behaviour.
101. Staff working with this group of young people require support to sustain consistent boundaries and to confront inappropriate behaviour, whilst helping them to grow and develop. Managing staff who are working daily with young people with sexually harmful behaviour is one of the most demanding roles in residential child care.
102. We found examples of good practice where schools ensured:
- staff had the necessary experience, skills, training and knowledge; and
 - shared approaches across care, education and specialist provision.

Recommendation

The roles and responsibilities of the school's board of directors should be linked to their statement of functions and objectives and they should play an active part in quality assurance and promoting continuous improvement.

OVERALL CONCLUSION

103. Intervention at an early stage is important for this group of young people and we were encouraged by the commitment of staff to helping them. All of the schools were responding to the young people's wider needs as adolescents, as well as their specific needs due to their sexually harmful behaviour. However, the strengths of the provision we reviewed varied and the quality of services was not always consistent.
104. There is a balance to be achieved between specialist programmes which focus on the young person's sexually harmful behaviour, provided within an already specialist unit and work on other aspects of the young person's life. One of the under researched areas is whether specialist programmes provided by workers employed solely for the purpose of addressing sexually harmful behaviour are more, or less beneficial to young people, than those provided by staff who work with them in the unit on a range of behavioural issues. Whichever system is employed, the different elements must work together. Young people are most effectively helped by adults who can integrate all aspects of their lives. We were not convinced that this was understood fully in every setting, both within the schools and the young people's home authorities.
105. One of the professional risks in working with this group is a search for an 'expert' who will know how to solve all the young persons problems. Addressing sexual issues for victims and perpetrators can often leave staff feeling deskilled and uncertain. Staff who in other circumstances would be confident and capable. There are practical, emotional and theoretical aspects to the care of young people who can be sexually harmful and the most effective approaches need to address all of these equally and with transparency.
106. We conclude that at present services for young people with sexually harmful behaviour are most effectively delivered in dedicated settings which have specially trained staff in an appropriately designed environment. However, we recognise work in this area requires careful review and practice can be improved. There is still a shortage of programmes which can meet the needs of girls and young people with learning disabilities.
107. The schools which took part in this review have been working in this area for different lengths of time and skills and experience vary. We concluded that greater collaboration between them could promote sharing of good practice and the development of a range of programmes to meet different needs of young people.
108. The Care Commission, SWIA and HMIE identified advantages in inspecting these services in an integrated way, enabling evaluations to be made concerning the education and care practice of the school and the practice of the commissioning local authorities.

Recommendation

The Care Commission, SWIA and HMIE should continue to collaborate in periodic inspections of these services in a manner which is proportionate to the identified risks.

SUMMARY OF RECOMMENDATIONS

1. All schools should update and improve their child protection procedures and take account of the procedures agreed with ADSW at paragraph 37 (Chapter 2).
2. Commissioning local authorities should provide the school with a comprehensive assessment of the young person. This should include a risk assessment and a chronology of the young person's life events. They should be precise about what they want for them and clear about what will be offered both in terms of specialist interventions or programmes and the young person's day to day care. (Chapter 3)
3. Schools should scrutinise the comprehensive risk assessments and chronologies received from the commissioning authority, to make sure they are complete and up to date. This should form the basis of the schools ongoing assessment of the young person's progress. That progress should be shared with the responsible social workers at key points. Specialist providers should routinely share their assessments with the responsible social worker and school staff. (Chapter 3)
4. The Scottish Government should produce guidance on how best to assess children and young people who may present a high risk of harming others. (Chapter 3)
5. All independent service providers and schools should review, at least annually, their programmes designed to help young people stop their sexually harmful behaviour. They should monitor and measure outcomes. Independent evaluations should also be commissioned by the schools or projects. (Chapter 4)
6. The Scottish Government should commission research measuring the outcomes of different programmes. (Chapter 4)
7. The Scottish Government with CoSLA should set out a service specification for placements in residential services which identifies responsibilities, anticipated outcomes and timetables. (Chapter 5)
8. Commissioning local authorities should make joint arrangements with the school for the safe return of the young person, to the community, at the end of their placement. (Chapter 5)
9. The roles and responsibilities of the school's board of directors should be linked to their statement of functions and objectives and they should play an active part in quality assurance and promoting continuous improvement. (Chapter 6)
10. The Care Commission, SWIA and HMIE should continue to collaborate in periodic inspections of these services in a manner which is proportionate to the identified risks.

APPENDIX 1

How we gathered evidence for the review

The Care Commission, HMIE and SWIA scrutinised the four published inspection reports on the schools to identify common findings and theories relevant to this review. SWIA inspectors talked to the local authority social workers for the young people placed in the four schools. The social workers described how each of the residential schools supported the young people for whom their local authority was responsible. SWIA inspectors visited the 18 local authorities responsible for placing the young people to examine local policy and practice and find out what wider lessons might be learned.

During these visits the inspectors:

- read local authority case files on the young people placed in the four residential schools;
- interviewed social workers, managers, reviewing officers, children's advocacy services and other local interests; and
- interviewed officers responsible for commissioning residential placements outside the local authority and making decisions about placement of young people.

SWIA asked the Criminal Justice Social Work Development Centre (the Centre) to review research on working with children with sexually harmful behaviours. (Copies of the review can be obtained from the Centre, University of Edinburgh, Linda.Hutton@ed.ac.uk).

SWIA also asked the Centre to collate anonymised information about the young people who were included in this study. Analysis of this information helped us to understand the issues of this group of young people and how best to reduce the risks they present to themselves and others. We collected data on 36 young people using a form designed as a tool for practitioners to collect consistent information on children and young people involved in sexually harmful behaviours. The Centre gathers this information nationally so we were able to look at the characteristics of the group in this study and in their wider survey. They have published an initial analysis based on 189 children and young people in Scotland receiving specialist services to tackle sexually harmful behaviours. (Hutton and Whyte 2006)

Review of the Management Arrangements of Colyn Evans by Fife Council and Fife Constabulary, Scottish Executive, December 2005

Colyn Evans was sentenced to life imprisonment on 10 June 2005 for the murder of Karen Dewar, a 16 year old girl living in the same neighbourhood. The judge in the case did not place his name on the sex offender register. The crime was committed when Colyn Evans was aged 17.

Colyn had been subject to supervision by Fife Council social work services from December 2001 until April 2004, during which time he spent 16 months at Geilsland residential school, under section 70(3) Children (Scotland) Act 1995. Thereafter he was subject to through care support under the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003.

Following Colyn Evans' arrest, both Fife Constabulary and Fife Council carried out internal reviews and jointly prepared a Serious Incident Report for the Scottish Executive. After he was convicted, they jointly prepared a report on the management arrangements of the case, the Fife joint report, which was made publicly available. This report was issued on 10 June, following Colyn Evans' sentencing, and gave rise to considerable public and media interest and concern in relation to what it covered. In response to this, Scottish Ministers requested that a review of the management of the case was undertaken jointly by Her Majesty's Inspectorate of Constabulary (HMIC) and the Social Work Inspection Agency (SWIA). Their report was published in December 2005.

APPENDIX 3

Description of the four schools

Geilsland School

Geilsland is a residential school which offers education, care and social support for up to 35 boys aged between 14 and 18 years of age, who are experiencing educational, social, emotional and behavioural difficulties. The school is run by Crossreach, the operational wing of the Church of Scotland Social Care Council. There are three separate accommodation units. One of the units was purpose built to provide close support to young people who display sexually harmful behaviour.

Kibble Education and Care Centre

Kibble Education and Care Centre is a residential school which provides education and care for up to 64 boys between 12 and 18 years of age, who are experiencing educational, social, emotional and behavioural difficulties. There are 11 residential units and two of them offer close support to young people who display sexually harmful behaviour.

Oakbank School

Oakbank is a residential school which offers education, care and social support for up to 41 boys and girls aged between 11 and 17 years of age, who are experiencing social, emotional and behavioural difficulties. There are seven residential units. The unit which had provided close support to young people who display sexually harmful behaviour was closed at the time of our visit in May 2006.

St Mary's Kenmure Secure Unit

St Mary's Kenmure is a secure accommodation service which provides 31 secure beds and 6 residential beds for young people (girls and boys) aged between 11 and 18 years of age. There are 5 residential units. One of units provides secure care to young people who display sexually harmful behaviour, some of whom have been placed by the court.

Individual inspection reports on all four schools can be obtained from the Care Commission www.carecommission.com.

Costs

Fees for residential schools vary and it is difficult to establish the average cost. Many of the schools charge different rates depending on the level of support the young person needs. Secure accommodation is especially costly to run. The average cost of secure accommodation in 2006-07 was £4,400 per young person per week.¹⁰

¹⁰ The Scottish Government High Level Summary of Statistics, Secure Accommodation 18 September 2007.

Relevant standards, regulations and guidance

Care

National Care Standards

School Care Accommodation Services, Standards, 6 “Support arrangements”; 7 “Concerns, comments and complaints” and Care Homes for Children and Young People, Standard 6 “Feeling safe and secure”.

Health

Scottish Statutory Instrument 2002/114 refers in Health and Welfare – Regulation 4(1) (a) make proper provision for the health and welfare of service users.

National Care Standards, School Care Accommodation Services, Standard 12 “Keeping Well – life style”.

Child protection

As well as regulation 4(1) (a) expectations of providers regarding the safety of young people are set out in National Care Standards; School Care Accommodation Services, Standard 3, “Care and protection”; and Care Homes for Children and Young People, Standard 6 “Feeling safe and secure”.

Provision of safe care and education should also be set within the context of guidance for inter-agency co-operation in “Protecting Children – a shared responsibility”, Stationery Office, 1988.

Concordat: sharing information on sex offenders (SE 2005).

Estate

National Care Standards

School Care Accommodation Services, Standard 4 refers to “Privacy and dignity” and Standard 5 refers to “Comfort, safety and security”.

In addition, Scottish Statutory Instrument 2002/114, Regulation 10, gives instruction as to the fitness of premises.

Reviews

The objectives, status, frequency and timing of reviews of Looked After Children are set out in regulations and guidance (Scotland’s Children, The Children (Scotland) Act 1995, Regulations and Guidance, Vol 2, Children Looked After by Local Authorities, Scottish Office, 1998).

Expectations of service providers are also set out in National Care Standards, School Care Accommodation Services, Standard 6, and “Support Arrangements”.

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RR Donnelley B51531 12/07

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