The use of Safer Lives in Scotland with young people displaying sexually harmful behaviours

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Contents

Executive Summary

This paper set out to consider the impact of Safer Lives in Scotland in two phases. Firstly, it aimed to consider the impact of the model's delivery by practitioners across Scotland: including examining the quality of training for practitioners and their opportunities to deliver the work with young people; and where they had been involved as trainers, their opportunities to deliver the training. This was achieved through a series of surveys.

Phase two, initially, aimed to examine the impact of the model on recidivism in young people with the original aim being to consider twenty cases from across Scotland's thirty-two local authority areas. Whilst it was not possible to collate data as planned, it has been possible to raise some examples of practice through analysis of the data available and compare it with the practice experience of one of the authors.

The findings of the first phase concluded that practitioners tended towards the view that Safer Lives had had a positive impact on their practice, most often by adding to their available 'tool kit', but at times in a more transformative way. Practitioners also believed that to embed and further roll out Safer Lives nationally in a consistent way, it was necessary to establish a stronger evidence base and a better understanding of the outcomes achieved in using the model. Additionally, those who had experience of delivering the model and training staff were of the view that to be able to offer continuity in delivery of training and interventions, additional resources were required. This could be, for example, a dedicated pool of staff who could develop more expertise in delivering the training, offering quality assurance.

Considering the data available in phase two of the evaluation, no conclusions on outcomes and recidivism could be drawn. However, examples of different methods of delivery of the model were identified and through undertaking a brief literature search, these offered theoretical perspectives that assimilate with the methods used in the assessment and intervention of young people. This work proposes that further research would be required to consider the merits of wider roll out of the model and offers a potential structure for a future study. However, the challenges of undertaking such a study in a small country with high levels of Safer Lives saturation are outlined.

Introduction

The Safer Lives programme was introduced in 2008 in Scotland. The programme (officially titled 'Intervention and Planning using the Good Lives Model') was developed by the G-MAP Service in Manchester. It is a programme written in manual form, for individual work with children and young people under the age of 18 involved with harmful sexual behaviour or sexual offending behaviour based on the strengths-based Good Lives Model (Ward, 2002).The training course for professionals runs over two days and provides practitioners with a research-based intervention framework and set of tools for working with young people on risk reduction and safety planning.

The programme was initially funded by the Scottish Government in response to the recommendation from the Colyn Evans Inquiry (SWIA, 2005:15) that "Discussions should take place at a national level, drawing on the experience of the Colyn Evans case, with a view to developing a national strategy for meeting the needs of young people displaying sexually problematic or aggressive behaviour." Funding was made available to the CHIPS group (the champions group at the time for professionals working with young people who display harmful sexual behaviour) supported by the then-Criminal Justice Social Work Development Centre to identify a relevant training programme for professionals and a delivery mechanism for training on a national scale. In 2008, G-Map trained 16 professionals from statutory and voluntary services across Scotland, all with experience in working with this client group, as trainers in Scotland. Those trainers were then asked to roll out the training over a two year period in localities informally linked to Community Justice Authority areas.

Following review in 2011 of the initial success of the roll-out, G-MAP was re-commissioned to provide further training. In February 2012 G-MAP ran a one day refresher course for current trainers covering content from the updated manual and a two-day training course for 16 new trainers. A number of recall days with a specific focus, such as Learning Disability were also held. At this time, a pool of 28 trainers covered most areas in Scotland. However, to date, the model has not been independently evaluated, nor has the implementation of Safer Lives in Scotland been assessed. In order to address these knowledge gaps, the Centre for Youth & Criminal Justice (CYCJ) has developed a two-stage research model. The model firstly considers the research literature, and then the extent and nature of the implementation of Safer Lives in Scotland, by drawing on practitioners' experiences and a small sample of cases in one Local Authority area.

Methodology

1. Brief Literature Review

Rather than a systematic approach to the literature search, the approach taken was simply to consider research in relation to the Good Lives Model (GLM), as well as, the Risk-Need-Responsivity model (RNR).

2. The Practice Experience

The target population for the practitioner survey was all practitioners who have been trained in the Safer Lives model (either as a trainer or as a practitioner). A brief, anonymous online survey was developed using Qualtrics and distributed to all Safer Lives trainers in Scotland. In order to reach unidentified practitioners using the model with young people, a snowball sampling method was employed, whereby trainers were asked to forward the online survey to the practitioners that they

had trained. A total of 40 people responded to the online survey, and although the exact target population is unknown due to the snowball sampling method, the pool of staff reported to have been trained is estimated to be between 200 and 400, giving a response rate of between 10% and 20% of all potential respondents. In addition, a total of ten semi-structured telephone interviews were undertaken with a self-selecting sample of online survey respondents. All findings reported here reflect the combined feedback from the online survey and interviews, unless indicated otherwise.

Lastly, three Local Authorities with established Safer Lives usage were approached for retrospective case study data on young people for whom Safer Lives had been part of their intervention. A case study review template was developed to standardise the data collection across cases, and anonymised pre-and-post risk assessments were requested. Ultimately only one Local Authority was able to participate, and not all of the data requested was available due to the time lapse, personnel changes, or due to it simply not being recorded. Findings from this section should therefore be treated with caution, but have been reported here to provide a brief snapshot.

As a result of the low response rate, one of the authors (Simpson), a Safer Lives trainer with considerable experience, added his own practice reflections to further illuminate the findings from the practitioner survey and the case analysis.

Brief Literature Review

The literature review aimed to consider the use of the RNR model, the GLM and how assessment and intervention with young people displaying harmful sexual behaviour might be constructed. The structure of the literature review firstly considers RNR, its perceived strengths and weakness given that historically social work practice in youth and criminal justice has focussed on this approach. The literature review then reflects on perceptions of GLM and the critiques placed on it by those who promote the RNR approach and then considers the potential of 'bridging solutions' between RNR and GLM.

1. The RNR model: its strengths and criticisms

Strengths
The RNR model developed by Andrews and Bonta (1990) considers empirical evidence to inform how services should be delivered in a way that impact upon recidivism rates. Andrews and Bonta argue that reduced risk of re-offending can be achieved by following three set principles: assessing risk; assessing criminogenic need; and responding appropriately to those needs.

The **Risk principle** emphasises the importance of proportionality in matching the level of intervention to the level of risk of re-offending.

The **Needs principle** focuses on targeting areas of need which are associated with risk of re-offending (criminogenic need).

The **Responsivity principle** relates the provision of interventions in accordance with the young person's learning style and ability, motivation and strengths.

Andrews and Bonta's approach came in response to the 'what works' debate in the USA around sole use of sanctions and punishment to addressing offending (Martinson, 1974; Gendreau, 1996).

Wilson and Yates (2009) describe that to date, there is a wealth of evidence indicating that the RNR model is effective in reducing recidivism amongst those involved in harmful sexual behaviour,

including Andrews and Bonta's (1990) original work and subsequent meta-analysis supporting this theory. Ward equally acknowledges the positive impact of RNR theory describing it as the "premiere model of offending treatment" (Ward et al 2006:208-228)

Wilson and Yates (2009) also note that where the RNR model is put within a framework where environmental and social factors are considered, its impact is respectable.

Criticisms of RNR

Whilst there is without doubt a wealth of evidence indicating the success of RNR in addressing recidivism, Wilson and Yates (2009) suggest RNR has its limitations, in that it does not place much emphasis on the role of family or friends in the context of rehabilitation. When considering an approach which will work for young people it is crucial to consider risk and develop protective factors. In addition, Wilson and Yates (2009) cite comments made by Ward and Gannon (2006) in relation to RNR's use, essentially critiquing its user-friendliness as a 'tool kit' for practitioners to focus their interventions. Given RNR's focus is mainly on negative issues (risk, risk factors and reducing risk) this offers little motivation to those being expected to engage in programmed work to address their behaviour.

Ward and Maruna (2007) describe that the RNR approach enhanced the 'what works' agenda by providing evidence-based frameworks to address recidivism, however the main critique provided here is that the RNR model is not very well integrated with factors known to support desistance. For example, its lack of an individualised approach to risk, lack of attention to individuality and finally its failure to acknowledge the work in the desistence literature around the importance of a therapeutic relationship in the process of achieving change. Ward and Maruna (2007) in their rehabilitation work acknowledge the impact of RNR in enhancing previous works around recidivism; ultimately, however, they suggest that programs that combine goods-enhancing approaches with risk reducing elements are successful in meeting an individual's human needs, whilst paying cognisance to risk factors and criminogenic need. Ward et al (2012) suggest supporting desistence from harmful sexual behaviour; the GLM also offers flexibility in design of programmes which can address a range of unmet needs, including criminogenic need. Ward et al (2012) cite Yates et al (2008) and the development of the self-regulation model (SRM) which allows for the integration of GLM based concepts into skill and cognitive based programmes. This in turn offers practitioners flexibility in designing programmes which can be tailored to individual need.

Weaver and McNeil (2010) state that in managing cases, focussing on diversity and a person's identity is important in achieving desistence from offending behaviour irrespective of its nature. In this sense, a 'one size fits all' approach such as RNR cannot aid practitioners with the necessary task of making treatment programmes specific and meaningful to the needs of an individual. This suggests that comparatively such desistence-focussed theorists support the need for individual tailoring of programmes to meet individual need, beyond risk factors associated generally with re-offending.

Griffin (2013) refers to the fact that although the RNR model may impact on recidivism by as much as 35%, she notes that not all offence-specific programmes fully adopt the principles of RNR. Griffin talks of the need within this area, to consider not just 'what works' but when it works, how it works and for whom it works. The works of Ward (2002) are relevant here in respect of the theoretical perspective that the GLM offers and the suggestion that in respect of theory, levels of engagement and thus likely treatment gains (through client motivation) it is possible that combined with the principles of RNR, the GLM could offer something of an enhancement to this model.

2. The Good Lives Model (GLM)

The GLM

The GLM model was developed in 2002 by Professor Tony Ward, as a model to understand harmful sexual behaviour by adults. The original adaption to provide a framework suited to the needs of the UK came via the G-MAP programme that recognised its potential for being able to treat young people, with the creation of Safer Lives tailored to Scottish policy. Following on from G-MAP adapting the GLM to suit the needs of young people who display harmful sexual behaviour, Griffin (2013) undertook research into the effectiveness of the model with those referred to the G-MAP service. The data was collected and analysed using two methods. The first study used psychometric tools to evaluate the effectiveness of treatment. The second study used the Aim 2 risk assessment tool around harmful sexual behaviour to assess potential changes in dynamic risk. The outcome of the first study described that those whose pre and post-treatment scores were analysed reported greater levels of internal control, perceived themselves to have increased personal resources and have reduced their levels of vulnerability. Considering the sample where pre and post-treatment Aim 2 scores were analysed, Griffin (2013) comments that there was a significant reduction in dynamic risk in each case where GLM methods had been applied.

Ward and Stewart (2003) describe the GLM as a rehabilitation model which focusses on the needs of those involved in harmful sexual behaviour, through considering their personal aims and goals in life alongside their personal non-harmful interests, with a view to them being able to engage in pro-social activities which will replace previously harmful behaviours. The change of name to 'Safer Lives' came about from the view that many lay-people would struggle with the idea of someone who had committed a sexual offence being encouraged to have a 'good life', whilst the victim may still being experiencing the impact of the behaviour. The main difference is the acknowledgment of Getting it right for every child (GIRFEC) and its links to GLM theory, whereas G-MAP refers to Every Child Matters (ECM) which is the equivalent policy in England and Wales.

Ward and Stewart (2003) described the existence of primary goods (needs) and secondary goods (means) and where needs are being met in a harmful sexual way, supporting the individual through a motivational process to develop acceptable ways of meetings these needs may result in desistance from such behaviour. They described failure to meet needs appropriately as being a key pathway into harmful sexual behaviour.

Criticisms of the GLM

Initially, following the publication of the GLM - which questioned some of the approaches within RNR, such as lack of focus on non-criminogenic needs - Andrews et al (2011: 741) issued a rebuttal to the GLM. They cited that many areas considered risk factors within an RNR approach are equally present within the GLM's focus on "primary" goods. Expanding on this initial rebuttal, they later describe the GLM as having "placed risk management in the back seat with preference over achieving human goals".

In this sense, Andrews et al (2011) explain that whilst client motivation is important in achieving treatment goals, unless these goals are linked to criminogenic need there remains little empirical evidence to indicate that approaches such as the GLM are effective in crime prevention. Andrews et al (2011) go further to state that RNR does encourage therapist use of self and developing skills considered promising such as Motivational Interviewing within an RNR context. They also remind us that to date, research around the GLM has not focussed on offence-specific data, and thus they question the evidence for the application of the GLM to those who offend.

In considering the value and interest of the GLM, this rebuttal balances the criticism of a GLM approach by recognising the benefits of having a 'good lives' plan which in the language of GIRFEC could be seen as a 'child's plan' or care and risk management plan (CARM). There is also acknowledgement that in the past, dissatisfaction with RNR has existed through the lack of individualised treatment plans, perceiving RNR to be a blanket approach to offending - a point which Andrews et al (2012) are keen to express concern about. Finally, Ward and Maruna (2007:125), cited in Andrews et al (2011) admit "simply seeking to increase well-being …may result in a happy but dangerous individual." By citing this quotation Andrews et al (2011) aim to make clear their view that empirically speaking, theories such as the GLM are not complete in terms of evidence base. They aim to illustrate that without clear and robust risk management strategies; a purist approach to meeting primary goods with a view to impacting on recidivism may not be defensible, suggesting that Ward and Maruna (2007) equally accept this point.

Andrews et al's view remains that all human service approaches must apply an overarching RNR method in terms of delivery in order to be successful (highlighting examples such as Restorative Justice), indicating that this type of approach, if adhering to RNR principles, may offer strong crime prevention. In this sense, there may well be an argument that the GLM similarly can be effective if combined with the application of RNR methods to ensure robustness of care and risk management planning.

Good Lives Theory in a Scottish Context
Since its implementation, GIRFEC (Scottish Government, 2008) has developed strong support across Scotland with an understanding that what works best is to respond as early as possible to need and risk. Within the GLM reference to 'means' and 'needs' appears to offer a good fit with regards to the GIRFEC wellbeing indicators. Wilson and Yates (2009) refer to criticism around RNR's failure to consider family and friends strongly within the model, as well as limitations in considering the wider welfare needs of children and young people who display harmful sexual behaviour which suggests less of a 'fit' with GIRFEC.

In considering the approach taken by G-MAP in the treatment of young people in their project and the development of their intervention and planning model based around the Good Lives theory, they make reference to ECM, which in many ways can be considered the equivalent of GIRFEC in England and Wales. G-MAP cite within their manual a list of 'primary' goals that, according to Good Lives theory, young people need to fulfil - for example, being healthy, belonging, having fun and achieving, having a purpose and independence. They link these to the wellbeing indicators of ECM. As with the Scottish GIRFEC approach there are clear links between Good Lives primary goals/needs and wellbeing indictors such as healthy, nurtured, achieving, respected and responsible.

3. Safer Lives as a Framework for Assessment and Intervention

Ward and Marshall (2004) describe that, within clinical treatment, the view is that those who commit offences (including those of a sexual nature) do so because they experience a range of clinically-assessed factors relating to dynamic risk, such as anti-social attitudes or family criminality. They describe aetiological approaches to offender treatment - for example, the relapse prevention model - as being structured and paying cognisance to theories relating to relapse. Ward and Marshall suggest these aetiological models, when combined with the GLM as a framework for intervention, act as a bridging theory between factors that are thought to relate to offending behaviour and the treatment plans put in place to address them, in a motivational way. Ward and Marshall appear to promote the idea of using a theory that they previously criticised for its negativity in achieving

potential treatment goals. However their emphasis here is that using such research-based theories relating to criminogenic factors, combined with the GLM, will potentially mean increasing the levels of desistence beyond the previously known success rates, by motivating people to achieve goals and avoid the concept of negative treatment goals (ie, simply teaching people how to avoid certain behaviours).

This concept of a 'bridging theory' describes both the approach taken to case work analysed in the data collection sample, and the author's own practice experience of using structured tools to form an understanding of criminogenic need, before assessing the wider needs of the young person using GLM-based principles.

The application of Safer Lives in Scotland - Practitioner Survey

1. The Safer Lives Picture

The practitioners' survey was an attempt to build a picture of Safer Lives knowledge and usage across Scotland, and respondents were asked what area or areas they covered in their Safer Lives

Figure 1: areas covered by Safer Lives survey respondents. FreeVectorMaps.com

practice. Given the low survey response rate it cannot be assumed that respondents are representative of Safer Lives practitioners across Scotland, however the survey suggested an Eastern and Northern bias to the use of Safer Lives (see Figure 1[1]).
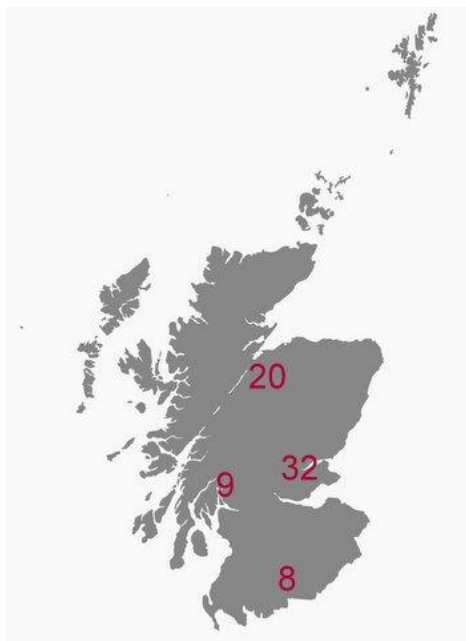
The majority of respondents (78%) were employed by the Local Authority, whereas one in ten were employed in the voluntary sector or in 'other' organisations. Only one respondent was employed by the NHS. Slightly more than half of respondents (55%) had been trained as a Safer Lives trainer as well as being trained in the use of the approach (herein known as 'trainers'). All bar one of the interviewees had been trained to deliver Safer Lives training.

Training for trainers delivery appeared to be somewhat 'cyclical', with a flurry of activity around 2008 and 2009, to coincide with the first cohort of Safer Lives Training, and then a lull during 2010, an increase in activity across 2011 and 2012, then followed by a sharp drop in 2013, reflecting the two main inputs by G-MAP in 2008 and 2012 (see Figure 2).

Just over one-quarter of trainers had attended a refresher course, all within the past two years. Trainers had delivered on average of 1.7 Safer Lives courses each (ranging between zero and five) to approximately 370 practitioners in total.[2] However, less than half (43%) of trainers were still actively involved in delivering training.

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[1] Map of Scotland provided courtesy of FreeVectorMaps.com
[2] Due to the policy of co-delivery of training, it is not possible to identify the exact number of courses delivered or the number of *individual* practitioners trained. This number of practitioners trained is certain to be an overestimate as there is likely to be an element of double-counting.

Respondents who had only been trained in the use of the model (herein 'practitioners') tended to have more recent experiences of attending Safer Lives training, with the majority (63%) attending training with the past 12 months. Given the recentness of training it is unsurprising that none of the practitioners had attended a refresher course.
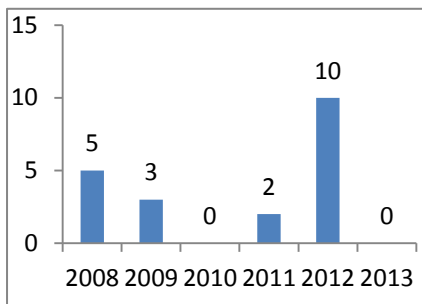

Figure 2: Attendance at Training for Trainers courses (n=20)

Both trainers and practitioners were asked about the extent to which they had undertaken Safer Lives with young people, and the responses revealed a picture of two contrasts, ranging from no use at all, to use with around 25 individual young people. It appeared that, in relation to *direct work*, practitioners and trainers either found plenty of opportunities to use the approach, or that they rarely used Safer Lives, if at all. The reasons for this polarity are varied, and will be explored later in the report, however it does appear (from this small sample at least) that with Safer Lives there is not much in the way of 'middle-ground' (see Figure 3 overleaf).

Respondents did, however, report more *indirect* use of Safer Lives such as the line management of staff using the approach, or the use of elements of Safer Lives materials with young people

Figure 3: no. of young people with whom respondents had undertaken Safer Lives

displaying a range of behaviours (not necessarily sexual). However, less than half of respondents (either trainers or practitioners) were still actively using the Safer Lives approach with young people (47%).
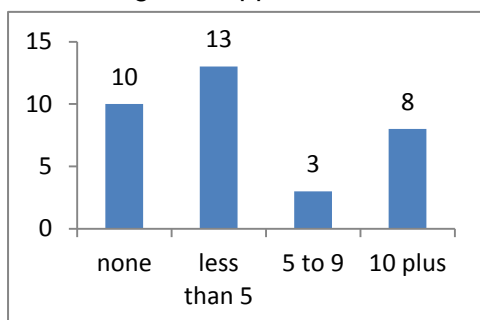
Reflecting on the *nature* of Safer Lives implementation (either current or historic) it appeared that Safer Lives tended to be incorporated into the existing model or programme of work that was in use in the respondent's organisation, suggesting that the Safer Lives work complemented their main professional or organisational approach: *"It therefore added to and enhanced the way that I used to work with young people but did not replace existing methods."* This malleability of the Safer Lives approach may have been

assisted by the fact that a number of respondents reported using only certain elements or materials in their practice*: "incorporated aspects of it into existing programme."* Only five respondents reported using Safer Lives as a stand-alone approach, or as their *main* intervention.

2. Safer Lives Training

Experience of training

The immediate experience of training was generally very positive, regardless of whether it was the practitioner training or the training for trainers; and whether it was delivered by G-MAP Service or someone from the pool of trainers in Scotland. The training was thought to be relevant, accessible and the trainers in particularly were rated highly: *"The trainers were phenomenal […] absolutely first class, it was very apparent that they completely understood their subject matter…It was fresh, it was current, it was most definitely credible."*

There was a sense from a number of interviewees that the pace of both types of courses was on the slow side, although this did vary with preferred learning style and background experience and did not unduly detract from enjoyment or participation in the training: *"I suppose it was a bit slow, both of them, I think in part that was because they had asked for folk that were experienced so you would expect it to click along a bit. I had been working with sexually harmful behaviour for a few years by that point."* However, adjustments to the length of the course in response to such feedback led to a sense that the pace was better, but now potentially a little hurried: *"the previous course had been three days and it was felt that it had been too long, but two days felt a bit rushed, although not too rushed."*

Respondents appreciated the mode of training delivery and felt that it was useful and enjoyable, although as with any form of training, they felt that it was not until the approach had been put in to practice that the materials came to life: *"there was a lot of role play or practice tools, but in the absence of a young person…it's an artificial environment. There was a mix of didactic and breakouts to practise specific elements of the course."* Participants also found the opportunity to simply mix with experienced practitioners working in the same field both enjoyable and beneficial.

Learning

Interviewees were asked about the specific learning that they had gained from both types of courses. As interviewees were mainly experienced practitioners who went on to train to be trainers, the majority felt that the training had not had a marked impact on their knowledge and understanding about sexually harmful behaviour in children and young people: *"although it did draw on some theories and models…there was an expectation that you already had some knowledge"*; yet most reflected that knowledge was never static and was always developing.

There were mixed views on whether the training substantially covered the theory underpinning the Safer Lives model, with many gaining that information from reading provided outside of the training course. However, the heavier emphasis on the practical side and focus on how to deliver the approach was broadly seen as appropriate: *"most definitely it gave me the theory but mostly it was the different approaches and tools to use when engaging young people."* No-one appeared to leave the training with any substantial knowledge or information gaps about the approach.

Almost all survey respondents (88%) felt that the training equipped them to be able to deliver Safer Lives with young people, mainly through increased skills and confidence: *"the training gave me new tools to use and I was confident to use those new tools by the end of the training."* A small number of survey respondents felt that they still lacked the confidence to work with this client group, often due to a lack of experience in what was often seen as a specialist area: *"It gave me a better understanding of how to work with young people with sexually harmful behaviour, but I would not feel confident in carrying out this work without the direction of another professional who carries out this work on a regular basis."*

The learning gleaned from the training for trainers programme also varied, although the general view was that the benefits were reduced for people who were already experienced in training delivery: *"from what I remember, some of it was useful, but I'm quite experienced in delivering training so it wasn't as helpful to me as the initial few days [the training in the approach]…experiencing the training, understanding what it was like to attend the training, that was more useful for me."*

Training Delivery

The majority of trainers had faced significant, although not insurmountable, barriers in delivering training courses. These were mainly *practical* in nature such as administrative challenges in organising participants, venues or refreshments. Trainers at times struggled to fit the training in around their day-job and co-training was a challenge for many, especially where a lack of capacity or commitment from their co-trainer hindered the delivery of training: "*although we didn't actually deliver training I spent a lot of time trying to coordinate across the local authorities to look at how we would deliver the training, that was quite challenging to do sometimes.*" However, most respondents recognised the value of co-training as long as both parties were full supported and involved.

In terms of *structure*, trainers felt that a lack of clarity and coordination about the roll-out of training, plus no follow-on support such as the provision of funds to cover venues or refreshments impeded the delivery of training: "*it's been disappointing. I know it's a massive task to try and coordinate Local Authorities across Scotland and I know I have to take some personal responsibility as I didn't drive it but the day job had to come first…For me and my training partner it would have been much easier to support a top-down drive rather than try and do it from the bottom-up.*" It did appear that, where positive working relationships existed across the geographical boundaries then these barriers were reduced, although not eliminated: "*me and my co-worker got on well and had a good working relationship…but it makes it harder to plan when your co-worker is in a different Local Authority, but it was OK, we got on with it.*"

A specific issue that received a number of mentions was the cumbersome task of sourcing and organising appropriate materials and pictures for use in the course, and some respondents felt that a centralised bank of resources would have been helpful as well as providing a level of consistency across the country. Other barriers included a lack of local authority buy-in (either in the support for trainers to deliver training or to release staff to attend training) and also a lack of need in the local area: "*there have been no requests for courses in this area.*" Many of the trainers had also moved jobs or changed roles and therefore never had the chance to deliver training, or were now no longer able to do so.

However, it should be noted that many trainers also reported both personal and professional benefits from becoming trainers including the consolidation of their skills and understanding, the opportunity to share their skills and experiences with others, and also networking opportunities: "*I really enjoyed delivering the training.*"

3. The Impact of Safer Lives

Practice

Respondents almost unanimously viewed the Safer Lives approach as an excellent fit with their own professional values, or at times expressed a sense of 'relief' at a return to a more positive and person-centred approach in a working environment that had become dominated by a risk management discourse: "*I like working with positivity, not doom and gloom, and so being a strengths-based model of working, it fitted with everything that I believe in…the model had some consistency, a sense of credibility, I think the strengths-based model is crucially important*" and "*it was looking more positively at their future and not just their behaviour, that was something we weren't very good at doing, in the past our previous programmes tended to focus on the behaviour, but this recognised that the behaviour was meeting a need.*"

However, the translation of the learning into practice was not always a straightforward process. As outlined in Section 1, a small number of respondents noted that they did not have the opportunity to

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deliver Safer Lives with a young person, or to deliver the training if they had been trained to do this. This was due to a range of reasons, including a job move or role change that meant the use of Safer Lives was no longer applicable; or there being no requirement for the approach in the local area (either due to a lack of need, or the presence of an alternative approach). Yet the belief that the approach had value meant that there was a strong sense of disappointment where learning had not been implemented: *"I was disappointed to not have been able to put into practice the learning."*

Despite this, the majority of survey respondents had managed to implement Safer Lives to some extent into their practice (88%), although this was often in the form of the approach providing a framework from within which to operate, or the partial implementation of elements of the approach: *"it was directly very helpful as it helped us sharpen and inform my general way of thinking, even if I wasn't always using the model fully. It complemented or framed the existing practice."*

For a small group of respondents the experience of Safer Lives was something more *transformational* involving whole new ways of thinking or working: *"it influenced our professional view of the world and what we were trying to achieve"* and *"it changed the way I worked."* In some areas Safer Lives had influenced practice across a wide range of behaviours and client groups including violence, foster care, young adults and wider children and families: *"I think that it makes, it helps to make you a better practitioner because by structuring your work and directing you to address certain things it prompts conversations and discussions that wouldn't have come to light otherwise and it requires you to be on the top of your game and to do it well so it has a positive impact in your practice even out with sexually harmful behaviour cases I think."*

Another benefit of Safer Lives was that it was meaningful and accessible to a range of partners, including young people, their families and other professionals: *"It just puts interventions, tools and ideas into a context of where we want to head towards and it helped to explain more clearly to other people such as the family or residential staff what work they could do with the young person or how they could be of help, without the good lives model this was more tricky to get cross, the model was helpful in that respect."*

Outcomes

Despite agreement that the model offered a fresh, straightforward and engaging approach, and plenty of positive anecdotal feedback, the vast majority of respondents felt that they were not in a position to offer an opinion on the effectiveness of Safer Lives: *"to be honest I've not had enough cases, nor used the approach in its entirety to comment on outcomes."* However, practitioners had experienced positive outcomes within their own (often small) caseloads: *"in my opinion I think it was beneficial, it covered a lot of ground and workers were more confident but I don't have any clear evidence about outcomes."* There was also some indication of positive outcomes on 'softer' measures: *"I think the intervention is positive, I'm not certain it is magic, but it is a way of people understanding themselves a bit better, which is a soft outcome. It's a good method of intervention; it is a good accessible tool."*

Respondents were clear, however, that the approach was not useful for everyone, and therefore cautioned against an over-reliance on one particular approach for working with sexually harmful behaviour in young people: *"It doesn't work well for all young people, I suppose I was thinking of, for instance one young person was adamant that he didn't want to change and he had no interest in change so the whole premise of the Good Lives model, about the activities that they can participate in to work towards a better life didn't work for him because he didn't want to change – we had to do a lot of work with him first using other tools and techniques to get him to a place that he wanted to change his life, it took a few years before we could introduce the model."*

4. The Future

The development of evidence and understanding about the effectiveness of Safer Lives was seen as a crucial first step in developing the approach in Scotland: *"although I think the theoretical basis is enough to support the approach I've not seen any evidence yet, I'd like to see some outcome focused research."* Contingent upon positive findings being generated by the research, there was strong support for the consolidation and further roll-out of Safer Lives across the country: *"I do think if the evidence supports it I'd like to see it rolled out more systematically across Scotland."*

It was clear that any roll-out would need both local support: *"I think it needs to be strategically targeted a bit more as a model and Local Authorities need to buy in to that otherwise it lacks value"* and an element of centralised coordination in order to be successful: *"…naively it was the actual logistics of getting a venue, a room, the handouts, it is all incredibly time consuming, and if you have trainers who are practitioners as well they don't have the time, so I would like to find out what assistance we can provide and that is something we should be looking at. If someone can get a venue and the preparatory work I think that would help, it can be quite daunting to actually get applicants and to get the training off the ground."*

In a similar vein, various forms of professional and practice support were also seen as essential for sustaining Safer Lives practice in the future. This could be in the form of refresher training, or managerial support: *"I would like more training and I would like managers or supervisors to be quite up on it, I don't know if we could develop a one-day managers training or something"* and also peer support: *"I think ongoing practitioner forums, for people to come together, to get up to date with current research, but I think it happens anyway. Maybe just every six months or something, it doesn't need to be more frequent."*

Lastly, the scope of Safer Lives to support practice with a wider range of young people was viewed as a potential future development: *"I don't think it needs to be an approach that is exclusive to Sexually Harmful Behaviour, it is just a model and approach that supports good social work practice. I think, I'm reluctant to say everybody because you get in to some massive national roll-out programme, but the merit in social workers working with troubled young people involved in offending behaviour or other offending, there would be value in being acquainted with the good lives model."*

The application of Safer Lives in Scotland – Case Analysis

1. Case analysis

In considering the application of the model across Scotland the original proposal was to evaluate twenty cases from across the thirty-two local authority areas. Due to time lapse, workers moving on and other difficulties for authorities in collating data, it was only possible to obtain a sample of five cases from one area. Whilst this alone does not offer a snapshot of Safer Lives application nationally, the case information provided indicated a variety of applications of the model which in many ways offers some useful commentary.

The aim had been to explore the use of Safer Lives in different scenarios (for example, exploring whether the duration of intervention was associated with the severity of the incidents) and to explore the impact by comparing pre-and-post Aim 2 assessments which would have allowed for a comparison with the work of Griffin (2013) referred to elsewhere in this paper. Unfortunately, one main limitation was the lack of consistent data around many of these issues. However, in the five

cases where information was collated, it was possible to obtain information on the number of incidents or offences, ages of the young people at point of contact with services, and comment on what type of work was undertaken with the individual young people. For example, in two cases qualitative information was provided relating only to elements of the model being used, due to wider welfare issues, mental health issues and complex family dynamics contributing to concerns around the young people.

The table below refers to the use of Safer Lives from the data collected and whether it can be assumed that it was applied in a purist way and where there was specific comment on a mixture of approaches.

Case No.	Age at point of referral	Gender	Use of Safer Lives	Duration	No. of Incidents	No. of Charges
1	9	F	Mixed	4 months	6	0
2	8	M	Mixed	6 months	15	0
3	14	M	Purist	7 months	Unknown	Unknown
4	14	M	Purist	4 months	2	1
5	13	M	Purist	Unknown	1	1

Offering some commentary around the data available, whilst limited, there is an indication that in some cases (especially where those under 12 are concerned) that use of Safer Lives may need to be adapted or delivered as part of a wider approach. Some additional information relating to both cases of those aged under 12 noted issues relating to welfare and mental health diagnosis also being prevalent. For example in case two the child appears to have had support from Child and Adolescent Mental Health Services (CAHMS) and diagnosis of attachment disorder and oppositional defiance disorder, suggesting that there were additional challenges beyond what could be achieved via offence-specific work.

In noting the duration of work the available data suggested that where the greatest number of incidents and in theory, greatest concern lay, correlated with the duration of work undertaken. This is especially relevant to cases one and two, where there were more than five incidents; the approximate duration of intervention was around six months, whereas with case four the work was completed within a four month time frame. Whilst no real conclusion can be drawn given the limitation of the data, this information could inform a future study in relation to the use of Safer Lives in Scotland.

Whilst this may loosely guide some conversations about use of the model in the future, it is necessary to consider that in some cases intervention work may have been undertaken weekly or twice per week depending on capacity. Furthermore in the two cases where work took place beyond six months it may be that these young people were seen less frequently or simply had more complex issues.

What is apparent from the data collected is that in each case RNR principles were adhered to with the completion of Aim 2 risk assessment pre-treatment, with the use of professional judgement to assess the appropriate tools required in each case. Considering two of the cases where the children

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concerned were aged eight and nine respectively, there appears from the data collected to have been a holistic approach taken to addressing a broad range of concerns relating to both incidents of harmful sexual behaviour and wider welfare issues.

For example, in both cases the qualitative information showed concerns relating to child protection issues that would not be highlighted using RNR methods simply because these concerns were not criminogenic factors. It could be assumed given the comment from the worker that Safer Lives work was an 'add-on': that the model was used to give key messages and undertake educative work in a proportionate way, whilst paying attention to wider welfare needs that were also of concern. Considering the ages of these two children it can be assumed that using the model in a purist sense might have also been more harmful, given that some of the concepts relating to exploring sexual knowledge in the manual may have increased the children's knowledge of sexual concepts. This could create a resultant negative impact upon them by exposing them to new information beyond what would be assumed to be age/stage appropriate.

2. Additional practice reflections

Given that it was not possible to draw on data from more than one local authority, it appears helpful to at least draw on some wider practice experience and how this compares to the data collected from the participating area. The author (Simpson) undertook Safer Lives training in 2008 and over the course of seven years in Youth Justice practice used the model with somewhere between ten and fifteen young people. Given the limited data available at this time, it appears useful to offer a personal commentary on a practice experience of using Safer Lives. The following section represents the author's own experience and reflections, and again cannot be necessarily viewed as representative of Safer Lives practitioners and trainers across Scotland.

Case work
The cases where I personally used Safer Lives consisted of a range of young people aged between ten and seventeen. In every case, the young people had been charged with at least one offence of a sexual nature and in one case specifically, the young person had been responsible for upwards of ten offences against the same victim.

Sub-judice cases
In four of the cases, the young people had been charged with a sexual offence and referred to the Children's Reporter. The recommendation in the subsequent social background report was that the young person engage on a voluntary basis rather than be made subject to compulsory measures, due to their willingness to engage. This was evidenced by assessment using the Safer Lives Model prior to a report request from the Reporter.

In two cases, the young people denied the alleged offences, with the Children's Reporter deciding to take no further action, on the grounds of insufficient evidence. In both cases, it was possible to motivate these young people to engage in some focussed work around risk and keeping safe (from harm and accusations relating to future offending behaviour of a similar nature). In my view, this occurred due to the structure of the model and style of the materials lending themselves to allowing flexibility in giving young people key messages. It must be noted that the majority of the worksheets and materials available are those that G-MAP produced in their adaption of the GLM.

Thinking about the style of assessment and being timeous in response to the alleged offences as referred to above in respect of GIRFEC policy, I would suggest that a link exists between Ward's description of the benefits of the GLM and motivation. That is, that it is likely that had a purist RNR approach been applied, the focus would have been solely on potential risk posed and how this

could be managed. In turn, those young people would potentially have been unwilling to engage in any form of work due to their denial of the offence(s).

Commenting on the use of the model, these cases are examples of where the model has not been used in it purist form, rather using RNR influenced risk assessments (using YLS-CMI and JSOAP-II) to establish potential risk factors. In the two cases where there was full denial of the offences, the risk assessment tool was applied to identify criminogenic nee, before considering key areas of focus and materials from the model that would address need. This approach likely fits with the concept of 'bridging' where RNR methods have been applied to identify risks and concerns whilst responding in a style which is motivational in its approach to needs, yet cognisant of risks to others.

Complex cases

One particular case I have experienced stands out in terms of a link between seriousness of offences and duration of work. The young person responsible had been charged with several counts of lewd and libidinous practices over a two year period. The method, style of assessment and intervention therefore varied to the sub-judice cases discussed above. In this case, the duration of work was over approximately an 18-month period. The approach to assessment and intervention involved use of the same risk assessment tools. However, given there were various factors of concern and very little previous knowledge of the young person, a full assessment using JSOAP-II and the assessment element of Safer Lives appeared appropriate in order to gain a full understanding of needs and risks. This particular young person also, initially, found it difficult to discuss his offences. My perception both at that time and now is that using the full range of assessment materials gave the young person key messages around moving on from his behaviour and motivated him to discuss his offences, rather than focussing solely on the concerns and seriousness of it, for which he could express some degree of remorse. During the course of the work, there were periods of 'blockage' which were overcome by reminders of his 'good life' plan and his ideas for what his 'new life' would look like upon commencement of treatment. Without the availability of these tools and the use of co-working in the form of a 2:1 staff ratio throughout the course of the work, my reflection is that it would have been very difficult to support this young person to evaluate the impact of his behaviour.

Other barriers that existed were the young person's perception of the treatment plan and concerns that he would be judged by his actions, which were addressed in a way that was positive, yet clear in terms of messages relating to wrongness of the behaviour. This, in turn, allowed for the development of a working relationship, an understanding of the purpose of the intervention and developing confidence in the young person that he was not being judged.

Considering these case examples alongside the information from the data collection exercise, there appears to be comparable similarities in terms of duration of work. In my latter case example there were several offences of a concerning nature that involved in-depth exploration. Additionally, it can be assumed that the two cases where Safer Lives appears to have been used in its purist form and the duration of work was greater than six months, involved similar work in assessing means and needs linked to the young person's offending behaviour.

Conclusions and Recommendations

1. Conclusions

Taking together the information from the data collection and reflecting on personal practice experience, the use of Safer Lives appears to be applied in line with GIRFEC, with interventions being proportionate and timeous. Beyond this, the use of the model in its purist form may not always be appropriate, paying cognisance to the age of the child involved, the nature of the incident or offence and being mindful that (certainly in the author's own experience) use of elements of Safer Lives can be appropriate with young people charged with an offence, although denying it. This can be done in a way which is not presumptuous of innocence or guilt, rather simply provides assessment of limitations of knowledge in areas such as understanding of consent, in turn providing an educational or preventative intervention.

Considering the picture of Safer Lives in Scotland so far, it appears that Ward and Marshall's (2004) bridging concept describes well the approach used in Scotland. The use of RNR based tools guides an understanding of potential criminogenic need coupled with the GLM as a framework for assessment and intervention and use of GIRFEC policy.

This guides assessment in relation to other needs which Ward (2002) would likely define as working within GLM principles as it concerns needs that promote a good life. This may motivate young people to change and finally consider the broadest range of needs and how they can be met in appropriate ways, rather than simply teaching young people ways to avoid becoming involved in certain behaviours.

However, while it appears that Safer Lives has found a place in Scottish practice with young people displaying harmful sexual behaviours, it is also evident that more could be done to support practitioners and the continued maintenance and development of the approach to further improve outcomes for young people.

2. Recommendations

- Develop the evidence-base further. In particular, develop a better understanding of outcomes, although this proved almost impossible to achieve with this study. Given the small sample size and saturation of the approach across almost all of Scotland, future research may require a collaborative approach across borders to generate sufficient evidence and an appropriate comparison group. There also remains the need to obtain a better understanding of the use of the model nationally, given the gaps in response in this study and how it can interact with other tools to offer a flexible approach and respond to individual need. This would be required before any further roll-out could be confidently considered.
- The Safer Lives trainers also expressed the view that Safer Lives may have benefits across other areas of social work practice, such as more general offending. While the translation of theory may be possible, at present there is insufficient evidence about the use of Safer Lives with its intended client group to be able to begin to consider whether the approach is useful in other areas. However, this may be an area for future piloting and research.
- Provision of refresher training and practitioner networking forums and opportunities to provide a peer support network, sharing of best practice and encouraging innovation.

- There is a need for some centralised support and coordination function: at a minimum, a small amount of administration, plus a small budget for venues and resources, etc. Practitioners might benefit from a resource and training pack and centralised monitoring information such as throughput and key outcomes.
- A maximised option of a small pool of dedicated trainers and consultants to ensure continuity of practice. Quality assurance and capacity-building should be considered.

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