Evaluation of the AIM Framework for the Assessment of Adolescents who Display Sexually Harmful Behaviour

A report for the Youth Justice Board

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Helen Griffin

Research officer

Introduction

The language used in this report to refer to young people with sexually harmful behaviours is consistent with the current emphasis on labelling behaviours as opposed to the young person. At times 'young people who have sexually abused' is used – terminology in keeping with that used within the Criminal Justice System.

The Assessment, Intervention and Moving on project (AIM) was set up in January 2000 to improve the way professionals respond to the needs of young people, aged between 10 and 17 years, who display sexually harmful behaviour. The need for this project was recognised through a Greater Manchester scoping study conducted by the Youth Justice Trust in 1998 to establish what working practice existed for this group of young people. The main conclusions drawn from this study were:

- that no distinct equal opportunities or anti-discrimination policy existed for these young people across the Greater Manchester region
- there was insufficient monitoring and no long-term follow-up
- training for those working with these young people was insufficient
- it was frequently left to the 'interested' workers to work with this group of young people and, often, a gap would be left if they should leave the organisation
- there was a lack of access to services
- there was a lack of structure and co-ordination between the different relevant agencies.

Greater Manchester Steering Group (1998)

In September 1999, the Youth Justice Board awarded Pathway Status to Greater Manchester in recognition of its multi-agency and multi-authority approach to making a lasting difference to tackling youth crime through effective partnership- working. This award brought money to the new Youth Offending Teams (Yots), with which they collectively identified and funded the AIM project. The AIM project was set up under the established principles of the Greater Manchester Pathway Group, which were:

- for innovation and effective change
- to share learning across the region
- to link with other initiatives to bring extra value
- to know what works well and to communicate good practice
- to make best use of scarce resources.

The purpose of the AIM project was to develop and maintain clear, consistent agreements and working practices relating to how professionals (whether social services, Yots or other relevant agencies) respond to children and young people who display sexually harmful behaviour. Other principles underlying its purpose were to disseminate good practice; train workers and build on their awareness of issues around sexual abuse; increase inter-agency co-operation and partnership working and to develop a wider pool of skills and commitment to this area of work. In March 2002 pathway funding for the AIM project came to an end. The AIM project was established as a charity to continue the work it had started. This was enabled through funding provided by the Greater Manchester Yots, the Greater Manchester Social Service Teams and NSPCC, alongside extra income generated by the project.

An evaluation that looked at the assessment models and tools and the research and practice bases of the instruments has recently been reported by Jane Gilgun, (Minnesota, March 2002). The evaluation of how the project was introduced and impacted on Greater Manchester was reported by Steve Myers, (Manchester Metropolitan University, 2002). This latter evaluation considered the central role of an appointed co-ordinator to achieve the objectives of the project; the formation of a Steering Group to provide specialist input and promote the aims and objectives of the project within their local agencies; the provision of training, to which the responses were found to be 'overwhelmingly positive' and the introduction of inter-agency procedures, which were described as 'patchy' with clear resource issues impacting on the abilities of agencies to maintain their commitments. Overall Myers reported that the AIM assessment model and procedures enabled key agencies to reflect on their practice with children and young people with sexually harmful behaviours and additionally provided them with useful tools to promote appropriate responses to this group.

Work with sex offenders is far from straightforward, especially for young people who are at developmental stages and exhibit experimental behaviours as well as abusive behaviours. This is not to say that young people do not develop normative and developmentally appropriate sexual behaviours that are neither abusive nor experimental. The AIM adolescent assessment tool attempts to take a holistic view of young people, using principles that look at both risks, or 'concerns', alongside protective factors, or 'strengths', while also trying to distinguish between peer influenced, experimental and abusive behaviours. To look at the level of reliability and usefulness of the assessment The Youth Justice Board commissioned a 2 year evaluation of the AIM assessment framework and model. Helen Griffin was employed by The Youth Justice Trust as the evaluator on a grant developed by Dr. Anthony Beech in consultation with Julie Henniker and Bobbie Print. Consultants to the evaluation were Richard Beckett and Dr. Dawn Fisher.

Literature review

Young people who display sexually harmful behaviour

It was not until the 1990s that an awareness of sexual abuse by children and adolescents emerged in the UK as a major issue (Masson & Erooga, 1999). Initially, knowledge and experience of work with adult sex offenders were transferred and used to work with young sexual abusers. In more recent years, there has been a growing recognition that approaches based on adult sex-offender models may not be directly transferable to work with young people, and research primarily from the UK and North America has sought to look at the incidence and characteristics of young people with sexually harmful behaviours in an attempt to understand this behaviour and help inform assessment and interventions to appropriately address it.

> *It is important to intervene early with young people who sexually abuse before beliefs become entrenched and more difficult to change.*
>
> Pennell. A (2002) p.3

The 1992 Department of Health and National Children's Homes (NCH) survey reported that professionals, carers and young people had minimised, denied and rationalised young people's display of sexually harmful behaviour.

> *Whereas it is important we do not overreact to 'normal' sexual developmental behaviour by young people, it is equally important we do respond appropriately to sexualised behaviour that is clearly abusive.*
>
> Douglas. J (1999) p.2

An issue practitioners face when trying to address a young person's behaviour is that young people are at a developmental stage in their lives and want to learn and experiment with their bodies and sexuality. A wide range of sexual behaviours are normative within adolescence; it is often the context of a behaviour rather than the nature of the behaviour itself which is particularly helpful in determining the level of concern. It is for this reason that we assess young people's behaviour and attitudes to identify whether it is normal, concerning or abusive. Although there have since been UK studies of normative sexual behaviours, the following definitions are based on the work of Ryan (1991). This is for consistency, as these definitions have been used by the AIM project and within the AIM assessment.

Healthy sexual behaviours

Consent is seen as having four components. These are:

- understanding the proposal
- knowing the standard of behaviour which is acceptable to peer group, family, culture/faith
- awareness of possible consequences
- respect for agreement or disagreement.

Equality relates to differentials in power, and any power imbalance can create an abusive situation. Differentials can be:

- age
- size
- race
- gender
- power of peer popularity
- strength often previously demonstrated in non-sexual behaviour
- self-image difference
- arbitrary labels such as leader/boss.

Authority is to do with control and coercion. Ryan's continuum of control in sexual acts spans the following:

- normal – no coercion, activity done in fun
- manipulation/peer pressure at a subtle non-physical level
- coercion consisting of threats or bribes
- physical force, weapons and other direct physical threats.

Ryan further distinguishes between consent, co-operation and compliance.

- Co-operation is participation, regardless of one's own beliefs or desires.
- Compliance is to allow something to happen despite your beliefs or desires.

Problematic/abusive sexual behaviours

Not all sexually problematic behaviours require specialist intervention. However, there are some young people who present with worrying sexual behaviours which do require intervention.

Because there is a wider variety of sexual behaviours within adolescence, it is more difficult to determine what the 'norm' would be. However, a useful checklist of sexual behaviours increasing in seriousness (see below) has been adapted from Ryan and Lane (1991).

Checklist of sexual behaviours increasing in seriousness

Normal behaviours
Explicit sexual discussion among peers, use of sexual swear words, obscene jokes
Interest in erotic material and its use in masturbation
Expression through sexual innuendo, flirtations and courtship behaviours
Mutual, consenting non-coital sexual behaviour (kissing, fondling, etc.)
Mutual, consenting masturbation
Mutual, consenting sexual intercourse

Behaviours that suggest monitoring, limited responses or assessment
Sexual preoccupation/anxiety
Use of hard-core pornography
Indiscriminate sexual activity/intercourse
Twinning of sexuality and aggression
Sexual graffiti relating to individuals or having disturbing content
Single occurrences of exposure, peeping, frottage or obscene telephone calls
Behaviours that suggest assessment/intervention
Compulsive masturbation if chronic or public
Persistent or aggressive attempts to expose other's genitals
Chronic use of pornography with sadistic or violent themes
Sexually explicit conversations with significantly younger children
Touching another's genitals without permission
Sexually explicit threats

Behaviours that require a legal response, assessment and treatment
Persistent obscene telephone calls, voyeurism, exhibitionism and frottage
Sexual contact with significantly younger children
Forced sexual assault or rape
Inflicting genital injury
Sexual contact with animals

Carson.C. and AIM. Project , (2002).

Research indicates that young, mainly adolescent, sexually abusive behaviour accounts for between 25% and 35% of all alleged sexual abuse (Lovell, 2002). To date, there is no empirically grounded and tested model to explain the reasons why young people display sexually harmful behaviour. (Calder, 2001). However, research has tried to draw on different characteristics that might be associated with different types of offenders (Epps & Fisher, 2003). A wealth of research indicates that early life and family experiences are very important to development, and that many young people who display sexually harmful behaviour have suffered abuse at some stage, whether sexual, physical, emotional or neglect (Lovell, 2002). However, while it might be accepted that young people with sexually harmful behaviours do have a higher rate of victimisation than the general population, this is not to assume that all young people who have sexually abused have, themselves, been abused. Epps and Fisher (2003) have cited research that indicates sexual offending may have more in common with bullying and other coercive behaviours than with sexual gratification. They identify anti-social tendencies, impulsivity, delinquency, conduct disorder, peer relationship difficulties, under-achievement in school, psychiatric history, identity problems, and substance misuse as factors that can be, and have been, associated with young people with sexually harmful behaviours. Chaffin (2003) explains:

> *Sex offences are often not the major issue. Among juveniles, sex offending may suggest a 'special' sexual problem, but rather may mark a broader, general problem.*
>
> (Paper presented at G-Map Conference, Bolton, UK)

In terms of reoffending, evidence suggests that a young person is at less risk of sexual recidivism, but is more likely to reoffend with a general and violent offence (Worling and Curwen, 2000).

Table A details the underpinning research used to identify the level of concern or risk of a young sexual abuser, as grounded within the AIM assessment model.

Table A: Research evidence for the concerns factors in the AIM project

Concern factor	Research	Comment
Young person has previous convictions for sexual offending, or clear evidence of sexual offence but no conviction	Schram et al, 1992 Rasmussen, 1999	Includes previous offences against the same or other victims
Formal diagnosis of conduct disorder or a history of interpersonal aggression	Ageton, 1983 Becker, Kaplan et al, 1986 Spaccarelli et al, 1997 Van Ness, 1984	Conduct disorder (ICD-10 Classification of Mental and Behavioural Disorders, 1992)
Very poor social skills with peers/deficits in intimacy skills	Awad and Saunders, 1989 Knight and Prentky, 1993 Prentky and Knight, 1993 Shoor et al, 1966	While this factor is not directly evidenced in recidivism research. it is one of the most common characteristics found in research on this population
Use of violence during offence, or threatened violence	Kahn and Chambers, 1991	Kahn and Chambers linked the use of verbal threats of violence during the offence to increased likelihood of reoffending
Self reported sexual interest in children	Worling and Curwen, 2000	May include answers to questionnaires, frequent use of child pornography or similar evidence
Young person blames victim	Kahn and Chambers, 1991	May include attitudes such as victim deserved, asked for, or initiated abuse
High levels of trauma, including witnessing domestic violence and/or experiences of neglect	Skuse et al, 1998	This research is one of the few British studies that addresses issues of risk
High levels of family dysfunction/abusive or harsh child-rearing regime	Lipsey and Derzon, 1998 Skuse et al, 1998	Lipsey & Derzon's research looked at general criminal recidivism, not specifically sexual offending
Evidence of detailed planning	Knight, 1999	
Early drop-out from treatment programme	Borduin et al, 1990 Prentky et al, 2000 Worling and Curwen, 2000	
Highly compulsive/impulsive behaviours	Lipsey and Derzon, 1998 Knight and Prentky, 1993 Prentky and Knight, 1993 Smith et al, 1987	See above comments on Lipsey and Derzon's research
Pattern of discontinuity of care/poor attachments	Skuse et al, 1998 Worling and Curwen, 2000	

AIM project (2002)

Assessment

Assessing young people with sexually harmful behaviours can be important in a variety of contexts. The process of assessment is required to draw together a range of information about young people, and then make informed decisions about how to manage them and their situation. It enables practitioners to understand the view their clients have about their situation and the meaning of the problem. It helps to identify barriers and strengths, and to inform what needs to change, the young person's motivation to change, and their suitability for treatment. There is substantial inconsistency in what constitutes an assessment, however. Research indicates that actuarial measures are better at determining risk and assisting with dispositional decisions (Rice & Harris, 1995). However, little empirical work has been done on the development and validation of a risk assessment for young people with sexually harmful behaviours (Prentky et al, 2000). Statistical risk predictions are considered inappropriate for use with young people with sexually harmful behaviours, as the data on which they rely are derived from what we know about adult sex offenders (Calder, 2001). We cannot transfer our approach to assessing the adult population to young people, because it does not take account of the developmental aspect of their offending, i.e. recognising experimental behaviours and the increased ability to affect change, due to their age.

Clinical judgements, while very important, are recognised as having serious limitations with regard to accuracy and ability to predict future recidivism and risk.

> *Clinical judgement may allow a decision to be made at an ideographic level, but it has until recently been both idiosyncratic and unfounded in research.*
>
> (Beech, Fisher, & Thornton, 2003. p.339).

However, there are several examples where clinical judgements that have been guided empirically have given adequate results (Epperson et al, 1995, Dempster, 1998). Psychometric assessments can be useful in assessing young people, but some have limitations in terms of literacy and comprehension for this population. Furthermore, while numerous assessment instruments have been used, few have been psychometrically validated for use with an adolescent sex offender population (Becker, 1998). But psychometric assessments can provide an important addition to clinical assessment. Calder (2001) suggests that assessments "require a detailed understanding of the relevant research and theory, together with specific skills in interviewing young people" (p. 99). He fears that, without such knowledge and skills in interviewing young people, there is a risk that assessments will be based on inaccurate understandings underpinned by knowledge of adult sex offenders.

Youth justice

In its *Key Elements of Effective Practice – Young People who Sexually Abuse* (2003) guidance for work with young people who have sexually abused, the Youth Justice Board advocates multi-agency work during assessment, as this area of work involves both child protection and criminal justice. They advise that assessments should be co-worked and that professionals need to have a common language and understanding of the problem, In addition, local agencies need to develop a common methodology when working with young people who have sexually abused. Finally, they promote multi-disciplinary meetings, including representatives from both child protection and criminal justice agencies, the aims of which are to:

- discuss the original assessment report
- identify roles, tasks and resources
- set dates for quarterly reviews
- gather additional information, not included in the assessment
- identify the need for further assessment
- identify intervention and treatment needs
- agree a training supervision plan.

In April 2000, *Asset* was introduced as the core assessment profile for use within the youth justice system (Figure B). It is a standard assessment of the factors contributing to a young person's offending. The rating system on which it relies includes dynamic factors only (i.e. those factors that may be amenable to change). *Asset* is argued to predict reconviction with 67% accuracy, and was found to be predictive of frequency of reconviction and sentence at reconviction (Baker, Jones, Roberts & Merrington, 2003). In *Key Elements of Effective Practice – Young People who Sexually Abuse*, the Youth Justice Board recognises that *Asset* does not assess all the areas and circumstances for young people who have sexually abused. While it is recognised by the Board that the assessment should incorporate knowledge about risks and protective factors, *Asset* has so far focused on offending behaviour and 'risks'. The Youth Justice Board acknowledges other relevant factors to assess, which are somewhat absent within the *Asset* framework. These are:

- statements and depositions
- details of the memorandum interview of the victim
- professional records and interviews with the young person and their parents/carers
- offence-related issues such as the young person's offending history
- attitude towards the victim and the use of any violence
- any details of the young person's own sexuality and experience of abuse
- any issues related to their family or carers such as attachment issues, sexual boundaries, attitudes and beliefs

- the young person's environment and whether there is an opportunity of further offending, whom and where.

(Youth Justice Board, 2003)

Figure B

Static and dynamic risk factors in *Asset*

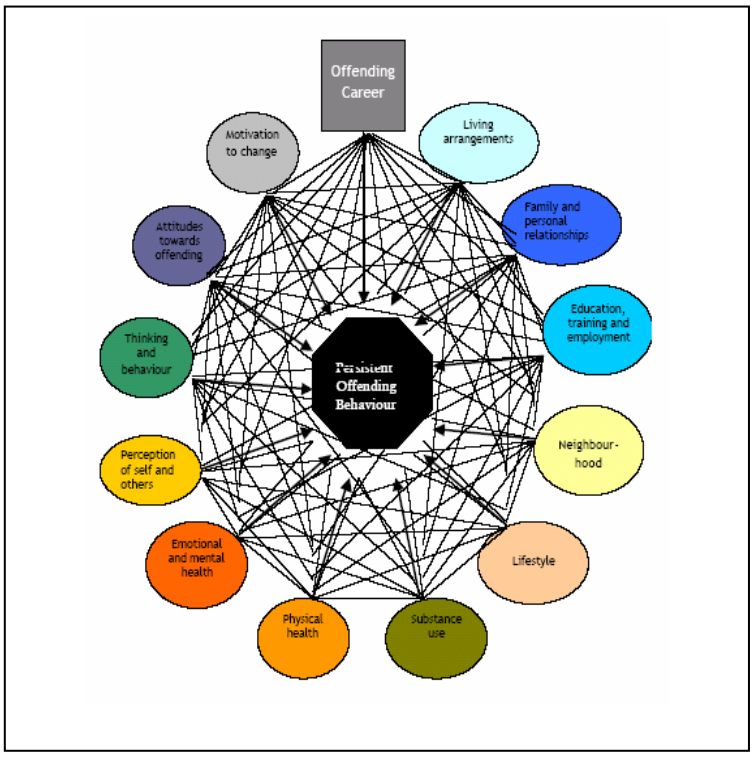
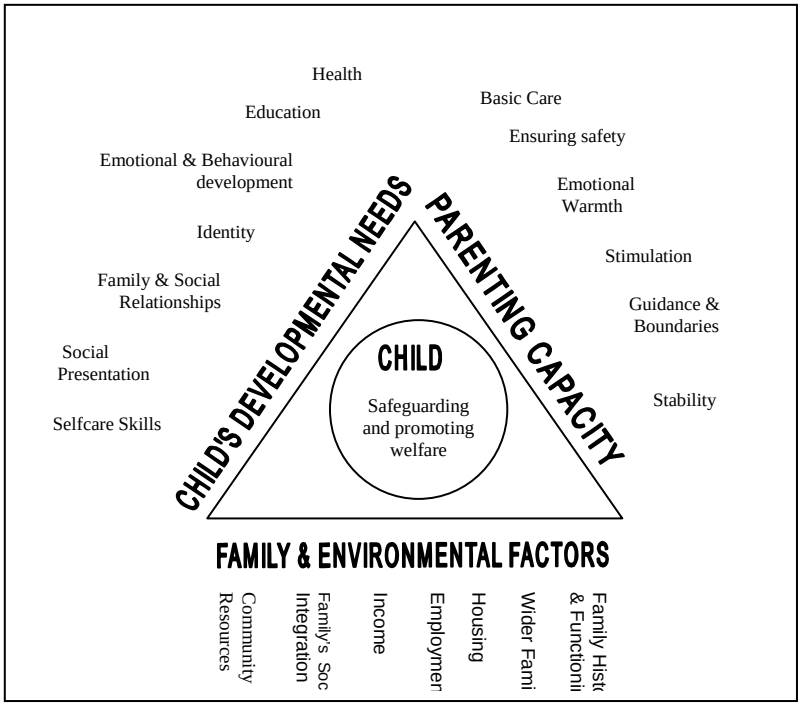


Figure C

The Department of Health assessment framework



Social services

The assessment used for young people with sexually harmful behaviours within the social services arena is *The Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000). This assessment framework has been incorporated into the *Working Together to Safeguard Children* guidance (Department of Health et al, 1999), which examines the responsibility professionals have to enable all children the opportunity to achieve their potential, and how this should be done through an integrated approach involving collaboration and understanding between agencies and professionals:

> *ACPCs* (Area child protection committees) *and Yots should ensure that there is a clear operational framework in place within which assessment, decision making and case management take place. Neither child welfare nor criminal justice agencies should embark upon a course of action that has implications for the other without appropriate consultation.*
>
> (Department of Health, Home Office, Department for Education and Employment, 1999, 6.34)

The Department of Health assessment provides a systematic way of understanding children and young people's developmental needs and how parents look after their children. It also looks at issues in the wider family, community and environment (Figure C). An initial assessment should be undertaken within a maximum of seven working days and a core assessment within a maximum of 35 days. While *The Framework for the Assessment of Children in Need and their Families* is very useful to help build on the strengths of a young person and their family, it does not look at factors to do with risk, and so somewhat neglects the issue of sexual abuse. Calder (2001) points out:

> *At a time when the field of sexual abuse is rapidly developing the risk assessment tools to help with the potential of prediction, the term 'risk' has been deleted from the professional social work vocabulary, largely as a means to shift the focus from child protection to children in need.*
>
> (p. 91)

However, Calder (2000) identifies that, while we need to look at risk, it should be done by considering risk features within an appropriate context. He argues that there is no prescriptive way of identifying risk factors, and that checklists should be used only to assist with overall consideration of the factors. Epps (1999) explains that the risk a young sexual abuser poses is open to change as a consequence of young people themselves developing, adapting and not physically staying in the same place.

The Youth Justice Board (2001) associates risk factors with cause or symptom. They describe how the 'roots of delinquency' can lie in the way that multiple risk factors come together while important protective factors are noticeably absent. O'Callaghan (2002) describes how interventions need to be informed by factors that promote resilience and positive outcomes for a young person. To enable this process, protective factors and resilience would need to be identified through assessment. Gilgun (2003) looks at how 'assets' and protective factors can be used to overcome risks, and she identifies qualities associated with resilience when individuals have risks of sexually harmful behaviours. A clinical assessment package for risks and strengths (CASPARS), developed by Gilgun, provides an equal weighting to child and family risks and strengths rather than focusing solely on deficits.

> *Risks and needs profiling systems are a means by which the content of rehabilitation programmes can be tailored to the individual so as to maximise the chances of success.*
>
> (Communities that Care, 2001, p.115)

Additionally, CASPARS explores all the levels of influence that are ecological.

Assessment of young people with sexually harmful behaviours needs to take an ecological approach, so that young people and their behaviours can be understood in their social, environmental and cultural context. The Department of Health takes this holistic view of assessment, and the Youth Justice Board also recognises that these areas need consideration in order to reduce the likelihood of a young person's reoffending. Mercer (2003) believes that, within this ecological approach to assessment, restorative justice can be employed as an appropriate route. He argues that there is real benefit to gauging the victim in the process to primarily meet the victim's needs, to plan for their safety in the future, consider the issue of disrupted relationships and to create a real audience of accountability for the offender.

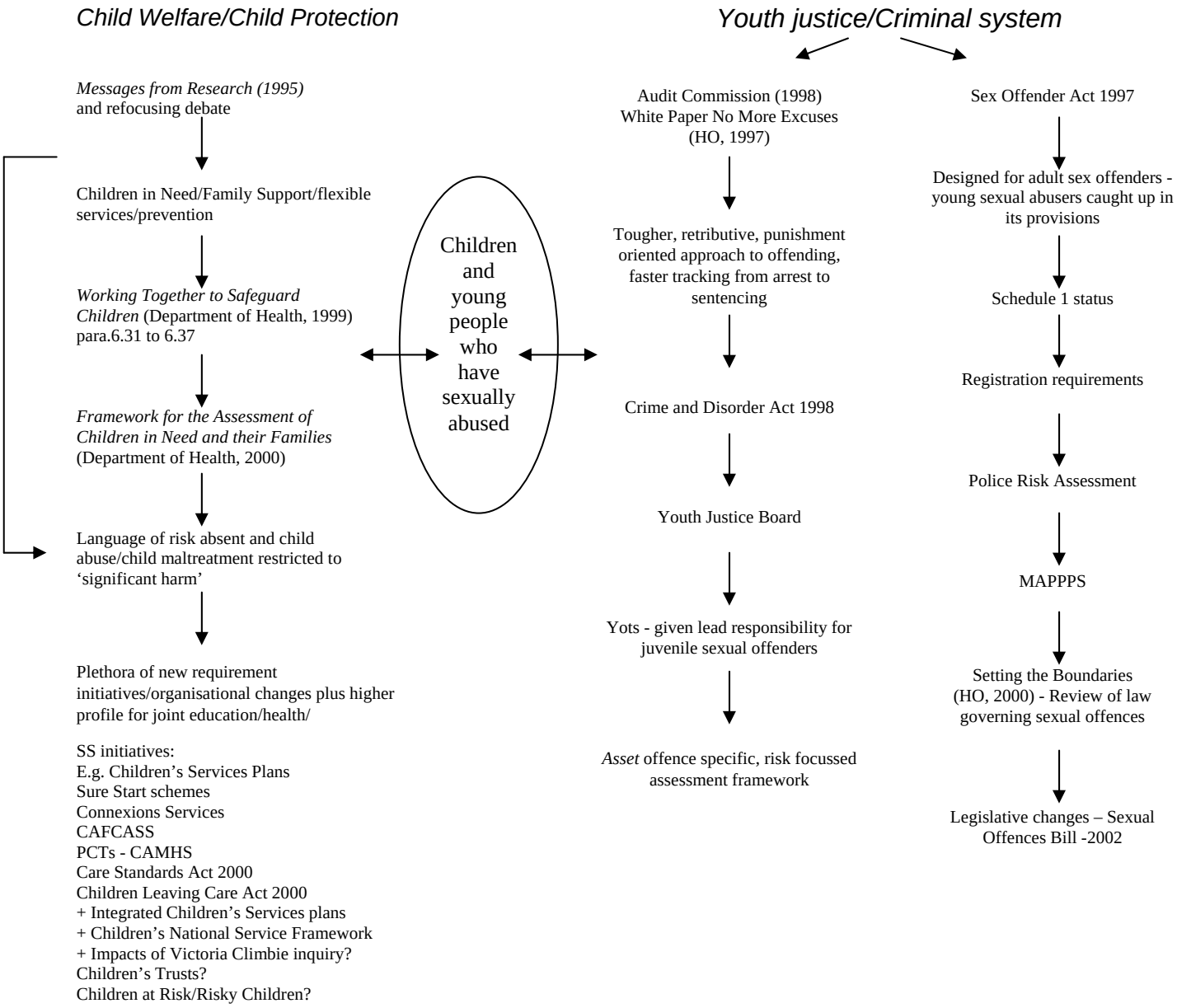
Calder (2000) takes the view that initial assessment of children and young people who abuse does not have to be difficult. He explains that problems arise for practitioners because of anxiety around the issue, both in terms of the risks should the behaviour continue and due to the controversial nature of the behaviour itself. To overcome difficulties during assessment, he believes that assessment should be undertaken at the pace of the young person, their experiences and abilities should be fully acknowledged and their family/carers and victims attitudes should have full consideration.

Previous evaluations have been commissioned by the Youth Justice Board to look at projects working with young people with sexually harmful behaviours. In an evaluation of the Cara Project, Plymouth (Welbourne et al, 2002), it was concluded that the project provides a child-centred prevention-oriented risk-assessment service, and through the provision of information and training it raised awareness of the service. Approximately a third of referrals to the Cara Project resulted in the undertaking of an assessment and all assessments but one, over a nine month period, recommended treatment. At the time of this evaluation, the Cara Project adapted their framework to assess these young people from *Juveniles And Children Who Sexually Abuse: Frameworks for Assessment* (Calder et al, 2001). Since the evaluation, they have adopted the AIM assessment as both a screening tool and a framework to collect information, and to work within partnerships.

Four other projects working with adolescent sex offenders were evaluated (Feilzer et al (2002), unpublished). All projects used a 'thorough' assessment to inform whether a treatment plan was necessary and, if so, how it should be structured. The evaluation found that good internal and external communication links were important to the development of the project and that for young people and their parents/carers it was important to use an inclusive approach and consult them during both the assessment and treatment phases. Some of the projects relied on joint protocols, partnerships, and co-working. Where there was a lack of clear boundaries and referral criteria, it was found to result in inappropriate referrals, and bad recording of information by referring agencies also led to inconsistencies. In one project, problems arose through Final Warning being imposed without first consulting the project and referring for an assessment. Another problem arose through courts failing to adjourn for a period considered appropriate to assess the young person. Very little is known about how the assessment process linked with treatment plans in these evaluations, or in general literature. In most cases, the evaluator would anticipate that assessment informs intervention through the direct issues that arise for specific individuals as a result of the information collected about their situations. The AIM project in its initial stages has not focused specifically on assessment and its links to treatment/therapy; the reason for this is that the 'initial' assessment was developed to look at basic risks and needs. However, in 2004 manuals will be produced to address the issue of treatment and therapy, and this will be linked to the outcomes of a 'comprehensive' assessment. Figure D helps to put the recent guidance and legislation on work within this area into context.

Figure D

Recent guidance and legislation in relation to child welfare/child protection and youth justice /criminal system which impact on children and young people who have sexually abused



Background

The AIM project

The purpose of the AIM project was to improve practice with young people with sexually harmful behaviours. It has established agreed inter-agency protocols and policies for multi-disciplinary working with this group of young people in Greater Manchester and, in May 2001, implemented these protocols within the 10 local authorities of Greater Manchester. The framework was officially launched in June of the same year. NSPCC, the police, directors of social services and Yot managers have signed up to the project and different agencies co-work the assessments, as recommended by *Working Together* 1991 (NCH, London). Staff from a variety of agencies have had access to training, work-packs and toolkits in an attempt to widen the spread of skills and resources. The project had central co-ordination and management to create an infrastructure for troubleshooting and support.

The AIM framework

A scoping study of Greater Manchester conducted in 2000 (Henniker, Foster & Griffin) revealed that in over a quarter of cases young people (aged 10 to 17 years) who were charged with sexual offences were not subject to any form of assessment. It was also discovered through this research that 49% of Yot workers interviewed about the appropriateness of the process and the action taken to address the young person's behaviour believed their approach and practice was inadequate.

The AIM project provides a framework for the initial assessment of young people with sexually harmful behaviours in an attempt to assist professionals to open a dialogue between partner assessors, young people and their families/carers, and to create consistency of assessments across agencies. The framework exists to provide practice guidelines for assessors, to support decision-making about the intensiveness of interventions and/or disposals (although not intended to dictate decisions), to influence good practice, and to increase practitioner confidence when working in such a sensitive arena.

The two existing national assessments, *Asset* (Home Office, 2000), intended for use in the youth justice system to identify levels of risk, and the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000), used to explore developmental factors related to the young person within their family context, do not provide professionals with a common language and understanding of the problem of sexual abuse. The AIM project attempts to draw on the domains of both these national assessment frameworks, although it is not a national assessment itself, and relies on the consent of those assessed. It provides a common protocol for practitioners of all agencies, as later recommended by the Youth Justice Board in their *Key Elements of Effective Practice – Young People who Sexually Abuse*. AIM uses an assessment model to look at offence-specific factors, developmental factors, family/carer and environment/ community dynamics. It also uses available research and clinical work (see Table A, p.10).

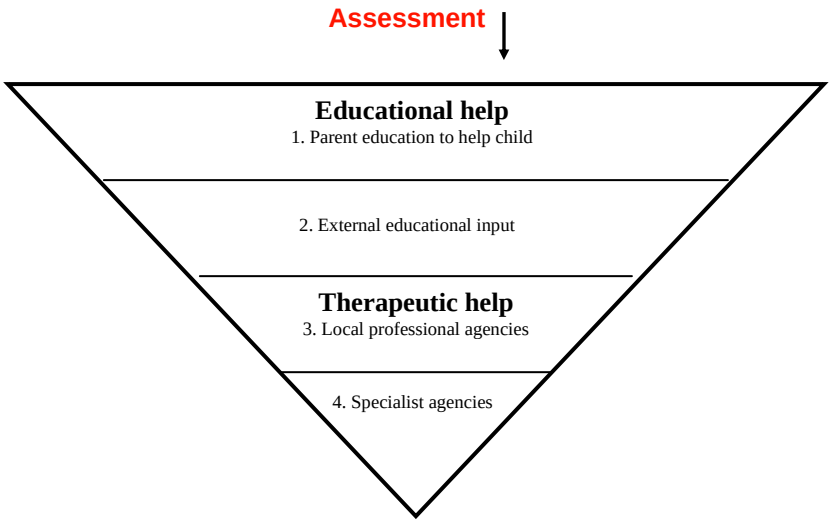
The purpose of this evaluation is to look at the appropriateness, usefulness and accuracy of the initial assessment model, and the framework in which it exists, for adolescents who display sexually harmful behaviour. In order to analyse this, it is important to understand their structure.

The structure of the framework and model

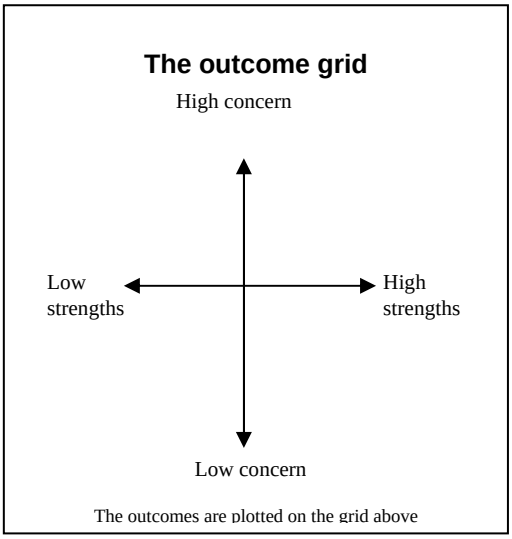
The AIM framework (Print, Morrison & Henniker, 2000) has 10 steps (see Appendix 1) to assist and encourage practitioners to gather and analyse information that is relevant to the concerns posed by the young person and their strengths or needs. The framework exists within a restricted timespan, especially for those referrals from the criminal justice route which are limited to a 28-day agreed police bail period. The framework provides the structure for an initial assessment only. However, through the resulting information and analysis, the authors hope to provide a basis on which to conduct a core assessment. It has also been set up to provide a structured foundation for professionals to articulate their opinions and recommendations to public and professionals alike.

The AIM framework has tried to ground itself in a multi-disciplinary and holistic way. It advocates co-working and information-gathering from various organisations, and culminates in a multi-disciplinary meeting hosted by the Child Protection Unit to agree roles, tasks and resources (see Appendix 2). Furthermore, a parent/carer assessment is promoted through the guidance, and it is recommended that parents/carers and young people should be involved in the multi-disciplinary meeting to provide them with a clear knowledge base and action plan. This framework complies with what was later recommended by the Youth Justice Board to ensure in the guidance, *Key Elements of Effective Practice – Young People who Sexually Abuse*, when working with young people who have sexually abused.

The assessment model (see Appendix 3) is a screening tool based on Morrison's adaptation of Ryan's work to develop a continuum of responses ranging from community-based interventions to more intensive work, depending on the level of risk.



It is a model to help practitioners form opinions and recommendations based on information they have collected and what is clinically/empirically known. It is believed that the more information collected from varying sources, the more accurate the model is. However, workers are discouraged from making assumptions about the young person and can only apply factors from the continuum to the young person when they know them to be true based on the information they have already gathered.



The practitioner uses this tool to analyse separately the level of concern and then also the degree of strengths unique to the young person. As a result of incorporating a strengths-based review within the AIM assessment model, practitioners can easily identify a work programme to build on assets and protective factors while reducing risk through offence specific work. High-strength factors include the young person's motivation to change, positive relationships and interests, and the environmental situation including the family/carers ability to support and supervise the young person. Low strength would be the converse of the above.

When using the continuums, there is a scoring system for practitioners. The number of factors applicable to the young person and their environment in each column is calculated. If items A1, A2 or A3 are identified on the concern continuum, the young person should be considered high concern without consideration for any other factors identified. If a minimum of two factors are identified in the 'B' column, the total for 'high concern' or 'high strength' should be increased by one. If a minimum of three factors are identified in the 'C' column, again, the total for 'high concern' is increased by one. The 'high' and 'low' concern/strength columns are then compared. Unlike CASPARS (Gilgun, 1999), a score is only provided for those factors which are true, and there are no differential markings for where factors are not present or not known. Once the continuums have been scored, the young person is plotted onto the outcome matrix (Appendix 4) in an attempt to inform treatment/sanctions. If the assessors disagree with the outcome of this tool, they are encouraged to base recommendations foremost on their professional judgements. The main reason for this is that the AIM assessment is in the pilot stage and has not been evaluated and scrutinised; this current evaluation report will provide the authors of the AIM assessment with a greater certainty with respect to its outcomes.

Recent developments

When the AIM project was initially set up, the focus of the project was the assessment of young people aged 10 to 17 years who display sexually inappropriate behaviour. Since establishing this assessment tool, the project has naturally progressed to undertake different roles – to fill the gaps in this area of working, such as providing an assessment model for families and education guidelines to identify, work with and refer young people displaying sexually inappropriate behaviour in school. Later in this report, the overall accomplishment of the project will be analysed. However, the main focus of this evaluation is concerned with the adolescent assessment model and framework. Although it should be recognised that, while this assessment tool was in most respects established before the evaluation started, the AIM assessment and project is constantly evolving and, therefore, is work in progress and not static.

The evaluation

This evaluation will look at how the AIM assessment procedures have shaped interventions for young people who display sexually harmful behaviour in Greater Manchester. For a more detailed analysis of the demographics of this population and the circumstances of the individual incidents, see the supplementary report (*Greater Manchester Sample of Adolescents who have Sexually Harmed*, Youth Justice Trust, 2003). It will also continue to look at the impact of the assessment on Greater Manchester services, as it has become evident that, after two years since the protocols were signed, some services continue to struggle with its implementation. It will also attempt to make recommendations about the reliability and validity of the assessment tool. Also, mindful that "practitioner buy-in is key to instrument development" (Gilgun, 2002, p.4), the evaluation will look at feedback from practitioners about their experience of the assessment framework (Appendices 1 and 2) and model (Appendices 3 and 4). The overall aim of the evaluation is to evaluate the effectiveness of the AIM framework. The objectives are:

- to assess the use and effectiveness of the multi-agency approach promoted through the AIM framework
- to assess the usefulness of the AIM model as a screening tool to assist practitioners
- to evaluate the level of accuracy of the strength and concern continuums and the outcome matrix
- to identify how the 10-step framework is used in practice and how it impacts on professionals
- to look at how the AIM assessment impacts on young people and their families/carers.

Methodology

Evaluation of the AIM framework

Monitoring young people with sexually harmful behaviours and problems encountered

The introduction of the evaluation was challenging. An AIM assessment can be undertaken by any worker within any of the 10 Greater Manchester local authorities, i.e. Yots, social service departments and Child and Adolescent Mental Health Services (CAMHSs). The absence of assigned or specified workers to undertake these, and the fact that it has been introduced across a variety of agencies, made the evaluation and monitoring of every assessment undertaken very complex. To overcome this, letters were sent to every organisation involved in this work to inform them of the evaluation. Chairs of the strategy meeting, advocated through the AIM framework, were identified as a primary correspondence in relation to the distribution of the evaluation and monitoring forms (Appendix 5). The reason for this is that, under the 10 steps of the AIM assessment framework (Appendix 1), every AIM assessment should culminate in this multi-disciplinary meeting to discuss the assessment and how the case should proceed. However, it became evident that there were gaps in this framework and that not all assessments would go to the strategy meeting.

In an attempt to monitor those young people who fall through the net, every Greater Manchester Yot at both a managerial and operational level was contacted and some social services department team meetings were attended by the evaluator to inform staff about the evaluation. It was easier to identify assessments within Yots than social services departments because of their organisational structure, in that Yots have more central co-ordination and management. The evaluator attempted to build up a rapport with key workers who were interested in undertaking AIM assessments and liaised closely with the AIM project Co-ordinator. After relationships had been built, the evaluator helped to set up and run a practitioner focus group, where practitioners could discuss problems they had experienced with the assessment and how they had overcome them. This group also acted as a forum to keep practitioners updated on the progress of the evaluation process. Local AIM implementation groups were also introduced in some areas. This allowed the evaluator to feed into these multi-disciplinary groups concerning any issues arising.

A second hurdle to the evaluation process was that workers in local authority teams were usually already overburdened with paperwork, which, in turn, affected the completion of forms for evaluation purposes. Building rapport helped to ensure that practitioners could see the value of evaluation, thereby increasing their participation in it. Furthermore, initial draft evaluation and monitoring forms were revised to make them more user friendly in the light of feedback from practitioners. Finally, some workers advised that the response rate might be better if they could be prompted to complete forms while a case was still live. The multi-disciplinary strategy meetings are used for this function, as they are convened at the end of the assessment process (Appendix 1, step 10).

Staff turnover, staff shortages and the heavy work loads carried by practitioners acted as a barrier to monitoring every AIM assessment undertaken in Greater Manchester. It sometimes had to be accepted that information had been lost. Although the evaluator offered to go through files at the workers premises in order to prevent this, confidentiality issues hindered the process. In an attempt to keep on top of the number of assessments that were occurring and what information should be coming in, the evaluator would regularly contact workers and managers to discuss case loads. A balance had to be found between corresponding frequently enough so as not to lose sight of the greater picture and yet not too frequently that it would strain the relationships formed. When monitoring information could not be obtained, the evaluator nevertheless recorded the assessment to gauge how representative the sample monitored was of the total population. Due to the ad hoc recording of cases and insufficient information systems to provide statistical data in some agencies, this 'actual' figure should still be treated with caution as a probable under-estimate.

Observational methods

Practitioners who felt confident in undertaking these assessments were approached to ask if the evaluator could shadow them. This was a very valuable exercise because it allowed a greater insight into the AIM framework and model at ground level. Newly trained practitioners were not approached because it was felt that they might feel intimidated by this process. The evaluator was able to observe three different assessments consisting of interviews with the family and the young person. A meeting between a Yot and school to gather information for the assessment was also observed.

Reconviction study

At the end of the evaluation process, young people who had been assessed by AIM between a year and 18 months before its end were identified. Practitioners were contacted to comment on these young people's co-operation, engagement, interventions and offending. This process enabled the evaluation to do a short-term reconviction study and to look at the appropriateness of the interventions that were informed by the AIM assessment.

Participant feedback

The evaluation process recognises that feedback from young people and parents/carers is important, as it is they who are assessed and their lives that are affected by the assessment process and outcome. It was difficult to know what questions were appropriate to ask young people and their parents/carers, in that the assessment happens 'behind the scenes'. The evaluator presented the questions (Appendices 9 and 10) to the young person and their parent/carer in the form of a 10-minute interview after the assessment had been undertaken. If the interviewees were vague in their responses due to the nature of the questions, they would be asked to consider what was important to them during this process. Gaining access to young people to conduct the exit questionnaires was a problem because the evaluator would not necessarily be aware of the assessment until practitioners contact with the young person had ceased; furthermore, at this stage of the assessment process, young people were often distressed and so interviewing would be unethical. Interviewing parents and carers was even more difficult because their contact with these agencies is often minimal at this stage of the assessment process. A sample of five young people and two parent/carers were identified and interviewed.

Any feedback provided informally by workers was recorded throughout the evaluation period. At the end of the evaluation process, practitioners who had a good working knowledge of the AIM assessment were invited to feed back on their overall experience of the AIM framework and adolescent assessment model. The administration of questionnaires (Appendix 7) was flexible, and practitioners could either complete the questionnaires themselves, or provide feedback on questions through a semi-structured interview with the evaluator – either individually or as a group. The most effective means of gaining detailed feedback was through using semi-structured interviews. Feedback was provided by:

- two Yots through a group interview
- four practitioners from Yots who completed the questionnaires
- one CAMHS practitioner who completed the questionnaires alone
- four people from social services, three of whom completed the questionnaires and one of whom was interviewed
- two people from NSPCC who completed the questionnaires.

Other professional feedback

The co-ordinator of the AIM project was also interviewed (Appendix 11) to obtain a strategic overview of the implementation and operation of the AIM framework. The co-ordinator was able to explain how the AIM project had developed beyond an assessment framework and model for adolescents, in response to the needs of practitioners working with children and young people with sexually harmful behaviours.

In recognition of the fact that the AIM assessment is a tool involving multi-agency co-operation, workers from education, health, police, courts and child protection were invited to comment on their experiences of the AIM assessment process. Practitioners were invited to contribute to the evaluation report by letter, and through telephone discussions. In addition, an article was put into a police briefing document circulated among all Greater Manchester police staff. In total, 26 professionals (excluding workers within child protection) were directly approached. Of these, a representative from education, the police, the Public Protection Unit, and a solicitor provided feedback. Additionally, 13 workers (from 10 local authority areas) from within child protection, who were responsible for chairing the multi-disciplinary meetings at the end of an assessment (Appendix 1, Step 10) were given the opportunity to comment on their experience of these meetings. Feedback was obtained through completion of a questionnaire or through structured interviews (Appendix 12). Six chairs from four local authorities responded to the questionnaire.

Finally, practitioners from outside Greater Manchester were contacted to discuss which procedures and assessments they use for assessing adolescents who sexually harm. The evaluator selected local authorities that were similar in geography, youth population and offending population size to Greater Manchester. A local authority from each of the six metropolitan areas in England (seven including Greater Manchester) was contacted by telephone and asked about the assessments in use for young people with sexually harmful behaviours what local multi-disciplinary arrangements existed for dealing with this group of young people. This method enabled us to consider the framework set up in Greater Manchester in comparison with what was happening elsewhere, where a specialist project had not been set up to facilitate procedures and practice tools across the conurbation.

Evaluation of the AIM model

The absence of an actuarial predictor of risk for adolescents who display sexually harmful behaviour made it difficult to find tools to validate the AIM model. This was resolved through consultation with Dr Dawn Fisher and Richard Beckett and the following tools were identified.

Assessment of the concerns aspect of the AIM assessment

In order to assess the concerns dimension of the AIM assessment, tools were used that broadly assessed static and dynamic risk of future sexual offending as well as general level of life-style impulsivity. Below, we look at these areas in more detail:

Static risk assessment

In recent years, there has been an increasing interest in the development of actuarial risk predictors for sexual offenders (i.e., Beech, Fisher & Thornton, 2003; Doren, 2002). These predictors identify likely risk factors reported in research studies and then devise ways of coding the presence of these factors to arrive at a score for an individual, which gives a probability of reconviction for a sexual offence. Most actuarial risk predictors rely on static factors (those factors that cannot change), such as previous offence history, lack of long-term relationships and general criminality. To date, no static/ actuarial assessment instrument has been developed in the UK for adolescents. The Estimate of Risk of Adolescent Sexual Offence Recidivism; (ERASOR; Worling & Curwen, 2001) and the Juvenile Sex Offender Assessment Protocol (J-SOAP; Prentky, Harris, Frizzell & Righthand, 2000) are risk instruments designed specifically for their use with adolescent sex offenders, however, they are only in the preliminary stages of development and require detailed knowledge of the young person. These instruments also need to be validated on UK sample groups of adolescent sex offender and non-offender samples. Hence, we are deploying an instrument that has been used to look at risk in adult (and adolescent) offenders in a number of different countries and populations and is considered 'state of the art' in sexual-offender risk assessment – Static-99 (Hanson & Thornton, 2000). However, we should note that preliminary research evidence would suggest in a UK population of adolescents that this instrument is a fairly crude measure of risk prediction in adolescents (Parish, Beech, Tudway & Print, 2002).

- **hypothesis 1**
  For the purpose of the current project, it would be predicted that those having a high score on Static-99, and hence considered as being at high risk of committing future sexual offences, would be assessed as high concern on the AIM assessment.

Dynamic risk assessment

More recent prediction instruments (e.g. *Structured Risk Assessment*, Thornton, 2002) have introduced dynamic factors, i.e. those factors which are amenable to change. The type of risk assessment schedule incorporating fixed and variable factors extends pure statistical prediction in terms of making a decision about level of risk. Such risk-needs assessments should be able to identify under what circumstances and in what situations a risk is posed in order for effective plans to be made by the offender so that such circumstances and situations do not arise.

Two systems in the UK have been developed that look at the dynamic component of risk. These are the Sex Offender Treatment Evaluation Project (STEP) test battery (Beech, Fisher & Beckett, 1999) used by the Probation Service in England and Wales to measure 'deviancy' in child abusers and the Thornton Initial Deviance Assessment (IDA) for use with all sex offenders used by the Prison Service in England and Wales.

The deviancy construct was developed by Beech (1998). Here he reported that child abusers could be divided into two main groups 'high deviancy' and 'low deviancy', on the basis of their deviation on a number of psychometric measures from non-offenders.

High deviancy men, according to this system, have high levels of cognitive distortions about children, high levels of distorted attitudes about their victims, high levels of sexual obsessions and high levels of self-reported sexual deviance patterns (Beech, 1998). They also report difficulty in forming intimate attachments with adults while, at the same time, perceiving that their emotional needs can be met by children (emotional congruence with children). High deviancy men were also found to have other socio-affective difficulties, such as low self-esteem, assertiveness difficulties, an external locus of control (i.e. not taking responsibility for their actions as well as not seeing their offending as being due to them).

Low deviancy men, according to this system, do not have generalised cognitive distortions about children (Fisher, Beech & Browne, (1999). Nor do they evidence the high levels of emotional identification with children observed in high deviancy men. On the contrary, emotional identification with children in this group was found to be significantly lower than non-offender controls (Fisher et al, 1999). Fisher et al also found that this group again showed significantly higher levels of social adequacy problems than non-offenders, but this was not as marked as that found in high deviancy men. Low deviancy men, like the high deviancy men, were found to have poor empathy with their victims (Fisher et al, 1999). Thornton (2002) proposes that these factors, together with other aspects identified from the literature, can be broadly clustered into four distinct risk domains: Domain 1 – (deviant) sexual interests; Domain 2 – pro-offending attitudes; Domain 3 – poor socio-affective functioning; and Domain 4 – self-management problems. High deviancy adult offenders tended to have marked problems in Domain 1, in terms of their deviant sexual interest in children; in Domain 2, in terms of not seeing anything wrong with having sex with children; in Domain 3, in presenting with a set of socio-affective problems.

More recently the high deviancy construct has also been identified in adolescent sexual offenders by Gerhold (2002). Here she reported a cluster of adolescent sexual offenders who had particularly been found to have Domains 1, 2, 3 and
4 problems

- **hypothesis 2**
  For the purposes of the present study it would be expected that ‘High deviancy’ adolescent offenders would be those that would be identified as High Concern on the AIM assessment tool.

Life-style impulsivity

Lifestyle impulsivity has been identified as predicting reoffending among rapists (Prentky & Knight, 1991). Lifestyle impulsivity is measured partly by Factor 2 in the Hare Psychopathy Checklist (Hare, 1991) which has been found to predict sexual recidivism in child abusers and rapists (Rice & Harris, 1997), and in incest offenders (Firestone et al, 1999). Hence, it is important to measure this component of dynamic risk. Here the instrument that is being employed is the P-Scan (Hare & Herve, 1999), which is a more user-friendly version of the PCL-R. The P-scan is a checklist that in part yields a lifestyle impulsivity score.

- **hypothesis 3**
  For the purposes of the present study it might be expected that those who a have high score on this factor will be rated to some extent as high concern and perhaps low strength on the AIM assessment.

Assessment of the strengths aspect of the AIM assessment

An aspect of the AIM assessment which is often overlooked by other assessment protocols is the focus on the positive characteristics of an individual and his/her situation, referred to in AIM as 'strengths'. When dealing with young people, it is particularly pertinent to include the family in the assessment, given the strong influence the family have had, and may continue to have, on the individual. Positive characteristics of the individual and their family may be important protective factors in reducing risk of reoffending and they, therefore, need to be assessed.

The AIM strengths assessment requires the assessor to consider a range of positive aspects for the young person being assessed. These cover:

- the young person's attitude towards the offence in terms of their owning of responsibility, appreciation of the harmful consequences of their behaviour and willingness to address their behaviour in treatment
- the young person's talents and interests
- the young person's emotional self-regulation and coping strategies
- relationships with others outside the family and support networks
- family/carer environment, support and attitude towards the offence.

In order to assess the strengths dimension of the AIM assessment, the young person's attitude towards the offence is assessed by the same psychometric test battery as is being used for the concerns (see section on the concerns for a description of these). The young person's talents, interests and personal strengths (coping strategies and emotional self-regulation) are assessed by the Behavioural and Emotional Rating Scale (BERS). The family/carer environment and attitude towards the young person are assessed by the Family Assessment Measure (Brief Version). These two scales will be described below:

Behavioural and Emotional Rating Scale (Epstein & Sharma, 1998)

BERS is a 52-item rating scale designed to assess the behavioural and emotional strengths of children between the ages of 5 and 18 years. It is a behaviour checklist which is completed by individuals who know the child well, usually parents, carers, teachers or other professionals working with the child. It is divided into five sub-scales which focus on the following strengths.

- **interpersonal strengths**
  This assesses the ability of the child to control his/her emotions and behaviours in social situations.
- **family involvement**
  This assesses the child's participation in and relationship with his/her family.

- **intrapersonal strength**
  This assesses the child's outlook on his/her competence and accomplishments.
- **school functioning**
  This assesses the child's competence in school and classroom tasks.
- **affective strength**
  This assesses the child's ability to accept affection from others and express feelings towards others.

BERS is a standardised, norm-referenced scale which has been normed in the USA on two groups of children – those identified as having emotional/behavioural disorders and those without such disorders. Behaviours are rated using objective frequency-based ratings. Thus, the child is rated on each item using a 0–3 scale to rate the extent to which each item is present. The BERS manual reports very high inter-rater reliability (0.83–0.98, depending on the sub-scale) and can, therefore, be regarded as providing a reliable score. In addition to the sub-scale scores for each type of strength, there is an overall score referred to as the 'Strength Quotient' which combines the sub-scale scores.

Family Assessment Measure Version III (Skinner, Steinhauer & Santa-Barbara, 1995)

The Family Assessment Measure (FAM – III) is a self-report scale that provides quantitative indices of family strengths and weaknesses. It comprises three different types of scales which look at the family as a system (the General Scale), the relationship between specific pairs of family members (the Dyadic Scale) and the individual's perception of himself/herself in the family (the Self-Rating Scale). It is suitable for anyone aged 10 years or older. The scale takes the form of self-report scales, each consisting of 14 items. It is possible to require an individual to complete all three forms but, for the purposes of the study, only the General Scale was required.

The Brief FAM-III is based on a process model of family functioning and provides the best 14 item subset of items from a longer version of FAM-III, which assesses the seven areas outlined in the model. These are listed below.

- **task accomplishment**
  This covers the achievement of a variety of basic, developmental and crisis tasks including task identification, exploration of alternative solutions, implementation of selected approaches and evaluation of effects.
- **role performance**
  This includes the allocation of specified activities to each family member, the agreement of family members to assume assigned roles, and the carrying out of the prescribed role.
- **communication**
  This covers the achievement of mutual understanding so that the message given is consistent with the message received.
- **affective expression**
  This covers the expression of a full range of affectiveness, when appropriate, and with correct intensiveness.

- **involvement**
  This covers the degree and quality of family members interest in each other and their ability to meet the emotional and security needs of each other while, at the same time, supporting each other's autonomy of thought and function.

- **control**
  This is the process by which family members influence each other. This includes whether the family is predictable versus inconsistent, constructive versus destructive or responsible versus irresponsible in its management style. Certain combinations of these characteristics may give rise to styles of control as follows – rigid, flexible, laissez-faire and chaotic.

- **values and norms**
  These are the background influences on the family. This includes whether family rules are explicit or implicit, the latitude or scope allowed for family members to determine their own attitudes and behaviour, and whether family norms are consistent with the broader cultural context.

The Brief FAM-III Version is represented by at least one item in each of these areas (except Social Desirability and Defensiveness in 'Values and Norms').

The FAM-III manual reports that the validity and reliability are satisfactory, and that the Brief FAM-III captures the overall score of the long version. In a discriminate analysis to assess the ability of Brief FAM-III scales to distinguish clinical groups from non-clinical groups. "the analysis showed that all three scales had significant discriminatory power and contributed to classification accuracy" (p.66).

- **hypothesis 4**
  For the purposes of the present study, it would be expected that 'Average family functioning (Brief FAM-III) and 'average overall behavioural and emotional strengths' (BERS) would be those identified as high strength on the AIM assessment tool.

Introducing the strengths and concerns tests – sampling and methodological problems encountered

The materials used for testing the concerns were agreed by the evaluators in June 2002, and for strengths in December 2002. The materials had to be researched through literature searches, analysing the practicality of the tests and assessing comparability with the AIM assessment. Practitioners were informed about these tests and given guidance materials explaining the criteria and procedures for the psychometric testing of young people. In an attempt to increase the take-up, practitioners were given ultimate decision-making power over which young people they felt were appropriate for sampling, and the evaluator was flexible as to how the tests were delivered. However, it must be recognised that this could have methodological implications in terms of the sample of young people selected, i.e. It is likely that practitioners will have chosen young people more amenable to professional involvement and, therefore, the findings could be influenced by this. The feedback from workers was that the young people on their case loads had so many professionals involved in their progress already that sometimes one more worker (the evaluator) could be too much. In response to this it was agreed that there could be flexibility as to whether the evaluator or practitioner administered the tests to the young person, again this could have methodological implications in relation to bias, confidentiality and objectiveness.

Time was another concern for practitioners. It was felt appropriate that these tests should be administered after the assessment process, as workers already have to keep to tight deadlines to complete this and young people and their families have a lot to deal with in this period. The intervention phase was believed to be a suitable stage at which to approach the young person to ask for their help with the research. However, leaving testing until this phase meant that logistically for young people coming through a criminal justice route, those given shorter disposals would be missed. Likewise, young people coming through a social services route often went to different teams for therapeutic input (sometimes minimal), often resulting in these young people being inaccessible to the evaluation.

While the tests being used to look at the concerns dimension of the AIM assessment are very useful in specialist organisations where there is more directive activity and time flexibility, Yots and social services staff felt that between three and four hours of the young persons time to complete the questionnaires was too much, even spread over several sessions. Yots and social services staff felt that they had a lot of work to do with the young person in a limited period of time and would often only consider using these tests when they had exhausted all other options with a case and felt that they might benefit from the report about the young person that accompanied the test scores. From this and conversations with workers, it was evident that the concerns tests we were using were often only felt worthwhile when it could help to better inform workers about the young person, rather than for the purpose of evaluating the AIM assessment.

On the occasions where practitioners were interested in the evaluator approaching the young person to complete these concerns tests, meetings had to be cancelled either because the worker had to prioritise other cases in-house, the young people had failed to attend the appointment, or the young person had further offended (either further sexual offence or general offence) and had other issues, such as court dates or the threat of custody to preoccupy them. On one occasion, the evaluator was approached to use these tests with a young female; however, the tests are only appropriate for males. As a result of the concerns tests only being applicable to males, this evaluation is limited in terms of assessing how accurate the AIM assessment is in relation to females.

To overcome this, a specialist organisation in Manchester for young people with sexually harmful behaviours (G-Map) was approached. This organisation already used both the AIM assessment and the materials we had identified to assess the concerns aspects of the AIM assessment (used until 2003). This organisation was very co-operative in assisting the evaluation and enabled us to get information to begin to make judgements on the assessment. A sample of 13 young people was achieved for concerns. Methodologically, this may have skewed findings due to the sample being selected from an organisation which tends to deal with young people at the higher end of the spectrum in relation to risks and concerns and, therefore, may not be as typical of young people in the community. As a result, this limits the scope of this evaluation to assessing the accuracy of the AIM assessment in relation to incidents which are lower in concern and more experimental.

A second specialist project external to Greater Manchester (Taith Project, Bridgend, Wales) was also approached to assist with the evaluation. The project internally identified a sample of young people appropriate for testing. The project was asked to complete selected psychological tests to look at concerns, questionnaires to examine strengths, and an AIM assessment of the sample of young people. In an attempt to minimise their work load, Static-99 and the Hare P-Scan were not used to test concerns. From the testing of the sample up to this point, it had been recognised that these tests had limited value for our purposes in comparison to some of the psychological questionnaires. Not all young people who the project identified in their sample were willing to participate in our study and, as some young people's circumstances changed, they became unsuitable for this study. A further sample of four young people was achieved for both concerns and strengths testing through the assistance of this project.

In light of the problems experienced through trying to assess the concerns aspect of the AIM assessment, materials proposed for assessing the strengths aspect consisted of a minimum of one questionnaire to be completed by the young person and parent/carer, and one questionnaire to be completed by the practitioner. The time required to complete these were between 5 and 15 minutes for the young person and parent/carer forms and 15 minutes for the workers questionnaire.

These tests were promoted through presentations to individual teams and practitioners were given the opportunity to comment on the materials. Similarly as with the concerns materials, the evaluator offered to feedback the test scores to workers to assist with their interventions. However, this information could only be provided to practitioners where young people had consented to share the information (Appendix 14).

Similar problems were encountered in administering these tests, i.e. the busy work loads held by workers; accessing parents/carers to complete tests; and problems around engagement and finance. In a couple of cases, parents had initially agreed to participate in the evaluation process, but refused to consent when it was made clear that no financial compensation was available. Participation was refused in other cases because parents/carers had simply had enough of the whole process, i.e. police interviews, interviews with practitioners, attendance of a multi-agency strategy meeting, etc. Problems around engagement of the young person and their families impeded the evaluation process. For example, in one case, the young person and their family had agreed to complete the strengths tests, but became disengaged with the whole process when it was realised that continuing with the AIM assessment, itself, would have resulted in sex offender registration for the young person. Finally, the complexity of some of the lives of these young people meant that other issues had to be prioritised above the evaluation. For example, one young person ran away from home and so became inappropriate for sampling, as more time than initially planned needed to be spent on working with his problems. In total, a sample of 6 young people was achieved within Greater Manchester for the strengths tests. The sample achieved were mostly young people with high strengths. This sample was partly distorted because it was considered unethical for young people with low strengths to fill in tests that by the nature of the questions might leave them feeling vulnerable and dejected. As an evaluator, I was unable to offer therapeutic consultations to these young people after they had completed the questionnaires, and practitioners could not always offer this support. In addition, those young people who consented to completing these tests generally tended to have more strengths. As a result of the sample mainly being high strength, the validity of this evaluation for young people with low strengths is not as robust.

As the uptake of these strengths tests was low, organisations outside Greater Manchester where the AIM assessment was already in use were approached. Of the five organisations approached, one organisation agreed to help. The Shield project in Huddersfield provided an additional sample of two young people.

Overall, a sample of 17 was obtained for concerns testing, and a sample of three was obtained for strengths testing. Of these, four young people completed both the strengths and concerns tests. This low number was mainly due to time constraints and, in effect, has made it difficult to assess fully the AIM assessment. The AIM assessment uses strengths and concerns concurrently and recognises that they have an impact on each other; as a result, it is difficult to separate out these two interacting factors and will have an impact on the accuracy of relevant conclusions outlined in this evaluation.

Testing the inter-rater reliability of the tool

To further evaluate the AIM assessment model, we needed to look at whether the assessment tool was ambiguous and open to interpretation; whether any of the factors on the continuums were confusing; and whether a lack of clarity could ultimately affect the outcome and decision-making process. This was addressed both through practitioner feedback from their individual assessments and through an exercise using fictitious, yet realistic case studies. With help from G-Map (a project with extensive experience of young people with sexually harmful behaviours), a case study was drafted providing details of a young person's sex offence, a victim statement, police and social services information, information from the young person themselves and information from education (Appendix 8). This information should all be collected in order to complete the AIM assessment as advocated under Step 4 of the AIM Framework (Appendix 1). File notes and information used in the case studies had to be minimal but realistic. The paper assessment would take an hour in order for practitioners who already have heavy case loads to be able to complete them.

Two case studies were used. The first case study consisted solely of file information. It was sent to 30 practitioners who had previously been contacted and agreed to complete the exercise. It was hoped that a 66% response rate would be achieved with the receipt of 20 completed forms; a sample of 20 practitioners for each case study was achieved. All practitioners approached had experience of the AIM assessment through training and/or experience of working with a young person who had sexually harmed. From the case study provided, workers were required to complete and score an AIM assessment as if it was a real case, only they would note whether factors on the continuum (Appendix 3) were "relevant", "not applicable" or could not be determined from the information provided. Feedback provided from this first study showed that providing the information in such a rigid way predetermined many responses and didn't allow much room for interpretation, unlike a real assessment. The second case study followed the format of the first except, in order to make it less rigid, the information from the young person was provided in an interview format, similar to a transcript.

To ensure the evaluation identified the 'real issues' surrounding the clarity of the indicators on the continuums, genuine AIM assessments were also used. Over a six-month period, the evaluator checked practitioners' AIM case loads. Practitioners co-working AIM assessments (so that two workers would share the same knowledge of a case) were asked initially to plot the young person in terms of the continuums of indicators and an outcome independently from each other. The workers would then compare these continuums and outcomes to examine whether they had been completed consistently and, if not, to discuss why there were differences. It was optional whether to invite the evaluator to be part of this process, or to discuss it over the telephone after collecting the independent assessments. The main problem encountered with this method was that co-workers often discuss, plot the young person and look at the relevance of each of the factors on the continuums throughout the assessment rather than as an exercise at the end. It was believed unethical to ask these practitioners to change their good practice. Five cases were obtained through this exercise.

Factor analysis

A factor analysis was conducted to look at whether factors within the continuums (Appendix 3) had strong associations, or might be duplicated. Practitioners were asked to send the evaluator copies of the factors that were relevant to their individual AIM assessments. These were used in this study, alongside any additional AIM assessments that had been completed when administering the Concerns and/or Strengths tests. A sample of 83 AIM assessments was used for
in this analysis.

An outline of originally proposed methods and tools

- **evaluation and monitoring form (Appendix 5)**
  to record basic organisation details, personal details, incident details, environment details and assessment information for every young person who undergoes an AIM assessment

- **continuum of indicators form (Appendix 3)**
  to record how the continuum of indicators is used in practice, and to illustrate whether professional judgement agrees or disagrees with the outcome

- **observations of assessments**
  for the evaluator to observe a sample of assessments undertaken by co-workers to gain a greater insight into AIM

- **psychological testing (see Appendix 6)**
  for the researcher to administer approximately three hours worth of psychological tests to look at concerns with a sample of approximately 20 young people who have undergone an AIM assessment. Some information is to be obtained from interviews with workers and file information. Similarly, the same sample size will be given approximately thirty minutes worth of tests to look at strengths**.** They will be collectively used to validate the strengths and concerns continuums (Appendix 3) grounded in the:

  - offence specific
  - developmental family/carer
  - environment domains.

- **assessors' questionnaire (Appendix 7)**
  to gauge workers experience of the AIM framework. To be administered by the researcher to a sample of workers who have experience of the AIM assessment

- **hypothetical case studies (Appendix 8, for example case study)**
  This will test the inter-rater reliability of the tool. Based on hypothetical case studies, workers trained in AIM will be asked to complete the continuums of indicators. They will be provided with the same information about the cases and their completed continuums will be compared to analyse whether the AIM model is robust or inordinately open to interpretation. A sample of 'real' assessments will also be scrutinised.

- **exit questionnaire (Appendices 9 and 10)**
  to be administered by the researcher to a sample of young people and their families/carers to gauge their experience of the AIM assessment process

- **co-ordinators interview (Appendix 11)**
  The AIM co-ordinator will be asked for her feedback at the end of the evaluation process, to provide a strategic overview of the implementation and operation of the AIM assessment framework and model within Greater Manchester.

- **interviews/feedback from a variety of agencies**
  A sample of workers from child protection (Appendix 12), education, police, courts and any other relevant agencies will be asked to provide feedback on the AIM framework.

- **telephone interviews with practitioners outside Greater Manchester**
  a sample of practitioners from Yots, social services and/or voluntary organisations will be asked to provide feedback on their current protocols and practice for working with young people with sexually harmful behaviours.

For details of the *Ethics and Consent Guidance* underpinning the above methodology, see Appendices 13 and 14.

The sample population (for Findings – section 1)

The sample population for sections 2 and 3 are detailed within the methodology.

The monitoring of AIM assessments

The sample population for section 1 of the findings consists of 75 cases where young people in Greater Manchester have undergone an adolescent AIM assessment for their sexually harmful behaviour. The sample is based on completed evaluation returns from assessors between the 1 July 2001 and 30 October 2003. While every effort has been made to collect information on all young people who have been AIM assessed, some are missing. The table below details where it is known that AIM assessments have been undertaken but the relevant information could not be gathered.

Table 0.1

Area	Number of AIM assessments where evaluation returns have been obtained	Number of 'known' additional AIM assessments, where no information has been provided
Bolton	11	**0**
Bury	4	1
Manchester	6	10
Oldham	7	1
Rochdale	6	0
Salford	6	17
Stockport	11	2
Tameside	0	5
Trafford	10	0
Wigan	10	5
Hindley YOI	4	3

Please note that a high number of assessments does not exclusively imply a high rate of adolescent sex offending in that local authority but may also reflect practice in that some agencies are more practised in undertaking AIM assessments than others.

Demographic information of the young people

Of the 75 cases:

Gender

Seventy-two young people were male and 3 female

Age

Four percent were 11-years-old, 4% were 12 years old, 21% were 13 years old, 11% were 14 years old, 19% were 15 years old, 24% were 16 years old, 16% were 17 years old and, for 1%, the age was not known.

Ethnicity

Ninety percent of young people were White, 7% were Asian, 1% were Black, 1% were Mixed Race and 1% were 'Other'.

Accommodation

Forty-three percent lived with one biological parent and one non-biological parent, 28% lived with both biological parents, 9% lived in a single-parent household, 5% lived with other relatives, 8% lived in residential care, 3% live
in foster care, 3% lived in supported accommodation and 1% lived with
adopted parents.

Education

Fifty-two percent of young people were in mainstream education; 19% had special educational needs provision; 12% were in college/training; 4% were either significantly truanting; excluded or suspended; 5% received no educational provision; 1% had home tuition; 3% were in the process of leaving school; and 3% were in employment (for 1%, this was not known).

Difficulties

Thirty-six percent had learning disabilities, and 11% had mental health problems; 52% of young people had suffered neglect, sexual abuse, physical abuse or emotional abuse, or had witnessed domestic violence; 11 young people had a family member with known schedule 1 status.

Previous interventions

Eleven young people had previously received an intervention for either general offending or previous sexual concerns.

Table 0.2 Indecent details

Primary incident	Percentage of young people who committed this incident
Indecent assault	67%
Indecent exposure	3%
Gross indecency	9%
Rape	9%
Attempted rape	1%
Unprotected sexual intercourse (USI) with girl under 16 years	3%
USI with girl under 13 years	3%
Other	5%

'Other' Incidents include a gradual build up of inappropriate sexual behaviour; downloading pornography; possession of obscene photographs and a consensual incident between 2 young people of the same age.

Child abuse or peer aggression?

There were 31 incidents of Child Abuse (the victim was four or more years younger than perpetrator), 31 involved peer aggression, an additional two cases involved both child abuse and peer aggression, 3 cases involved abuse on adults; in 5 cases the information was not known and in 3 cases this was not applicable.

Table 0.3

Number of victims	Number of cases with this amount of victims
No direct victim	2 (1 incident involving pornography & 1 involving obscene photos)
1	48
2	19
3	2
4	1
5	1
8	1
8+	1 (an indecent exposure by a young person on a bus)

In total, there were 109 victims, plus 2 cases with no direct victims and 1 case with multiple victims. For a detailed analysis on this sample population see supplementary report, *GM Sample of Adolescents who have Sexually Harmed*,Youth Justice Trust, 2003.

Findings – section 1

From the monitoring of Greater Manchester assessments

The findings detailed in this section are based on 75 Greater Manchester cases where young people have undergone an adolescent AIM assessment for their sexually harmful behaviour. The findings are based on completed evaluation returns from assessors between the 1 July 2001 and 30 October 2003.

In 2001, AIM assessments were sparse, as the AIM project had only just been launched. The table below identifies the number of assessments in each year since the running of the project.

Table 1.1

1 July to 31 Dec 2001	1 Jan to 31 Dec 2002	1 Jan to 31 Oct 2003
7	29	39

Please note that a full year of figures is only available for 2002

Table 1.1 reveals an increase in the number of assessments undertaken each year. This could be explained by the gradual implementation of the AIM assessment, i.e. it can take a lengthy time for an assessment to be embedded within organisations and for knowledge of its use to be filtered down to all relevant staff. This rationalization is supported through observations by, and feedback provided to, the evaluator.

Co-working of assessments: Intra-agency or inter-agency?

Figure 1.2 shows how assessments were co-worked, whether it was internally, multi-disciplinary or referred externally to the NSPCC or other professionals/ organisations.

Figure 1.2 Co-working of AIM assessment by organisation

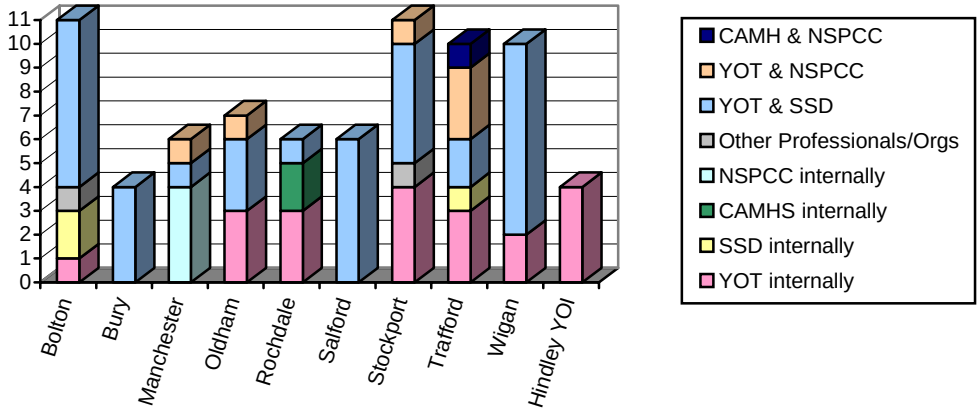


Figure 1.2 illustrates that AIM assessments were co-worked; however, this was not always on an inter-agency basis as advocated through the AIM assessment framework. From the chart above, it is apparent that assessments have regularly been co-worked internally within organisations rather than on a multi-disciplinary basis. It would appear that some Yots took primary responsibility for these assessments; observations and feedback from these authorities support this. However, in these authorities, when the evaluator considered the date of the assessments, it became apparent that this was more of a historical problem. More recent AIM assessments have been co-worked on an inter-agency basis and social services departments have taken joint responsibility for them. Hindley YOI has a Yot team within the institution, and this team is solely responsible for AIM assessments as inter-agency working is less feasible.

Overall, 40% of assessments were co-worked on an intra-agency basis and 60% of assessments were inter-agency co-worked. Eight percent of these cases were wholly referred to an external organisation (such as NSPCC and G-Map) for assessment, and 9% were co-worked alongside one of these external organisations.

Were the 10 steps to the AIM assessment followed?

In 72% of cases, all 10 steps to the AIM assessment framework (Appendix 1) were followed. In 5% of cases, completion of these 10 steps was not applicable because assessments were undertaken in Hindley YOI, which does not have any provision to review assessments at a multi-disciplinary meeting and for whom access to information is often limited. In 8% of cases, it is not known if all 10 steps were completed. In the remaining 15% of assessments, the 10 steps were not adhered to. Reasons given for this are that the Yot officer could not access the video interview because the police officer was on leave; due to difficulty getting hold of the area team social worker to co-work the assessment (three examples); lack of knowledge about these because the assessment was completed before training, so all 10 steps were not acknowledged (two examples); lack of co-operation from social services (two examples); police failing to bail the young person for assessment; because of the local authorities' own procedures; and because the young person ran away from home.

Were the 'informed' recommendations carried out after the assessment?

Table 1.3 details whether the recommendations/interventions, which were informed by the AIM assessment, were actually carried out. For later assessments or long-term interventions, this work is continuing so, although the work may have progressed up to a point, it cannot be concluded that it is complete.

Table 1.3

Were recommendations carried out?	Number of AIM assessments	Percentage of AIM assessments
Yes	43	57.3%
No	10	13.3%
In part	4	5.3%
Continuing	14	18.7%
Not known	4	5.3%

In the main (57% of assessments), the recommendations were carried out. Where recommendations were carried out 'in part', this was because of the following.

- On one occasion, this was because a recommendation was made for intervention from family support; but there was a three-month waiting list so, instead, the educational psychologist was asked to commit to some work.
- Two assessments were recommended to proceed via social services, but the police decided to charge – although all the recommended interventions were completed.
- The young person refused to engage with the interventions, although their recommendations for a residential placement were fulfilled.

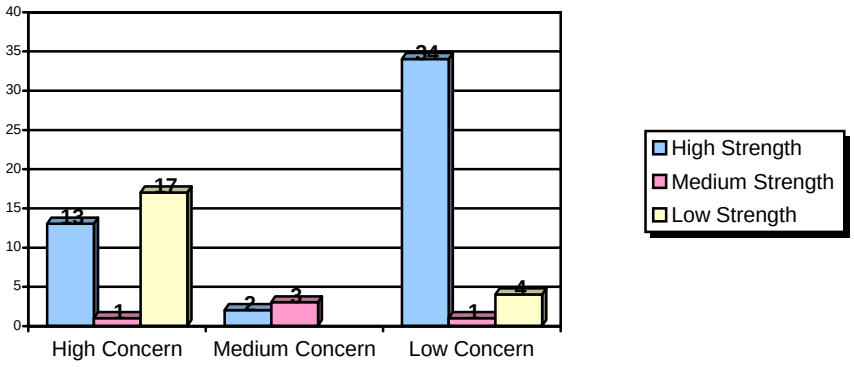
In the 13% of cases where recommendations were not carried out, the reasons are as follows.

- In three cases, the young people were in a YOI where there are no intervention programmes available. All the young people were denying the offence and as a result, when the move to adult prison is made the recommended programmes will not be available.
- One young person receiving voluntary intervention ran away.
- One recommendation was for a Final Warning but, while the young person was on bail, they had already received a Final Warning for an assault charge.
- Police would not accept the recommended Absolute Discharge or Final Warning, unless the young person pleaded guilty to inappropriate touching of another part of the victim's body.
- One young person successfully appealed against his/her conviction.
- Police gave a Final Warning, unaware that an AIM assessment was being undertaken.
- No further action was recommended, but the police charged the young person and, finally, work with parents was recommended; but the parents refused to engage and accept what had happened.

Outcomes from the AIM assessment

Figure 1.4 reveals the outcomes for the 75 AIM assessments undertaken, in terms of strengths and concerns. Overall, the majority of young people were low concern (52%) and 41% were high concern. The remaining 7% of assessments were medium concern. The AIM assessment, itself, does not actually provide an outcome of either medium concern or medium strength; however, as shown in figure 1.4, some practitioners still arrived at this outcome through an even distribution of factors. With regard to strengths, the majority of young people were assessed as high strength (65%), 28% of outcomes were low strength and 7% were medium strength.

Figure 1.4



The most frequent outcomes were where the strengths and concerns contrasted. i.e. 'low' concern/'high' strength (45%) and 'high' concern/'low' strengths (23%).

Outcomes and the significance of other factors

Previous interventions

Of the 11 young people who had previously received interventions for either their general offending or sexually inappropriate behaviour, 64% were assessed as high concern, 36% were assessed as low concern, 36% had an outcome of high strength, 55% had an outcome of low strength and 9% had an outcome of medium strength.

The Child Protection Register

There was no significance between outcomes and whether the young person had previously been on the Child Protection Register.

Where family members are known to include schedule 1 offenders

Of the 11 young people with members of their family who have schedule1 status 64% were assessed as high concern, 64% were assessed as low strength, 27% were low concern, 9% were medium concern and 36% were high strength.

Learning disabilities and mental health problems

While there is a specific AIM assessment tool for young people with learning disabilities, just over a third of these assessments identified learning disabilities. Figures 1.5 looks at whether there is any significance between the assessment outcome and cases where young people had learning disabilities or mental health problems.

Figure 1.5a

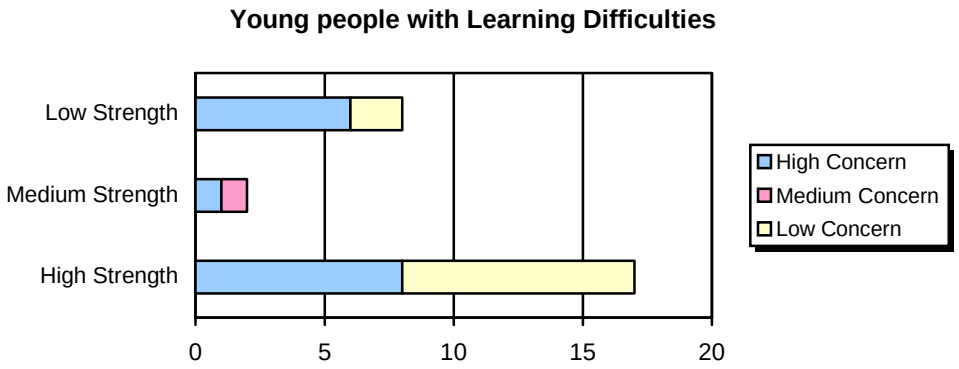
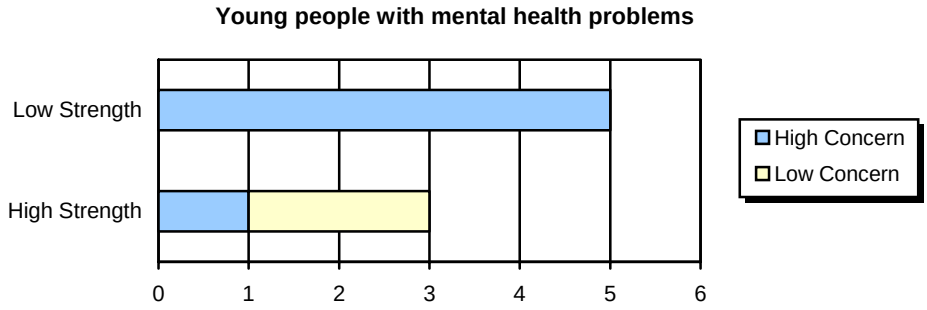


Figure 1.5b



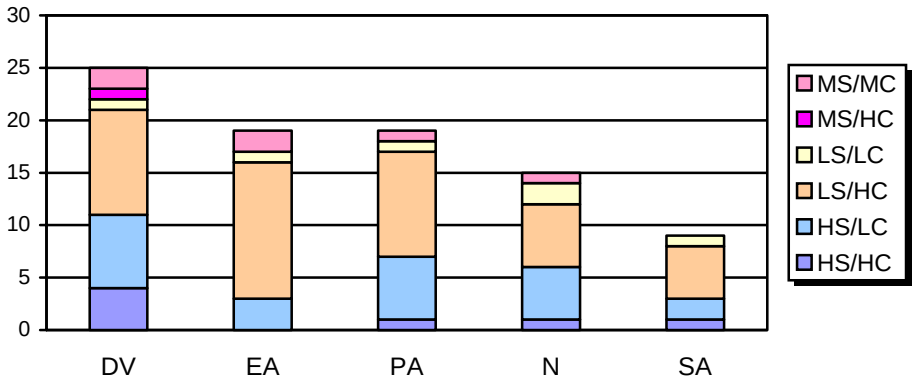
63% of young people with learning disabilities were assessed as high strength, whereas 63% of young people with mental health problems were assessed as low strength.

Abuse

Figure 1.6 examines the outcomes for young people who have witnessed domestic violence (DV), suffered emotional abuse (EA), physical abuse (PA), neglect (N) and sexual abuse (SA).

For each type of abuse, the outcome of most cases was low strength/high concern; however, the difference in numbers between these and high strength/low concern are 3 for domestic violence; 10 for emotional abuse; 4 for physical abuse; 1 for neglect and 3 for sexual abuse.

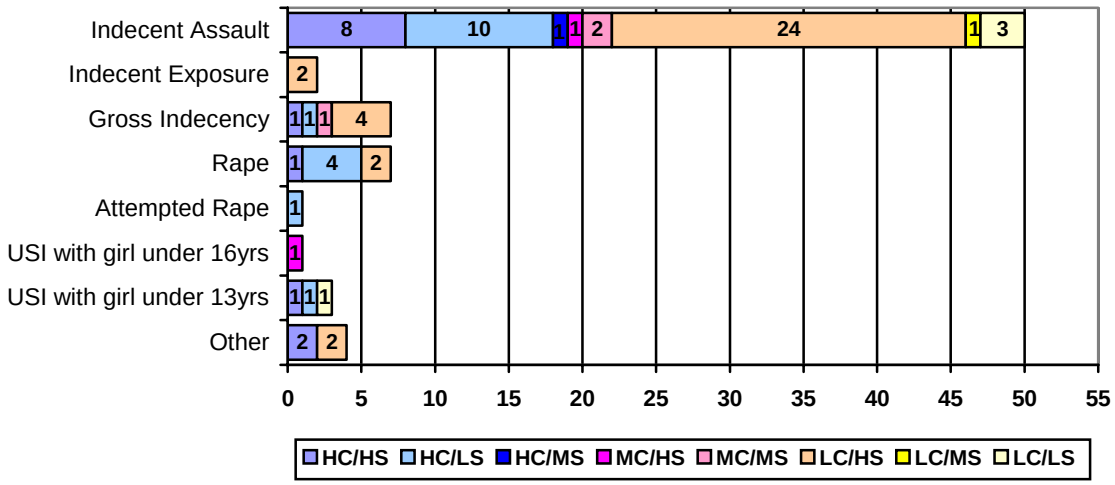
Figure 1.6



Outcomes and the significance of the sexually harmful incident

Figure 1.7 illustrates what the assessed outcomes were for the different sexual incidents committed.

Figure 1.7



- A total of 56% of indecent assaults were low concern, 6% were medium concern and 38% were high concern.
- Both indecent exposures (100%) were low concern.
- A total of 57% of incidents involving gross indecency had an outcome of low concern; 29% had an outcome of high concern; and the remaining 14% were medium concern.
- A total of 75% of rapes and attempted rapes were high concern, the remaining 25% were low concern.

- Unlawful sexual intercourse with a girl under 13 was assessed as high concern in two-thirds of cases and low concern in a third of cases, whereas an unlawful sexual intercourse with a girl under 16 years was assessed as medium concern.

Table 1.8 shows sexual incidents in by contact, penetration, duration and frequency.

Table 1.8

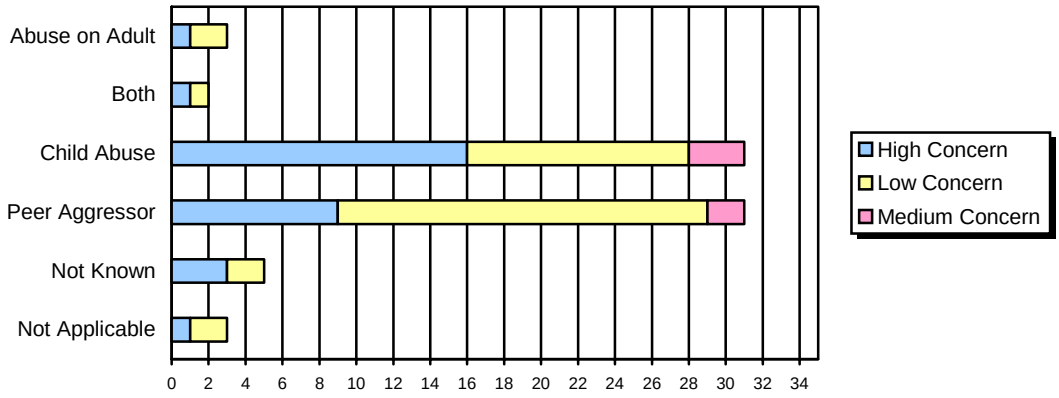
		High concern	Medium concern	Low concern
Type of incident	Non-contact	2	-	8
	Non-penetrative (with contact)	16	4	24
	Penetrative	13	1	7
Duration of abuse	A day	24	3	25
	0 to 6 months	4	1	10
	Over 6 months	3	1	4
Frequency of incident	Single incident	23	3	22
	Up to 10 incidents	7	1	15
	Over 10 incidents	1	1	2

More incidents in low concern were non-penetrative compared with incidents in high concern. Likewise, more incidents in high concern were penetrative compared with incidents in low concern. In terms of the duration of abuse, surprisingly, more incidents which took place over a longer duration were assessed as low concern rather than high concern. Similarly, more incidents with a higher frequency had an outcome of low concern compared to incidents in high concern. It is unclear as to whether this is a result of the function of the tool itself or whether it is located within the process of the detection and reporting of incidents.

Outcome and the significance of the age difference between the perpetrator and victim

Figure 1.9 shows the assessment outcome for incidents of Child Abuse (where a victim is four or more years younger than the perpetrator), peer aggression, abuse of an adult, and incidents where one victim was a child and the other was a peer creating a crossover: this has been labelled ‘Both’. Not applicable refers to incidents where either there was no direct victim, or there were too many victims to quantify.

Figure1.9



It is evident that there are more incidents of child abuse assessed as high concern and more incidents of peer aggression assessed as low concern.

When the outcome of the AIM assessment was considered alongside the relationship between the victim and the perpetrator, there was no significance or correlation.

Outcomes and interventions

Table 1.10 displays the assessment outcomes and the corresponding interventions received by the young people. The AIM assessment guidance recommends appropriate interventions for each outcome (Appendix 4). For high concern/low strength young people, it advises on prosecution; for high concern/high strength young people it provides an option of a Final Warning or a prosecution; for low concern/low strength young people, it recommends a Final Warning; and, for low concern/high strength young people, it advises a Reprimand. For young people who do not take a criminal justice route, a variety of social services intervention programmes are offered. In Table 1.10, this is described as 'intervention programmes' with little other detail, unless a referral has been made to specialist services. Approximately 32 of the cases detailed below were held by social services. For young people who do go via the criminal justice path and who are charged, Sex Offender Registration and schedule 1 status are part of the punishment and risk management; this will not be detailed below as part of the intervention.

Table 1.10

Assessment outcome	Nos	Key interventions
High concern/Low strength	2	Reprimand
	4	Supervision Order
	1	Supervision Order, Restraining Order and Parenting Order
	1	Community Rehabilitation Order
	1	Custodial sentence (due to denial)
	1	Referral to NSPCC
	1	Residential care with intervention programme
	2	Long-term therapeutic placement
	4	Intervention Programme
High concern/Medium strength	1	Referral to FACTs team (social services department) for specialist assessment
High concern/High strength	1	Reprimand
	3	Final Warning with programme of intervention
	3	Final Warning with specialist referral (i.e. to G-Map, Gardner Unit)
	1	Referral Order and referral to NSPCC
	1	Community Rehabilitation Order with conditions
	1	Supervision Order with programme of intervention
	2	Referral for specialist Intervention (i.e. to G-Map, NSPCC)
	1	Intervention programme
Medium concern/Medium strength	2	Referral to NSPCC
	1	Intervention programme
Medium concern/High strength	2	Intervention programme
Low concern/Low strength	2	Final Warning with programme of work
	1	Community Rehabilitation Order
	1	Intervention programme
Low concern/Medium strength	1	Intervention programme
Low concern/High strength	2	Reprimand
	5	Final Warning with programme of intervention
	8	Referral Order
	1	Reparation order

	2	Supervision Order (one of these was not bailed for assessment prior to sentence)
	1	Community Rehabilitation Order (conviction successfully appealed)
	1	Referral to NSPCC
	2	Work with CAMHS
	12	Intervention programme

In terms of the AIM assessment guidance given for intervention based on outcomes, there is a lot of crossover for assessments via the criminal justice route between prosecutions, Reprimands and Final Warnings, as demonstrated in Table 1.10.

- High concern/lows cases, on the whole, did receive prosecutions, with the exception of two Reprimands.
- High concern/high strength cases mainly consisted of Final Warnings or prosecutions, with the exception of one Reprimand and one Referral Order.
- Low concern/low strength outcomes had two Final Warnings as suggested, although it also had one prosecution.
- Low concern/high strength outcomes only consisted of two of the advised Reprimands, with five young people receiving a Final Warning; eight young people receiving a Referral Order; and four young people being prosecuted.

Low concern/high strength outcomes appear to receive intervention with the most disparity. From consultation with some professionals about these findings, practitioners have identified that most Referral Orders were given by the police before an AIM assessment was undertaken. It is believed that the reason for this is that practitioners did not fully understand how Referral Orders fitted within the AIM process. This is being addressed through training of assessors and referral panel members.

Assessment outcomes and reoffending: A 12- to 18-month follow-up

Table 1.11 shows a follow-up in terms of engagement and reoffending for 27 young people who were assessed between 12 months and 18 months before. It looks at the AIM assessment outcome and describes the intervention given. Where the column heading is labelled ‘young person’s progress’, progress and engagement during the intervention programme are examined. The key for this is above Table 1.11. For the column entitled ‘convicted since?’, convictions post-assessment are detailed using three categories: sex offence; violent offence; other (property offence, etc). ‘Breach?’ considers whether the young person breached the order recommended through the AIM assessment and, finally, the last column identifies whether there have been any concerns or allegations since the AIM assessment. As part of this follow-up, practitioners were asked to comment further on the appropriateness of the interventions. All practitioners continued to regard the interventions as appropriate, although a gap in the provision of appropriate hostel/accommodation placements was noted.

Key: Young person's progress (intervention)

- attends but minimal engagement
- attends, engaged in sessions but questionable compliance with advice (e.g. no homework, didn't follow up referral)
- attends, engaged & compliant with advice.

Table 1.11

Assessment outcome	Intervention	Young person's progress	Convicted since?	Breach?	Other allegations/ concerns since?
HC/LS	Two-year Supervision Order, Parenting Order, Restraining Order	A	no	yes	Allegation made of car theft (currently going through court)
HC/LS	Police Reprimand. Accommodation in specialist therapeutic environment, NSPCC group work, social services departments ongoing support, referral for drug use	C	no	n/a	no
HC/LS	1yr Supervision Order & NSPCC referral	B	no	no	no
HC/LS	1yr Supervision Order	C	no	no	Allegation of inappropriate touching at youth club
HC/LS	1year Supervision Order	C	no	no	no
HC/LS	Supervision Order. Referred to NSPCC & 'keep safe' work done with brother	C	Other: mother found the young person with cannabis and took him to the police station. Received a caution		no
HC/LS	Community Rehabilitation Order and a comprehensive programme of addressing sexually inappropriate behaviour	A	Sex Offence: Unlawful Sexual Intercourse	yes	There have been several allegations of underage sex

Assessment outcome	Intervention	Young person's progress	Convicted since?	Breach?	Other allegations/ concerns since?
HC/HS	2yr Supervision Order. Child Protection issues addressed with younger child in home. Offence focussed work, bullying/anger management	C	no	yes (lack of attend-ance)	no
HC/HS	social services departments to continue education based work	C	no	no	no
HC/HS	FW with work around consent, sexual relationships & boundaries	C	no	n/a	no
LC/LS	Final Warning with informal diversionary work	B	no	n/a	no
LC/LS	Final Warning, looked into sexual health issues	C	no	n/a	no
LC/HS	Return home with social services departments contact. 3 month programme of work around inappropriate behaviour, self protection work with victim, work with parents	C	no	no	no
LC/HS	Work done within school & work done with parents. Self awareness & boundary work	C	no	n/a	There have been concerns since but symptomatic of learning disabilities, nothing gone further
LC/HS	8mnth Referral Order. Anger management, 1:1, relationships & consequential thinking	C	no	no	no
LC/HS	voluntary intervention as referral order he had received was coming to an end (sentenced prior to assessment)	C	no	no	no

Assessment outcome	Intervention	Young person's progress	Convicted since?	Breach?	Other allegations/ concerns since?
LC/HS	Offence focused work following a Final Warning	C	no (convicted of an indecent assault but this pre-dated this offence)	no	no
LC/HS	A holistic programme addressing factors directly linked to the offence, e.g. anger management, sexually inappropriate behaviour, work on victim awareness & work specific to consequences of the young persons behaviour	A	no	no	Has a current charge of theft, pleading not guilty, not gone to court yet
LC/HS	Work around boundaries & advise parents	C	no	no	no
LC/HS	Reparation Order, general educative work	C	Other: robbery received a DTO	no	no
LC/HS	Social services departments to continue education based work	C	no	no	no
LC/HS	Eight-month Referral Order. Work on anger management, one-to-one relationships & consequential thinking	C	no	no	no
LC/HS	No further action recommended. Young person actually got Final Warning & Programme	C	no	no	no
LC/HS	Final Warning with eight sessions tailor-made on boundaries, sex education and inappropriate/ appropriate feelings	C	no	no	no

Assessment outcome	Intervention	Young person's progress	Convicted since?	Breach?	Other allegations/ concerns since?
LC/HS	Did a programme of work around social relationships & boundaries	B	no	n/a	Mother had some concerns around young person's sexual behaviour; came back for further work but he did not engage
LC/HS	Young person had already been given a Referral Order (before assessment); programmes of work including 'prison me no way', offence-focused work and anger management	B	Other: Criminal Damage		no
LC/HS	Reprimand received	n/a	no	n/a	There have been allegations of another sex offence which has been re-referred to social services

As illustrated in Table 1.11, of the three young people who breached their orders all were assessed as high concern; two had an outcome of low strength; and one had an outcome of high strength. Four young people were convicted of an offence after the AIM assessment; one of these was a sex offence. The young person who reoffended had previously been assessed as high concern/low strength; another young person with the same outcome was cautioned for a drugs charge and two young people assessed as low concern/high strength were convicted for property offences.

Seven young people had other allegations or concerns since their AIM assessments. Four of these related to sexual behaviour. Of those cases that had concerns with sexual behaviour, two young people were assessed as high concern/low strength, and two young people were assessed as low concern/high strength. Through consultation with relevant professionals around these findings, a view was put forward that initial engagement with these young people and their parents within services by way of an AIM assessment has meant that early concerns have been detected and reported to agencies.

Findings – section 2

Qualitative feedback from practitioners

Feedback was provided by two Yots through a group interview; four practitioners from Yots who completed the questionnaires themselves; one CAMHS; four people from social services; and two people from NSPCC. Please refer to Appendix 15 for detailed comments. The comments below are indicative of the comments provided in Appendix 15.

Summary of practitioners views

The AIM assessment framework

- There are still some problems, in some areas, with professionals knowing, understanding and acknowledging the AIM assessment process. However, good communication and links between (and within) organisations has helped this process.
- Some social service departments initially struggled to implement and enforce the AIM assessment framework; however, this has now improved.
- Inter-agency co-working is mostly viewed as a valuable experience. Barriers to co-working include busy diaries and work loads.
- Accessing information from some organisations, e.g. the health service and schools during holiday periods, can be difficult. In the main, exchange of information has worked well.
- All agencies need to commit to this inter-agency framework for it to be effective.
- Offence-specific information can be difficult to obtain and is reliant on the young person's openness.
- Being open and honest with young people and parents/carers about the sensitive nature of the assessment, as well as providing feedback, is key.
- It is difficult to assess young people in denial; this may affect the assessment outcome, although third-party information can be used.
- Initial planning meetings are useful, when they happen.
- Multi-disciplinary meetings are very useful for decision-making, information-sharing and for guiding the assessment. However, all the right professionals need to be invited to attend.
- The 28-day AIM assessment timeframe is difficult to meet and does not always fit well with the social services assessments.
- Further training is required and should also include interpreters.
- Training has mostly been found useful and valuable.

- The AIM assessment has provided professionals with the confidence to undertake assessments with young people with sexually harmful behaviours.
- More training and guidance is required around interventions (although, in October 2003, training was provided and well received, and intervention manuals should be provided by the end of the year).
- There is a need to consider how young people turning 18 years can be consistently dealt with when they are transferred to a probation case load.
- It would be useful to have leaflets for young people and parents/carers explaining the process.

The AIM assessment model

- Factors/indicators on the continuums need further guidance/clarity and should be less subjective.
- Information around research evidence and weighting of factors would be useful.
- Considering the young person's strengths and concerns is viewed as valuable.
- To include a medium bracket for concerns and strengths would be better.
- If the assessment is set out to home in on low concerns and high strengths first, it is visually and practically fairer in the way it affects how the assessment is scored.
- The assessment needs further consideration on how to examine strengths and concerns when the young person is in temporary care.
- The AIM assessment is valued as a tool by most workers.
- The AIM assessment is considered very appropriate to this group of young people by the majority of professionals.
- The AIM assessment may need to reconsider indicators for the assessment of young people who use pornography and obscene pictures.
- The AIM assessment perhaps needs to consider the needs of ethnic minority or gay young people.
- In most cases, the AIM assessment outcome was consistent with professionals' judgements and psychologist reports.
- Compared to other existing assessments, the AIM assessment is believed to be holistic and useful.
- Practitioners would find it helpful to have guidance around writing the report, following the AIM assessment in terms of length, what should be included, etc.

Qualitative feedback from chairs of multi-disciplinary meetings

Feedback was provided by six professionals who are responsible for chairing child protection meetings and multi-disciplinary meetings, they were from four different areas.

Feedback was provided from one representative over the telephone (and not represented here) where the area (area 4 below) hosts this meeting within social service teams rather than at the Child Protection Unit. This area did not undertake many multi-disciplinary meetings. It is believed that this was in part because most assessments were being undertaken by NSPCC rather than within local authority teams (due to a service-level agreement) and partly because it was not held within the child protection arena.

Feedback

All four areas said the AIM process was properly explained to them at the outset.

Figure 2.1 Feedback on AIM from chairs of multi-disciplinary meetings

Q.1	Before the AIM project, in what ways would you have dealt with young people with sexually harmful behaviours?
Area 1	On an individualistic basis by the social worker, or possibly a referral to NSPCC. I suspect certain behaviour may not have been responded to or seen as sexually harmful. Also, families were less likely to have been included.
Area 2	There were no explicit guidelines to deal with this group. It was very dependent on who had offended and where they were. If an incident took place at school, or if they were in care a strategy meeting was held, but there was no clear and consistent way to proceed.
Area 3	There were explicit and detailed practice guidance constructed by social services, NSPCC and the Yot team. There was a requirement for every case where a child or young person had sexually harmed to go to an initial child protection conference.
Area 4	I would have taken a similar approach, an initial assessment would have been completed, then case planning and a core assessment.
Q.2	How does the above differ from multi-disciplinary meetings, as advocated by the AIM framework? Comment on usefulness/problems of differences.
Area 1	Now there is a clear structure in which the incident, the strengths and concerns can be discussed. Now, parents (and if appropriate the young person) are included in this process. My experience is that it is straight forward to draw upon an action plan to ensure the assessment recommendations are followed. I think the problem may still exist in terms of thresholds where the concerns come via the child protection as opposed to criminal route.
Area 2	It is so much clearer now that they are coming with a framework and all follow the same report. Before it was very dependent on the social worker; now, it is much easier, you can expect a better standard. It allows more debate and gives a greater argument to funding treatment as it's based on a sound process.
Area 3	Just that coincidently 'working together' exited young abusers from the formal child protection system and we would have had to create a new structure. AIM did this for us.
Area 4	Agreement to bail during period of assessment, specific assessment of abusive behaviour. The 'core assessment' time is difficult to achieve due to work pressures social workers struggle with 35 days.

Q.3	As far as you are aware, have all AIM adolescent assessments undertaken culminated in this strategy meeting?
Area 1	I think so, although I do recognise we had some early problems in establishing AIM and particularly had problems in ensuring assessments were jointly worked between social services departments and Yot.
Area 2	The problem still is triggering the AIM assessment when they are not going through the Criminal Justice System and therefore not triggered by the Yot. It appears that those assessments that are done go to strategy meetings, but we are aware there are young people who should have assessments undertaken with them when they are not.
Area 3	Most have yes; they may not have if events overtook us or if they were subsumed within Child Protection or strategy review meetings to avoid duplication.
Area 4	No referrals made. I am not sure that workers in the district are aware of my role.
Q.4	Has the implementation of the AIM framework had an impact on you in terms of resources? If so how? Has the AIM project tried to resolve this?
Area 1	All the reviewing officers now undertake AIM training. The major issue is admin support, it is difficult to chair and minute meetings. I fear this is an internal problem that AIM can't resolve My colleagues and I have however appreciated the input from AIM in terms of chairing skills, etc.
Area 2	Yes, admin support for these meetings has increased because we have tried to treat them the same as child protection conferences. To overcome the strain on admin at these meetings, a form has been designed for reviews so they don't need to be minuted. Identifying a resource if young people need therapy/treatment has been difficult, so there appears to be a gap. As a result of the AIM process, it has identified more young people with sexually harmful behaviours than we previously would have seen; therefore, in terms of admin and treatment, this has strained resources.
Area 3	Yes, we entered into a new consortium arrangement regarding AIM assessments with the NSPCC. AIM assessments have allowed strong cases to be made for expensive resources for more high-risk young people.
Area 4	Timescales for full assessments are not achievable. Otherwise, the AIM framework fits with our assessment processes.
Q.5	Other comments
Area 1	I feel positive that we can provide a more effective service which will hopefully lead to more children being protected and more young people who have sexually abused to have appropriate interventions and enable them to live more positively.
Area 2	AIM is a good process and it has been clear and helpful.
Area 3	AIM doesn't help where young people are in denial; it doesn't always get initiated by police.
Area 4	----------

Summary

- In some areas, the AIM assessment framework has provided a structured way to deal with young people with sexually harmful behaviours that was not previously in place; in other areas, the AIM process has not made such a marked difference.

- Different areas have implemented and undertaken these meetings to different degrees; although, in three-quarters of areas these meetings are consistently held.
- These meetings have resulted in a requirement for extra administration support in some areas.
- The AIM assessment process has helped to make an argument for treatment, interventions and resources.
- The AIM process is generally regarded as a positive, clear and helpful process.

The story from the co-ordinator: Learning from the Greater Manchester experience

These findings are based on an interview with the co-ordinator of the AIM project:

The implementation of the assessment framework and model

- Getting local authorities and agencies to sign up to AIM was not a problem; it was making this a reality and making it work in practice that was the greater challenge.
- Strategic managers viewed the concept of AIM as sound. Two social service team managers initially saw this work as an area for Yots and saw the AIM process as giving them and their team additional work. This is just one area of work that social services departments need to undertake, and so I had to appreciate that social services need to prioritise their responsibilities, especially with staffing problems. This situation has consistently improved.
- Practitioners had awareness of the AIM assessment procedures raised through training programmes, which was instrumental in bringing them on board. Different areas and organisations got to grips with this process to varying degrees.
- CAMHSs in some areas embraced the training and work, but in other areas the uptake was not so good. With the reorganisation of CAMHSs and with the commitment of a new manager, it now feels like health are on board, especially in terms of intervention.
- All 10 Yots are committed and working to the process.
- Now, over three years since the introduction of the AIM model, the awareness of the process is much better and the framework seems to be working well in practice.
- One of the main difficulties with the implementation was disseminating information over such a large area. Ensuring all workers are aware of this process is a huge task. To address these issues, AIM is constantly revisited through attending team meetings, roadshows in specific areas, focus groups, implementation groups, briefings, continuing training, written communication and using contacts to inform colleagues.

Ensuring staff feel confident undertaking assessments

- A comprehensive training programme has been key to confidence.
- The fact that the process is multi-disciplinary means that you are pulling together different skills and knowledge so that, for example, practitioners who do not feel confident in child protection and work with and learn from a professional who is skilled in this area.
- Focus groups have provided forums for practitioners to share experience, knowledge and skills.
- We now have training in place so that identified practitioners will be trained to act as a consultant for this work in their area.
- The AIM model and framework, themselves, do not ask practitioners to predict risk but allow them to look at strengths and concerns; they enable staff to have a knowledge-base to argue cases from, and help demystify this area of work.
- The multi-strategy meeting means professionals share in a multi-disciplinary decision-making process, adding to confidence.
- It is vital to have a co-ordinator with an overview; however, Greater Manchester is a large area, which has meant I have been spread quite thinly. This is to be addressed by the secondment of an additional part-time co-ordinator from January 2004.

The 10 steps to the AIM framework

- Problems have arisen through the filtering of information about the AIM project. Because of this, initially, some cases were not bailed for assessment. To overcome this, the AIM project has worked closely with the judicial service, family support units, and the public protection unit of Greater Manchester police. We now have laminated instructions within police stations to trigger the process; we have leaflets at police stations for parents and young people to explain why they are being bailed for assessment, and we have also done an article for local police magazines that are circulated across Greater Manchester.
- In three local authority areas, there have been some difficulties around co-working and workers being made available to do assessments. We have overcome this by implementing multi-disciplinary groups that can troubleshoot, to ensure smooth implementation of the model.
- In terms of report-writing and the quality and quantity of interviewing, it has appeared to go above and beyond our early expectation of what an initial assessment is; and the quality of work produced is exemplary.
- In a small number of authorities, multi-disciplinary strategy meetings were not initially happening, but this has since improved. In order to have consistency in terms of content the AIM project has produced guidelines for reviewing officers to follow.

- The timescales are tight, and it would be good to have it extended; but this has to be weighed against the young person needing an outcome quickly. The police have seemed to be flexible with deadlines, and we have protocols with courts to adjourn for a 28-day assessment period.

Cases where a young person was not AIM assessed when they should have been

- A 14-year-old girl was sexually abused by her mother's partner. Her mother rejected her for disclosing and she went to live with aunt. Within the first month, she was found on top of her five-year-old cousin simulating sex. She was charged without being assessed, and she is now the youngest female on the sex offender register and has schedule 1 status.
- There are examples in residential care where young people's behaviour is 'managed' and not assessed or referred to treatment. This has been particularly relevant when looking at adolescent females with sexually harmful behaviour.

How the AIM project has developed itself beyond an assessment for 10 to 18-year-olds

- We have an assessment model for under-10s, young people with learning disabilities and for parents and carers included in our assessment manual *Getting Started* as a follow on.
- Our next step is the development of intervention/treatment manuals in the four areas of assessment outlined above. These should be completed by 2004 and a full training programme is planned throughout the year.
- The project has co-ordinated a service level agreement with NSPCC for three local authorities in terms of intervention for young people in their area. One local authority already had an existing agreement and for the remaining six local authorities I have assisted them to develop their own group-work programmes. Training and consultancy is in place to ensure the quality of this work.
- The project (together with a practitioner from the Lucy Faithful Foundation) has conducted some research around young female sex offenders within Greater Manchester and how this group has been responded to.
- The project has commissioned research into young Black and Asian sex offenders and how this group has been responded to.
- In light of the issue of restorative justice and young people with sexually harmful behaviours, the AIM project has partnered with a family group conferences project. This addresses whether the victims had the same right to a restorative intervention as victims of other crimes. An assessment model has been developed to assess the potential for restorative interventions. The model has been successfully piloted.
- Education guidelines have been developed as a result of training offered to teachers in primary, secondary and learning disability schools. The guidelines have been well received and are with the 10 Greater Manchester ACPCs for approval around implementation.

- The need for guidelines in residential units has been identified, and work is due to begin in 2004 to develop these.
- The project became aware that police in the public protection unit were using David Thornton's model to assess adolescents. They believed this model to be inappropriate, as it was specifically developed for adults. They are now using the AIM assessment, which offers a more consistent approach for those young people who have worked with the Yot and are on the Sex Offender Register. In addition, protocols have been developed between the unit and the Yot to ensure better communication about these young people.
- A number of local authorities outside Greater Manchester have commissioned the project to implement the AIM model, e.g. Newcastle, Bradford, Lancashire, Cambridge and Brighton.

Qualitative feedback from other professionals

Feedback was provided from four professionals, all of whom had a different experience of the AIM assessment in terms of their respective disciplines. One professional worked within education and inclusion, one was a solicitor, one worked within the Public Protection Unit and another worked for Greater Manchester police service.

When asked to comment on their experience of the AIM assessment framework and process, the following themes emerged from the observations provided by these professionals.

Introduction and implementation of the AIM assessment

> *Without the co-operation and assistance of each of the partner agencies, who worked together in a helpful way, this project may not have succeeded.*
>
> (Representative from police)

> *It seemed appropriate, given the absence of a national recognised assessment tool, for us to continue with the AIM process after that disposal decision was made.*
>
> (Representative from the Public protection unit)

> *I am not sure whether all schools are aware of the AIM assessment process, unless they have been directly involved.*
>
> (Representative from education)

> *The introduction of such an assessment provided detailed advice to custody officers on the best way to proceed with these types of young offenders.*
>
> (Representative from police)

Strong inter-agency links

The process has enabled us to develop improved relationships with the Yots, ensuring that information exchange is a continuous process throughout the AIM work with the offender.

(Representative from the Public protection unit)

The expertise of the health co-ordinator attached to the Yot was vital in conducting the AIM assessment.

(Representative from education)

The involvement and co-operation of the police was crucial to its success.

(Representative from police)

Support for the AIM assessment tool and good practice

The school involved with the young person valued the assessment"

(Representative from education)

I am of the firm opinion that without the help and immediate involvement of the Yot officer, the youth would have certainly received a custodial sentence. In such circumstances [Magistrates ordered report], *when their Yot involvement was clearly producing positive results over a sustained period of time, it was difficult for the sentencing Bench to deviate from the intervention that was already taking place on a regular basis.*

(Solicitor)

One of the plus-points of my officers working with the Yot and in accordance with the AIM framework, is that a proper withdrawal strategy can be developed at the conclusion of their work and my officers will have an up-to-date risk assessment, which will assist us to manage and monitor that offender.

(Representative from Public Protection Unit)

From the outset I realised that this was a worthwhile project and an opportunity not to be missed.

(Representative from police)

If there were any improvements to be suggested, I would say that further funding be made available to ensure that every youth has the degree of attention that these two examples [of young people who were AIM assessed enclosed within letter] *had at the outset of the case.*

(Solicitor)

Qualitative feedback from young people and their parents/carers

The following feedback has been provided by five young people and two parents about their experience of the AIM assessment process.

Four out of five young people and both parents/carers felt that the assessment process was properly explained to them from the beginning. Where a young person did not feel this process had properly been explained, they said they were confused because they did not understand it properly.

All five young people believed that the assessment did help them to understand that what they had done was inappropriate/wrong. When asked how it helped in this, two young people believed that they "sort of already knew", but it helped to reinforce this and show how the behaviour could have been avoided. One young person believed telling him the consequences and what could happen made him think about his behaviour more and made it easier "because I can get it off my chest and don't have to bottle it all up"; one young person claimed that he did not think he had done anything wrong at the beginning "but the worker has put me straight by going over everything".

One of the parents believed that the assessment helped them to understand their child's behaviour. He claimed that all the information given by the worker helped him to feel less isolated and to realise that this can happen to a lot of families. It also helped him realise that there is help "out there" for him and his son, and he became aware of how he could help his son. He stated: "At first I was a wreck, if it wasn't for the worker I think I would have had a breakdown." In contrast to the above, the other parent interviewed did not think that the assessment helped her to understand her son's behaviour. She claimed that no-one touched upon these issues with her and, although she recognised that a lot had been done to help and further her son's understanding, nothing had been done to support her or her other son. She claimed: "The worker was very good, but there was not enough support for the worker to enable the worker to support me."

When asked if their needs were appropriately recognised and met through the AIM assessment, four young people said "yes", and one young person was not sure. Three young people believed that the assessment outcome was accurate in consideration of their strengths and risks; one young person did not know, and one believed that this could have been right – but that the sanction and registration it led to was too long. From speaking to the worker of one young person, it was apparent that, because the incident (which was low concern and resulted from a game of truth, kiss or dare) went through the Criminal Justice System, the consequent registration and schedule 1 status of the young person was inappropriate. This status is being appealed. The case demonstrates that, although the assessment itself may achieve the right outcome, this does not necessarily lead to appropriate registration and schedule 1 status.

Both parents were asked to comment on whether they believed the assessment process helped their children personally and, in terms of their sexual behaviour, the responses are shown in Table 2.2:

Table 2.2

Parent 1	It has been great for my son except he went into court with one worker and out of court with another; there was no continuity, you need to build up a relationship and trust with one worker. I think the outcome was right, but I think that what the judge wanted in terms of intensiveness of the order is different from what he got.
Parent 2	I don't think it would have worked if the worker did not break it down into sessions, it wasn't long-winded and it wasn't repetitive this way, even though some of the questions are the same. Different sessions meant that I could go away and think about it and could answer better when we went over it again. It's not about the process so much – the support of the worker has made all the difference and it has been reassuring.

All five young people and both parents felt that their thoughts and feelings were listened to during this assessment, and nobody thought that they were left out of the process in terms of not being kept informed of any progress.

Other comments include:

Table 2.3

Young person 1	It was important for me to understand that what I did was wrong – this process helped.
Young person 2	The meetings could have been more spaced out from each other so that I could have had more time to think about what had gone on in the meetings.
Young person 3	College have took it upon themselves to chuck me out even though the judge has said I can go to college when he gave me bail. College say they won't consider taking me back until it's sorted.

In summary, it would appear that it is important to have a clear and consistent approach to this area of work to help young people and their parent/carers during this process. However, the AIM assessment itself goes on in the background for these young people and their parents. What is important to them is the abilities and support of the workers who do the assessments. It is, therefore, very important that these workers are trained and given appropriate support to undertake these assessments.

Outside Greater Manchester: What are services using to assess and work with young people with sexually harmful behaviours?

A Yot, social services and/or a voluntary organisation were contacted in six random local authorities, all with conurbations similar to Greater Manchester. Each local authority was in a metropolitan area, and all of the metropolitan areas throughout England were contacted. Table 2.4 details the assessments and procedures these organisations have for dealing with young people with sexually harmful behaviours.

Table 2.4

Area	Assessment and framework
Area 1	Adapt the ERASOR* assessment to work with these young people. Final Warnings are not informed through an assessment. However, after a Final Warning is given, they offer six voluntary sessions to the young person to assess and intervene. Trained and have consultancy with a specialist. Use materials and work packs from the Lucy Faithful Foundation to aid assessment. Always co-work cases where young people have sexually harmed, usually within Yot (do draw on different disciplines but from within the Yot). Are part of a psychotherapist pilot, so can refer to psychotherapist with these cases. All of the Yots within Area 1 use a consistent approach, although this is not consistent throughout the wider conurbation.
Area 2	Yot use *Asset* as a standard assessment for young people with sexually harmful behaviours. Refer to a voluntary organisation for specific initial assessments to inform PSRs. Yot co-work assessments with Voluntary Organisation & social services departments. This voluntary organisation uses a social work model, which is psychodynamic & therapeutic to assess all parts of the child's life. assesses families as well as the young person. Initial assessments are based on the young person talking & disclosing to staff, takes approximately 4–5 sessions. Assessment highlights risks and strengths; assessment is devised by themselves in the absence of age-appropriate assessment. Advocate multi-agency work & joint assessments, MAPPS , Child Protection processes. Work very closely to pull all information together. Has a service-level agreement with Area 2 and is not consistent for other teams within the conurbation, although they accept referrals nationally.

* ERASOR (Estimate of Risk of Adolescent Sexual Offence Recidivism), an adolescent assessment using both static and dynamic factors

Area 3	*Asset* is main general assessment within Yot. Yot has also developed their own assessment compatible with Department of Health assessment framework. Social services departments and Yot co-work assessments where young people have sexually harmed, also have protocols with therapeutic social services teams for this area of work. Assessment for PSR leads to group work programme and individual work. Social services departments, health and police are contacted for information, more often than not social services departments are involved in cases. Initial planning meetings (multi-disciplinary) are conducted & reviewed on all community penalties.
Area 4	*Asset* is main general assessment. Have a service level agreement with Voluntary Organisation to do initial assessments and comprehensive assessments with young people with sexually harmful behaviours. Voluntary organisation: co-work with Yot for progressing programmes for young people with ongoing assessment. Also link in with social services departments & other agencies and have a Multi-Disciplinary core group. Use AIM assessment initially, completed using in-depth referral information. Then, gather information, undertake interviews etc, and draw conclusions fed into through lots of people's work/research & look at whether they need comprehensive assessment. Pretty much cover the whole of the conurbation, but each local authority have different protocols/ways of working, e.g. Area '4a' have multi-agency panels, Area '4b' have Child Protection Conferencing but nothing specific to young people with sexually harmful behaviours.
Area 5	Use AIM assessment model in Yot. Don't use the AIM framework. AIM assessment informs pre-sentence reports (PSRs) but not Final Warnings. Trained by AIM and MAPP. Usually co-work assessments within team. Advocate a multi agency panel for all these cases (includes Yot, social services departments and education, and is chaired by child protection) all cases should be case-conferenced but this does not necessarily happen. Protocols and working together agreements are not very strong, although this is being looked into and proposals to strengthen them are due to be implemented.
Area 6	Yot use *Asset* and refer some cases for assessment to the psychiatric unit (who specialise in mental health but not young people with sexually harmful behaviours). Psychiatric unit uses generic assessments to look at mental health, offending, psychological problems. Use *Asset* to guide them, no formal general/sex offending questionnaires, use clinical interviews and advocate some co-working. Psychiatric unit is a national unit but undertake interventions on a regional basis. Do not use panels/multi-disciplinary meetings to discuss what happens next.

Summary

- There were some concerns across these areas that Final Warnings are not informed through assessments.
- In some areas, it was believed these cases should not really be given Final Warnings but disposals where interventions were offered and voluntary participation not relied on.
- Agencies are developing their own assessments and protocols for dealing with young people with sexually harmful behaviours, causing this area of work to be very ad hoc nationally.
- Agencies are outsourcing and relying on voluntary organisations to undertake this work.
- Most agencies are trying to promote some good practice in terms of a multi-disciplinary approach to this area of work.

We can compare our findings with those from a survey of services (Hackett, Masson and Phillips, 2003) that summarised the responses of 58 services across England and Wales – their findings include:

- A total of 81% of services stated that this area of work was expanding for them.
- A total of 41% of services claimed that their local practice 'always' or 'mostly' reflected a co-ordinated approach across different agencies, whereas 48% said this only happened sometimes.
- Less than half of services reported that formal inter-agency protocols had been locally agreed for this area of work.
- Child protection conferences were held for this group of young people 'always' in 3% of cases, 'mostly' in 14% of cases, 'sometimes' in 62% of cases and 'never' in 19% of cases. As an alternative to these meetings Multi agency meetings were held 'always' or 'mostly' in 31% of cases, 'sometimes' in 48% of cases and 'never' in 2% of cases.
- A total of 59% of services used the AIM assessment, 38% also used the Department of Health assessment framework, 14% used the Matrix 2000, 12% used *Asset* and 26% used a different model, usually developed by themselves.

Findings – section 3

Reliability study

Hypothetical case studies

In terms of assessing the inter-rater reliability of scales used in the AIM assessment, two case studies (Appendix 8) were used to look at the agreement between professionals for each strength and concern factor. Twenty workers completed an AIM assessment on each of the fictional cases. For some factors, practitioners required extra information before they could make a judgement as to whether the factor applied to the young person. Tables 3.1 and 3.2 detail the percentage of agreement between professionals for each of the factors on the AIM assessment; it is only indicative of where factors were, or were not, applicable to the case study. Percentages do not show where practitioners required additional information to make a judgement on these factors.

Table 3.1

Strength indicators	Percentage agreement	
	Case Study 1	Case Study 2
A1. Young person has ability to reflect on and understand consequences of offence behaviour	100%	62%
A2. Young person is willing to engage in treatment to address abusive behaviour	100%	100%
A 3. Young person has positive plans/goals	100%	89%
A 4. Young person has positive talents and interests	100%	94%
A 5. Young person has good problem-solving and negotiation skills	50%	92%
A 6. Young person has at least one emotional confidante	100%	59%
A 7. Young person has positive relationships with school or employers	94%	100%
A 8. Young person has experienced consistent positive care	86%	100%
A 9. Parents demonstrate good protective attitudes and behaviours	100%	100%
A 10. Family has clear, positive boundaries in place	100%	100%
A 11. Family demonstrate good communications	100%	100%
A 12. Family demonstrate ability to positively process emotional issues	100%	100%
A 13. Family is positive about receiving help	100%	100%
A 14. Young person lives in supportive environment	100%	66%
A 15. Network of support and supervision available to young person	100%	76%
B 1. Young person has at least one parent/carer who supports	100%	55%

and is able to supervise		
B 2. Young person demonstrates remorse for offence (even if not accepting responsibility)	100%	95%
B 3. Parents/carers are healthy and there is no other family trauma or crisis	86%	86%
B 4. Parents demonstrate responsible attitudes and skills in family management	100%	100%
B 5. Parents/carers have no history of own abuse or abusive experiences are resolved	100%	66%
B 6. Family has positive social network	100%	92%
B 7. Community is neutral towards young person/family	100%	50%
C 1. Young person appears to not care what happens	94%	95%
C 2. Young person has poor communication skills	80%	69%
C 3. Young person has no support/ is rejected by parents/carers	100%	58%
C 4. Young person has been excluded from school/unemployed	75%	90%
C 5. Isolated family	100%	91%
C 6. Absence of supportive/structure living environment	100%	63%
C 7. Parents/carers unable to supervise	100%	67%
C 8. Family is enmeshed in unhealthy social network	100%	50%
C 9. Family has high stress	71%	86%
C 10. History of unresolved significant abuse in family	100%	75%
C 11. Family refuses to engage with professions	100%	90%
C 12. Domestic violence in family	100%	94%
C 13. Community is hostile towards young person/ family	100%	100%
Overall AIM assessment outcome	**85%**	**75%**

NB. Case study 2 was a more realistic case study for this exercise. Case study 1 was very rigid in the way the information was provided.

Table 3.1 shows that some of the factors on the strengths continuum are ambiguous and open to interpretation. Overall, in both case studies, high strengths (Strengths A) were open to least ambiguity and low strengths (Strengths C) were open to most ambiguity.

The most problematic factor in case study 1, which had the least inter-rater reliability (50%) was ‘young person has good problem solving & negotiation skills’. In case study 2, the young person came from a family home of high stress and of very little support or consistent positive care. However, for the duration of the assessment period, the young person was in a temporary care placement. Low inter-rater reliability of factors A14, B1, B5, C3, C6 and C7 demonstrate that practitioners were confused on whether to assess the young person in their temporary care placement or family home. More guidance needs to be provided around this. In case study 2, the most problematic factors that showed the least inter-rater reliability (50%) were ‘community is neutral towards young person/family’ and ‘family is enmeshed in unhealthy social network’.

As a result of some of the strength factors being open to interpretation, AIM assessment outcomes differed by 85% for case study 1 and by 75% for case study 2. This shows the need and importance of providing further guidance on the interpretation of some of these factors, or the need to set out some of the factors in a clearer and less ambiguous way.

Table 3.2

Concerns indicators	Percentage Agreement	
	Case Study 1	Case Study 2
A1.* Young person has previous convictions for sexual offences or evidence of Previous sexual offending	100%	100%
A2.* Formal diagnosis of Conduct Disorder or a history of interpersonal aggression	100%	100%
A3.* Very poor social skills/deficits in intimacy skills	65%	95%
A4.* Use of violence or threats of violence during assault	100%	67%
A5.* Self-reported sexual interest in children	95%	100%
A6.* Young person blames victim	100%	100%
A7. Persistently threatens to commit abusive acts	100%	100%
A8. Has persistent aggressive/sadistic sexual thoughts about others	100%	100%
A9. Has history of cruelty towards animals	100%	100%
A10. Little concern about being caught	94%	93%
A11.*High levels of trauma e.g. physical, emotional, sexual abuse, neglect or witnessing domestic violence	100%	88%
A12.*High levels of family dysfunction/abusive or harsh child rearing regime	100%	76%
A13.*Evidence of detailed planning	93%	77%
A14.*Early drop out from treatment programme	100%	100%
A15.*Highly compulsive/impulsive behaviours	88%	100%
B 1. Young person has been suspected of previous sexual assaults	100%	100%
B 2. Early onset of severe behavioural problems	100%	90%
B 3. Young person diagnosed with ADHD	100%	100%
B 4. Cold callous attitude in commission of assault	100%	82%
B 5. Young person diagnosed with depression or other significant mental health Problems	100%	91%
B 6. Young person has significant distorted thoughts about sexual behaviours	79%	50%
B 7. Obsessive/preoccupation with sexual thoughts/pornography	100%	75%

B 8. Copes with negative emotions by use of sexual thoughts, behaviours or use of pornography/graffiti	100%	100%
B 9. Targets specific victims because of perceived vulnerability	50%	83%
B 10.*Pattern of discontinuity of care/poor attachments	93%	100%
B 11. Unsupervised access to potential victims	100%	62%
B12. Young person regularly engaged in significant substance abuse	100%	100%
C1. Young person has poor capacity for empathy	94%	60%
C2. Young person denies responsibility for assault	100%	79%
C3. Has difficulties in coping with negative feelings	55%	75%
C4. Has poor sexual boundaries	85%	91%
C5. Parents express anger or no empathic concern towards victim	77%	60%
C6. High level of parental/carer together with family denial	88%	100%
C7. Social group is predominantly pro-criminal	100%	100%
C8. Family members include Schedule 1 offences	100%	100%
D1. First known assault/ one off assault	100%	94%
D2. Non-penetrative (including attempts) assault	58%	85%
D3. No history of significant trauma or abuse	77%	70%
D4. Demonstrates remorse/empathy	100%	68%
D5. Assault appears to be experimental or peer influenced	100%	77%
D6. No significant history of non-sexual assaults	95%	74%
D7. Healthy peer relationships	69%	100%
D8. No documented school problems	53%	85%
D9. No history of behavioural/emotional problems	63%	77%
Overall AIM assessment Outcome	**100%**	**55%**

NB. Case study 2 was a more realistic case study for this exercise. Case study 1 was very rigid in the way the information was provided.

Table 3.2 shows that some factors on the concerns continuum are ambiguous and open to interpretation. Overall, high concerns (Concerns A) was the most reliable cluster of factors for case study 1, and the B column (high/medium concerns) had the best inter-rater reliability for case study 2. For both case studies, low concern (Concerns D) had the least inter-rater reliability and, therefore, the most ambiguity.

The most problematic factors in case study 1, where inter-rater reliability was less than 60%, were 'targets-specific victims because of perceived vulnerability'; 'has difficulty coping with negative feelings'; 'non-penetrative (including attempts) assault'; 'no documented school problems'. Another problematic factor, where professional agreement was only 65%, was 'very poor social skills/deficits in intimacy skills'. If this factor is checked, it counts as an automatic high concern; it is, therefore, essential with regard to the current factor-weighting system that the ambiguities within this factor are removed. In case study 2, the most problematic factor in terms of reliability (50%) was 'young person has significant distorted thoughts about sexual behaviours'.

While ambiguity of factors had no impact on the concerns outcomes for case study 1, it had a considerable impact on the outcomes for case study 2. In case study 2, there was only 55% agreement between the assessed outcomes of concern. Again, this emphasises the need to remove ambiguities from the AIM assessment continuums.

Real AIM assessments and general practitioner feedback

Practitioners have commented throughout the duration of this evaluation on the ambiguity or confusion of some of the factors on the continuums. They have noted these remarks through the monitoring of assessments and during the case studies used to check inter-rater reliability. These are illustrated in Tables 3.3 and 3.4. The discrepancies between co-workers on 'real AIM assessments' is also illustrated in Figures 3.3 and 3.4. Of the five case studies on 'real' AIM assessments, ambiguities in factors and discrepancies between workers affected one concern outcome, i.e. for one case, one co-worker assessed the young person as high concern and one co-worker assessed him as low concern.

An issue not listed in Figures 3.3 and 3.4, but highlighted by several practitioners throughout this evaluation, is how they should consider these factors when a young person is in temporary care – do they reflect the 'temporary' care placement, or family home?

Figure 3.3 Continuum of indicators for strengths

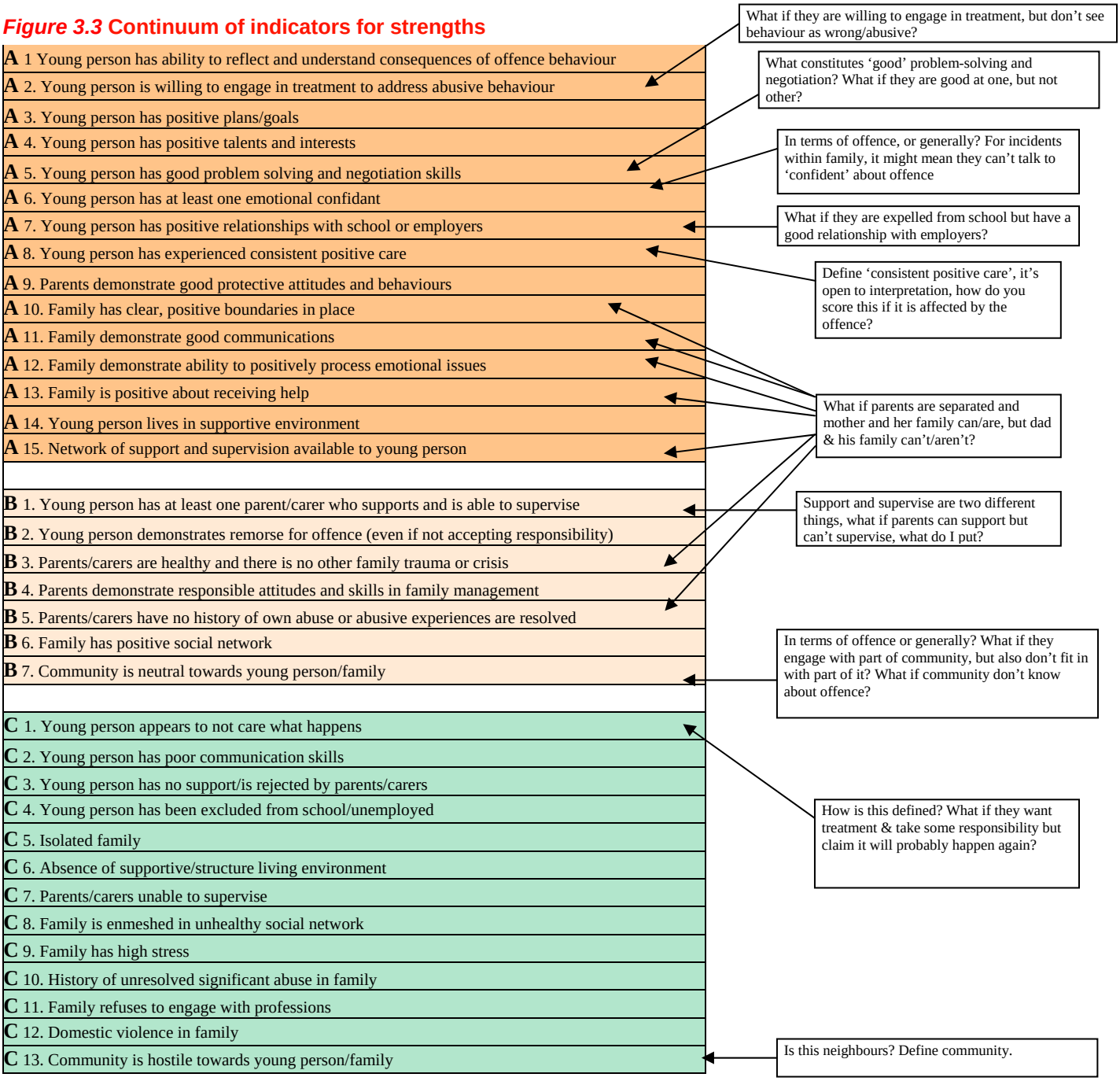
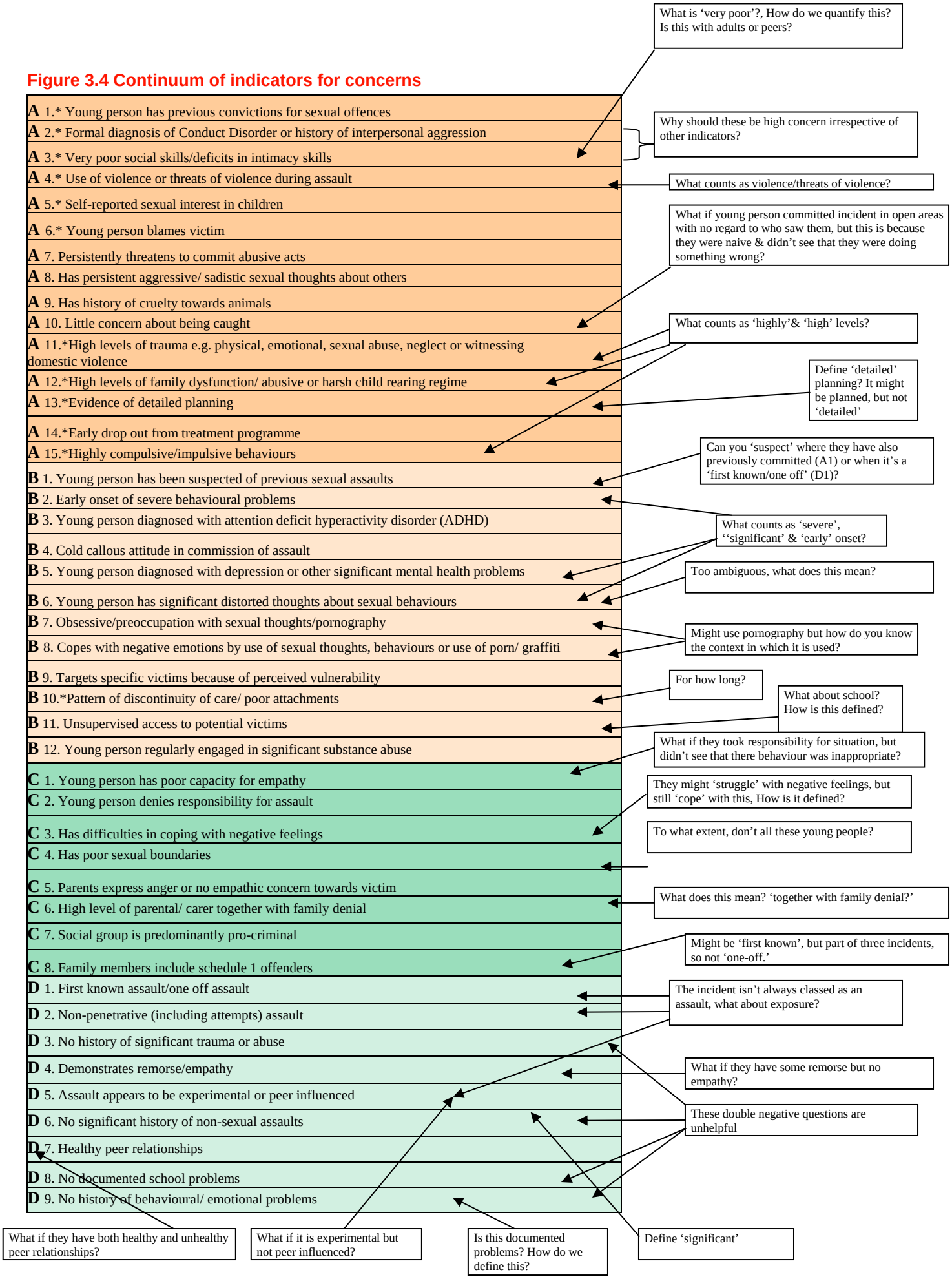


Figure 3.4 Continuum of indicators for concerns



Statistical analysis of factors

Eighty-three case workers completed the AIM assessment (includes all 75 AIM assessments monitored, in addition to assessments used for validity study). These data were used to work out the reliability of each of the sub-scales of the strengths and concerns dimensions. The relationship of the scales to the overarching dimensions of concerns and strengths were also investigated.

Reliability of the sub-scales

Each of the scales was subject to reliability analysis. This allows the study of properties of measurement scales and the items that make them up. The statistic used was alpha coefficient. This is a model of internal consistency, based on the average inter-item correlation (which varies from 0, no consistency, to 1.0, perfect consistency). There is a general agreement that the internal consistency of a test should exceed 0.7 for the scale to be a considered a reasonable measure of the construct in question.

The overall internal reliability (as measured by Cronbach's alpha) for each of the sub-scales for the concerns dimension are shown in Table 3.5

Table 3.5

Sub-scale	Cronbach alpha value
High concerns: A	0.71
Concerns: B	0.67
Concerns: C	0.48
Low concerns: D	0.74

The results suggest that the high and low concerns are well measured by the scales A and D.

For Concerns B the scoring system works on the principle that two items checked in B count as one item on High Concerns A. Analysis of this data indicate that individual items do not fit together as well as one would hope. For example, analysis suggests that removal of item Concerns B11 would marginally increase the reliability of Concerns B to 0.69.

Data analysis suggests that Concerns C does not consist of a coherent set of items, indicating that a rethink might be needed in terms of the current coding system where, if three items are checked, they count as one item on Concerns A.

The alphas for each of the sub-scales for the Strengths dimension are shown in Table 3.6.

Table 3.6

Sub-scale	Alpha value
High strengths: A	0.83
Strengths: B	0.68
Low strengths: C	0.83

These results suggest that the high and low strengths are well measured by Strengths A and D. For Strengths B, there is an indication in the data that this scale is not such a pure measure. Further analysis indicated that removal of item Strengths B7 would increase the power of this measure to .69.

The relationship of sub-scales to the concerns and strengths dimensions

A statistical technique known as factor analysis was used to examine the sub-scales of the strengths (A, B, and C) and concerns (A, B, C and D). Factor analysis attempts to identify underlying variables, or factors, that explain the pattern of correlations within a set of observed variables. Factor analysis is often used in data reduction to identify a small number of factors that explain most of the variation in a much larger number of scales. All of the scales were put into this analysis (Concerns A, B, C and D; Strengths A, B and C) the results are shown in Table 3.7. It was expected that the factor structure suggested by the AIM developers (i.e. two dimensions: strengths and concerns that are orthogonal in regard to each other) would be identified.

Table 3.7 shows the correlation between each of the sub-scales on two identified dimensions using factor analysis; these can be seen as equating to strengths and concerns.

Table 3.7

	Factor 1 (Concerns)	Factor 2 (Strengths)
Concerns A	0.83	
Concerns B	0.84	
Concerns C	0.68	
Concerns D	-0.78	
Strengths A	-0.50	
Strengths B		0.92
Strengths C	0.58	

It can be seen from Table 3.7 that all the concerns scales correlate highly on Factor 1, with the low concerns scales correlating in the opposite direction as would be expected. It should also be noted that high strengths (A) also load on this factor, again as might be expected in the negative direction. Low strengths (C) also load on this dimension. Therefore, from this analysis, it is not entirely clear that a definite distinction between concerns and strengths can be made. In fact, the only scale that would appear to relate to a clear strengths dimension is Strengths B.

Findings – section 4

Validity study

Practitioners' feedback

Of the 75 AIM assessments monitored throughout this evaluation, professionals disagreed with the strengths outcome of the AIM assessment in 13 cases. The concerns outcome of the AIM assessment differed with the professional judgement of 10 practitioners.

Tables 4.1 and 4.2 show the outcome of the AIM assessment and the reasons noted by practitioners for their different judgements.

Table 4.1 Strengths

Assessment outcome	Reasons for difference	Number of cases
Low strength	Needed a 'medium' strengths outcome option	2 cases
High strength	Needed a 'medium' strengths outcome option	5 cases
High strength	Strengths were within family rather than within young person	2 cases
High strength	Outcome reflects temporary care placement and is only correct for as long as young person remains in this placement	1 case
High strength	Outcome does reflect current situation, but just one week previously the outcome would have been low strength. an argument within the family has led to this improved outcome, however this is not due to the family understanding and changing the inappropriateness of their situation	1 case
High strength	Reason not noted	2 cases

Table 4.2 Concerns

Assessment outcome	Reasons for difference	Number of cases
High concern	Needed a 'Medium' Concern outcome option	7 cases
High concern	Automatic scoring for factor A3 on the continuum for concern: 'very poor social skills/deficits in intimacy skills' resulted in a high concern outcome, whereas it would otherwise be low concern – which felt more appropriate.	1 case
Low concern	Young person's lack of remorse and victim empathy was a cause for more concern than credited by the assessment	1 case
Low concern	Reason not noted	1 case

Most professional reservations (19 of the above outcomes) were about high strength or high concern assessments. For 14 of the outcomes, professionals believed that a 'medium' assessment outcome was required. Other discrepancies arose where it was believed the young person's individual strengths were not adequately assessed separately to the strengths within their family; when young people are in temporary and false environments, which were believed to distort their 'real' outcomes and strengths; automatic scoring of high concern for research evidenced indicators, when the majority of factors applicable to the young person are at the other end of the matrix and an underestimation of concern through lack of emphasis within the assessment on remorse and empathy.

Concurrent validity

Note that the absence of an actuarial risk predictor for adolescents who display sexually harmful behaviour made it difficult to effectively validate the concerns in the AIM assessment model. Additionally, strengths tests have been normed in the United States on general populations, i.e. they are not specific to British adolescent sex offenders. Please, therefore, treat the results in this section with caution.

For a more detailed analysis of each of the 12 tests for strengths and 17 tests for concerns (four of these cases had both strengths and concerns testing) see Appendix 14.

Table 4.3 displays the strengths outcomes from the AIM assessment for eight young people alongside the outcomes of the strengths tests used to analyse the assessments concurrent validity. For the purpose of this study an 'average' outcome on the strengths tests, which have each been used on a normative sample, corresponds to high strength on an AIM assessment. Where there are discrepancies between outcomes the assessments are highlighted in grey.

Table 4.3 Strengths

ID as in Appendix 14	AIM assessment of strengths	FAM III (family strengths or carer strengths for young people in care)	BERS overall strengths
Case 1	High	Above average	Average
Case 2	High	Below average	Average
Case 3	High	Average/Typical	Average
Case 4	High	Average/Typical	Below average
Case 5	High	Above average	Average
Case 6	Low	Below average/Problematic	Poor
Case 7	High	Above average	Average
Case 10	High	Above average	Average

In Table 4.3, for Case 2 the young person does have strengths within himself and his own capabilities; however, he also has an isolated family with high levels of stress and he has received discontinuity of care. These factors of poor functioning within the family have been picked up by the AIM assessment but, as with the BERS assessment, the young person has been assessed as having high strengths regardless of these. For Case 4 on the BERS assessment, the young person is 'below average' due to family involvement, interpersonal, intrapersonal and affective strengths. Analysis of the AIM assessment indicators relevant to case 4 demonstrate that 11 of the 14 factors related to high strengths demonstrate strengths within the young persons family, family relationships and environment. In Table 4.4, case 9 reveals an agreement between BERS and FAMIII, but not with the AIM assessment. This young person is not known to have positive interests or talents and has a poor capacity for empathy and remorse. His family do not communicate well and are not known to process emotional issues positively; although they have protective attitudes and skills in family management. Both the young person and his family are positive about receiving help, and the young person has a network of support and supervision available.

Overall, 75% of AIM assessments were concurrent with BERS and FAMIII scales.

Table 4.4 displays the strengths and concerns outcomes from the AIM assessment for four young people alongside their corresponding outcomes of the strengths and concerns tests used to analyse the assessments concurrent validity. Where there are discrepancies between outcomes, the assessments are highlighted in grey.

Table 4.4 Strengths and concerns

ID as in Appendix 14	AIM assessment of strengths and concerns	FAM III (family strengths or carer strengths for young people in care)	BERS overall strengths	Adolescent sexual abuser project (ASAP) overall concerns
Case 8	High strength/Low concern	Average/Typical	Above average	Medium concern
Case 9	High strength/High concern	Below average/ Problematic	Below average	High concern
Case 11	High strength/Low concern	Above average	Average	High concern
Case 12	High strength/High concern	Above average	Average	High concern

It would appear from Table 4.4 that no separate conclusions (from these few cases) can be made by looking at strengths and concerns together, in terms of the way these two continuums relate to and affect each other.

Table 4.5 displays the concerns outcomes from the AIM assessment for 13 young people alongside their corresponding outcomes of the concerns tests used to analyse the assessments concurrent validity. Where there are discrepancies between outcomes, the assessments are highlighted in grey.

Table 4.5 Concerns

ID as in Appendix 14	AIM Assessment of Concerns	ASAP overall Concerns	Static'99 (under-estimate due to age inappropriate questions)	Hare P-Scan overall level of psychopathy
Case A	Low	Low	Medium–Low	Low
Case B	High	Medium	Low	Low–Moderate
Case C	High	High	High	High
Case D	High	Medium	Low	Low
Case E	High	Low	Low	Very low
Case F	High	Medium	Medium–Low	Very low
Case G	High	High	Low	Low
Case H	High	High	Medium–Low	Low–Moderate
Case I	Low	High	Medium–Low	Very low
Case J	High	Medium	Low	Low–Moderate
Case K	High	Medium	Low	---
Case L	High	Low	---	---
Case M	High	Low	Medium–Low	Very low

As shown in Tables 4.4 and 4.5, five of the high concern AIM outcomes are lowered to medium concern when we use the ASAP tests, and one low concern AIM outcome is also assessed as medium concern using the ASAP tests. The AIM assessment, unlike ASAP, does not have a 'medium' bracket and, therefore, any such outcomes are impossible to tally. In the absence of this outcome it would appear that the AIM assessment might over-estimate the concerns a young person has.

There are five remaining cases with differing concerns outcomes. Of these, there are three cases where AIM assessed as high concern, but ASAP tests assessed as low, and two cases where AIM assessed as low concern but ASAP tests assessed as high. For case I, the young person committed a rape and went to prison; four of the seven low concerns checked on the AIM assessment appear to reflect his strengths, i.e. healthy peer relationships, no school problems, no behavioural or emotional problems and no significant trauma or abuse. This young person self-reported his deviant profile through the ASAP tests and is unlikely to fake these tests to make himself appear more risky. The remaining four of these five cases used psychometric (ASAP) tests to profile a group called peer aggressors. In total, there were seven peer aggressor cases; therefore, 57% of these showed an inconsistency with AIM (not including any outcomes of medium concern). This may show that, although ASAP psychometrics is very good at picking up deviant profiles in adolescent abusers who offend against young children (of four or more years), it may not be as effective at picking up problematic psychometric profiles in peer aggressors. Similarly, no clear deviant psychometric profiles have been found in men who offend against adult women. Alternatively, it may be that the young people who were assessed as low concern on ASAP, but high concern on AIM, may have been faking responses on their psychometrics.

Overall, 35% of AIM assessments were concurrent with ASAP scales. An additional 35% of cases had a difference in outcome as a result of not having a medium concern outcome on the AIM assessment.

Outcomes, recommendations and conclusions

Objectives as set out by the AIM project: Are they meeting them?

The initial purpose of the AIM project was to develop clear, consistent agreements and working practices relating to how professionals respond to children and young people who display sexually harmful behaviour.

While this evaluation demonstrates that the AIM assessment is still not fully embedded in all organisations, the AIM project has achieved this overall objective.

Other objectives set out by the AIM project were to disseminate good practice, to train workers and to build on their awareness of issues around sexual abuse; to increase inter-agency co-operation and partnership-working and to develop a wider commitment to this area of work.

Through speaking to practitioners it is evident that the AIM project has resulted in a growing awareness of and interest in working within this arena. The majority, although not all, of these workers have been trained to use the AIM assessment. Inter-agency co-operation has increased through the establishment of the AIM assessment protocol: "Through these assessments, good relationships have been built between Yot and social services departments" (Yot practitioner, Appendix 15). However, inter-agency working is still problematic for reasons that go beyond the scope of the AIM project. Some of these reasons are the extensive work loads carried by professionals; shift patterns; accessibility of agencies and internal protocols around information-sharing. In terms of disseminating good practice, if we consider the key elements of effective practice promoted by the Youth Justice Board (2003), the AIM assessment framework adheres to all these key elements. In practice, 72% of AIM assessments completed all 10 steps of the AIM framework.

Objectives as set out by the evaluation: The outcomes

- The task was to assess the use and effectiveness of the multi-agency approach promoted through the AIM framework and to identify how the 10-step framework is used in practice and has affected professionals.
- All of the assessments used were co-worked; 60% of these were on an inter-agency basis and 40% were on a intra-agency basis. Feedback from practitioners showed that, generally, they valued co-working these assessments.
- Seventy-two percent of assessments adhered to all 10 steps of the AIM assessment framework.
- There are still some difficulties with multi-agency working and adhering to all 10-steps of the AIM assessment framework, especially with Initial Planning Meetings.

- Multi-disciplinary meetings (step 10 of the AIM framework) were mostly viewed as providing a structured way to deal with these young people, to help share responsibility and to help make a case for extra resources.
- Eighty-one percent of recommendations following the assessments were known to have been acted upon to some extent.
- Timescales for assessments were sometimes believed to be difficult to work to. However, practitioners believed they benefited from having a start and end date to work to. Police were mostly flexible if assessment timescales needed to be extended and practitioners generally believed that for these specific cases local arrangements with their police force was a better way to proceed than formally extending the AIM protocol for timescales.
- Qualitative feedback from 'other professionals' (pp.57–58), who have had less direct experience of the AIM assessment tool and consist of a range of professionals from different disciplines, view the AIM assessment as a positive contribution to the adolescent sex offending arena.

Recommendation 1

The implementation of the AIM assessment needs continued co-ordination to steer and maximise progress. Important considerations in the success of the assessment tool that need to be encompassed within a strategic and continued process are: the continuing provision of training; continued support for practitioners (this will be assisted through establishing local consultants in 2004); constantly revisiting problems within areas and agencies to work alongside them to overcome barriers; and ensuring the redissemination of information and updates of developments at regular stages.

> *The AIM project provides the structure for initial assessment only. However, through the resulting information and analysis, it hopes to provide the basis from which to conduct a core assessment. It has appeared to go beyond our expectation of what an initial assessment is and the quality of work produced is exemplary.*
>
> (Co-ordinator)

In practice, practitioners are unsure about what is sufficient for an initial assessment.

Recommendation 2

The AIM project needs to provide guidance on the quality and quantity expected for the report concluding the AIM assessment. The AIM assessment model also needs to use a differential marking for when factors are not present and not known, similar to CASPARS (Gilgun, 1999). This requirement was noted after the reliability study where this format was used. This will help workers to use AIM as a continuing assessment process.

Recommendation 3

Better guidance needs to be provided around outcomes and appropriate interventions, especially within the criminal justice arena, there were a lot of inconsistencies, in particular with low concern/high strength outcomes. Referral Orders need to be included in this guidance, as these were introduced after the launch of the AIM tool. This guidance may also have a positive impact on the undertaking of recommendations, following assessment.

- It will be of value in assessing the usefulness of the AIM model as a screening tool to assist practitioners.
- Qualitative practitioner feedback generally proved the assessment model to be very valuable in both guiding practitioners and boosting their confidence.
- Outside Greater Manchester, practice across conurbations is generally more ad hoc than inside Greater Manchester, and less of this work tends to be done within social service and Yot teams themselves. This suggests that the AIM assessment is responsible for providing a more consistent approach.
- Practitioner feedback and the reliability study show that the AIM model is less useful for young people in temporary care or dual environments where standards may differ (young person may live part of the week with their mother and part with their father).
- The AIM model is not wholly reliable and this is not useful when it can result in differing outcomes. There was some inconsistency between the scoring of factors that automatically make the young person High Concern regardless of other factors (pp.66–67).
- When considering the reliability analysis of sub-scales (pp.71–72) data analysis suggests that Concerns C and Strengths B do not consist of coherent sets of items. Furthermore, there is no clear distinction between concerns and strengths dimensions, with the exception of Strengths B.

Recommendation 4

Guidance needs to be provided on how to complete the assessment for young people in dual or temporary environments. It is essential that ambiguities are removed from the continuums on the AIM assessment, either through presenting these factors in a clearer way that is not open to interpretation, or through providing guidance on how they should be interpreted. Practitioners have also said it would be useful to have copies of the research underpinning some of these factors so that they understand the context of their use. Finally the sub-scales and the way factors are weighted within these scales needs further consideration.

- This is required to evaluate the level of accuracy of the strength and concern continuums and the outcome matrix.
- For 9% of all AIM assessment outcomes monitored (75 strengths and 75 concerns), practitioners disagreed with the outcome in favour of medium strengths/concerns, even though this is not provided as an option by the AIM tool.

- A total of 52% of AIM assessment outcomes were low concern, even though the continuums are weighted towards high concern by 15:9 with an additional 20 factors weighted towards high concern (sub-scales B &C) and three factors in the 'A' sub-scale counting as automatic High Concern regardless of other factors scored.
- Overall, 75% of AIM assessments were concurrent with an alternative way of measuring strengths (BERS and FAMIII scales) and 35% of assessments were concurrent with an alternative way of measuring concerns (ASAP scales). The convergence in ASAP and AIM was significantly higher where young people offended against younger age groups.
- For a further 35% of assessments the outcome differed from ASAP scales as a result of the AIM assessment not providing a 'medium' outcome. For these cases, the AIM assessment tended to over-estimate risk/concern.
- Please note that for the purposes of this specific study, it is not conclusive whether the evaluation tools used to validate AIM or the AIM assessment itself is the most effective measure.
- A 12 to 18-month follow-up of 27 young people who were AIM assessed identified one young person who reoffended with a sexual offence; this young person was assessed as high concern/low strength. All three young people who breached their orders following assessment were also considered high concern. This outcome is a positive reflection on the accuracy of the AIM assessment tool. Three young people committed 'general' offences following assessment: one was assessed as high concern and two as low concern. This supports the findings of Worling and Curwen (2000) that these young people are more likely to reoffend with a general or violent offence.

Recommendation 5

The AIM project should consider providing an outcome of medium strengths and concerns. Practitioners have tended to use medium outcomes when factors in the high and low scales of the continuums were evenly spread. However, the development of a medium category within the assessment model and how it should be formulated is best sited with the authors, or in consultation with other experts in the field. Recidivism analysis of the young people monitored in this evaluation should continue to look at two-year and four-year follow-up periods as to how the AIM assessment affects young people and their families/carers.

- The abilities of workers appear to be the most important factor to young people and their parent/carers during the assessment process. McKeown et al. (2002) found in his research that the therapist-client relationship accounted for 30% of factors which are common to the effectiveness of all therapeutic interventions.

- Seven young people who were AIM assessed were later identified as having other concerns or allegations in a 12 to 18-month follow-up. Four of these cases involved sexualised behaviour. This may suggest that, through an effective assessment process which engages young people and their parents/carers within services, early concerns can be detected and reported to appropriate agencies. Without effective engagement, the concerning behaviour may not be picked up by services until it becomes more of a problem.

Recommendation 6

The skills of practitioners need to be continually developed in this area of work, particularly giving consideration to staff turnover and the continuing provision of training to refresh and renew skills. Local authorities and their partnerships need to consider strategic approaches to guide and support staff working with young people with sexually harmful behaviours and to provide an inclusive and consistent service to engage young people and their parent/carers.

Conclusion

As can be seen from this report, the evaluation of the AIM assessment framework gives rise to a number of considerations. Some of these are specific and directly consider the assessment tool, and some have a wider consequence in that they reflect on issues around young people with sexually harmful behaviours and the initial reason for the development of the framework. Dealing with these sequentially, this conclusion is ordered in three sections, as follows.

The science of evaluating the tool

The evaluation of the tool has been tackled in two ways: first, to see the extent to which outcomes matched as agreed by a representative range of professionals using the same material (in this instance a case-study) and, second, by comparing the measurements obtained under the AIM assessment framework with other comparable frameworks. Neither of these can be claimed to be exact, but from the 'outcomes' noted above it is clear that, subject to some modification, particularly taking into account areas where information is not given or not known or where there are medium outcomes, the tool is functioning favourably in terms of highlighting concerns and strengths about young people with sexually harmful behaviours. Further analysis of the scientific underpinnings of the assessment tool would be useful, especially to draw on the relationships between strengths and concerns. However, it would be expected that the same problems would be encountered as with this evaluation in terms of the scarcity of risk and strengths assessments for this specific group of young people. Nonetheless, it is important to address how protective factors might mediate risk factors within the AIM assessment, and whether it would be better for this assessment to set out indicators or factors within the strengths and concerns continuums which directly have an impact on, or counter, each other. It would also be useful to further evaluate the relevance and accuracy of the AIM assessment in relation to young females. It is difficult within this evaluation to put forward conclusions on this, due to insufficient numbers (4% of the young people monitored after an AIM assessment were female). Also, due to the inappropriateness of the concerns tests in relation to females, no young women were sampled within the validity study. The AIM project and Lucy Faithful Foundation are in the process of conducting a small research study in Greater Manchester into the incidence of young females with sexually harmful behaviour and professionals responses to this. In the long term, they are hoping to research an evidence-based assessment tool for this group.

In addressing the diversity of young people with sexually harmful behaviours, it would be useful to evaluate the AIM assessment tool for young people with learning disabilities. While young people with learning disabilities have been included in this evaluation, the AIM adolescent assessment is not primarily for use with this group. These young people are included within this evaluation either because the specific learning disabilities assessment tool was not developed at the time, or because their disabilities have been assessed by practitioners as very mild. It is, therefore, not the best place within this evaluation to explore the use of the assessment tool for young people with learning disabilities; but further work around this in relation to the tool specifically developed for this group would be valuable.

Practitioners felt that the advantage of the AIM assessment model was that it was user-friendly, practical and flexible – all essential factors in encouraging practitioner co-operation, in that they take into account practitioners' heavy and changeable work loads. This will also have been helped by the AIM assessment authors establishing their model on both *Asset* and Department of Health assessments, so providing some degree of familiarity for Yot and social services department practitioners

Implementing assessment tools

This evaluation report provides detailed information about what might be termed 'the assessment process'. A significant number of practitioners accept and see the value of

the AIM assessment framework, and 72% of assessments undertaken followed all 10 steps of the assessment process. This appears to be a particularly high and striking take-up rate, given that the framework is used by a variety of professionals in a number of agency or process settings. While recognising that there is a long way to go before full use is made of the assessment tool, it seems appropriate to note that implementation has been assisted by a number of factors, of which the tool itself is a part.

Wider considerations

It has been difficult throughout this evaluation to distinguish the tool from the context in which it came to be developed. The desire to give a range of professionals the confidence and consistency to deal with young people with sexually harmful behaviours has led, organically, to an assessment tool which reflects this wider purpose.

Consideration of the assessment process has been particularly helped and sustained by the commitment from a range of practitioners and their managers; by high quality training to support and facilitate the implementation of the tool; and by the expertise of a skilled co-ordinator whose professional integrity has continually informed the process and operation of the project. It is clear also, that the assessment process has provided a springboard for a number of positive and constructive developments. In the case of the AIM project, this includes an ability to focus on the next steps and raise the awareness, standards, confidence and quality of work around the comprehensive needs of young people with sexually harmful behaviours, their families and their victims. The AIM project gives consideration to empowering practitioners to continue to develop this work locally, to interventions with young people with sexually harmful behaviours, and to the development of restorative approaches within the family and community, giving recognition for the need to work with victims. In this context, the AIM assessment framework appears to deliver on the rather invisible, but ultimately incredibly important, variables of consistency and confidence.

Amendments planned for the AIM assessment tool as a result of this evaluation

Through initial discussions with the authors of the AIM assessment tool and process, they recognise that they need to revise the assessment process in light of this evaluation.

The authors hope to devise a glossary to address issues around the reliability of the assessment tool and also look at the development of a medium outcome for both strengths and concerns. The project will be looking to identify funding in order to carry out these amendments.

Funding from Yots and social services departments in Greater Manchester and from NSPCC continues until 2005. This will enable the AIM project to continue to train and support professionals within this arena, as well as to encourage the growth of local partnerships through multi-disciplinary working and training. The authors hope to circulate various examples of appropriate reports, in terms of length and quality, for practitioners to use as a guide. They also hope to revisit the ‘recommendations’ section set out alongside the outcome matrix (Appendix 4) in order to make this guide to interventions more comprehensive.

The project will also continue to develop this area of work for agencies and professionals. Examples of this are the intervention manuals and group work provision planned for 2004, and a bigger emphasis on use of the AIM family assessment to be used alongside the AIM adolescent assessment. The use of family group conferences for this group is also being considered, as is a strategy for addressing issues for victims, in conjunction with restorative justice approaches.

Implications for policy, practice and national replication

In Greater Manchester, the first consideration in developing a strategy to assess and work with young people with sexually harmful behaviours was to identify and map what current level of practice and policies existed in the conurbation to work with this group of young people. In the view of the evaluator, this starting point was essential to identifying the problems; developing a response to gaps in practice and policy; building on any good practice that may have existed; identifying significant agencies to make partnerships; and allowing professionals to contribute to the development of a tool, through consultation, which directly affects whether they accept and co-operate with the strategy. The tool was established as a user-friendly screening tool; it was believed by the authors that it needed to be practical, simple and purposeful in order to be applied and used at a practice level.

Through the development of the AIM assessment within Greater Manchester, both good and bad practice has been identified. An example of good practice is the co-working of assessments between agencies; however, this has practical implications in terms of two professionals from different buildings and with busy case loads co-ordinating diaries and meetings to fit in with each other. Initially, this was a problem in some areas within Greater Manchester; but the issue has been resolved through local partnership forum group meetings set up specifically to address arising difficulties with this area of work. As a result, this has had a positive affect on partnerships and local practice. AIM multi-disciplinary strategy meetings are also an example of good practice. These meetings provide a central point to address and act on issues that arose through the AIM assessment on a multi-agency basis. Again this can have resource implications but, through collating information and the number of local assessments at these meetings, it enables partnerships to plan resources in terms of these young people more effectively.

Training of key members of staff within all these agencies has been crucial to their acceptance and knowledge of the AIM process. Additionally, support of practitioners through troubleshooting networks, consultancy and focus groups has been useful for improving their practice within this arena, and important in promoting their confidence in undertaking these assessments. As the evaluation has cited this, in turn, affects the quality of service delivered to the young person and their parent/carers. The training and support of practitioners have resource implications in relation to both taking staff away from case loads and spending monies on training to work in an area with relatively low numbers of young people. In the opinion of the evaluator, this input is valuable in developing and maintaining good practice, and in staff development and retention. The resources needed for this can also be weighed against the resources required if cases were not dealt with ‘in-house’ and, instead, went to specialist services.

The plans of the AIM project will help to promote good practice. The development of family group conferences to fit within a sex-offending arena is consistent with the current vision of policy makers within the public sector, i.e. to work with victims and families. The AIM assessment, at present, advocates working with families and carers and, where outcomes are low strengths due to environmental factors, this needs addressing. While it is already a requisite for social services departments to work with families, especially were there are child protection concerns, this may be seen as extra work and a stain on resources for Yots. The AIM process has tried to deal with this through multi-disciplinary strategy meetings. At these meetings, partnerships can identify which agencies should carry out work and which funds can be used.

The result of having an effective process to identify, assess and work with young people with sexually harmful behaviours is that the number of cases agencies deal with will rise due to improved practice at picking these cases up and maintaining work with them. This again has implications for resources. However, it might be assumed that at some point these cases will come to the attention of services and that it is better to identify the cases earlier before behaviour becomes more entrenched and more victims have consequently been affected. Through having a tiered approach of 'low', 'medium' (if this can be developed) and 'high', it means that resources can be appropriately targeted, i.e. a low concern/high strength case may need minimal intervention.

One example of bad practice is as a result of the AIM assessment still being implemented and not being fully embedded in all agencies. However, it has to be realised that it takes time before this can happen within several different partnerships within 10 different local authorities. In one area, a young female aged 11 years had been sexually abused by her mother's partner, she was rejected by her mother and went to live with her aunt. Very shortly after her own victimisation she was found simulating sex with her cousin; she was rejected by her aunt and put into care. Failure to initiate an AIM assessment and follow AIM's procedures in this case study led to this girl being the youngest female on the Sex Offenders Register and with schedule 1 status without first assessing whether this was necessary; it also meant that she had no recommendations for therapy or treatment.

A problem within policies for these young people who have been processed through the Criminal Justice System is the use of sex offender registration and schedule 1 status for all cases that result in a conviction, regardless of offence seriousness. In one Greater Manchester case, a young boy played a game of truth, kiss or promise in the school playground, which led to him touching a female peer's breast over her outer clothing. This case went through the Criminal Justice System and the police believed it was appropriate to give the young person a Referral Order. As a consequence of this sentence, the young person received schedule 1 status and sex offender registration, which his worker is currently attempting to appeal against. In contrast, a practitioner was able to use the AIM assessment to argue that a case should receive an Absolute Discharge and, therefore, avoid registration and schedule 1 status. It is believed that without the AIM tool allowing such a strong case to be put forward, this case would have otherwise resulted in a conviction.

The AIM experience within Greater Manchester has had implications for both practice and policy, it would be anticipated that this would be similar if the AIM process was put into place elsewhere. The appointment of a co-ordinator to implement policies and review practice has been key. To further evaluate the need for a co-ordinator, Greater Manchester could be compared to areas that have adopted the AIM assessment tool, but not replicated this role.

The implications of replicating the AIM tool and process nationally has the potential to provide a national strategic network for practitioners working with young people with sexually harmful behaviours, all with consistent principles and procedures. This would mean that young people could move from different authorities and agencies, but still be tied into a common system. It is hoped that this process would help to prevent cases such as DM's (The Bridge Childcare Development Service, 2001). DM was a young man with a history of sexually abusive and aggressive behaviour, who shortly after the expiry of his Care Order murdered WM a 12-year-old boy. The absence of inter-agency policies and information-sharing, both within a single local authority and between the three different Authorities where DM had moved to, led to DM, as well as the knowledge of the history of his aggressive and sexualised behaviour, being 'lost' within the system. The *Bridge Report*, which provides an overview of DM's case, emphasises the need to learn from this case and provide an integrated strategic approach nationally.

Appendices

The appendices to this document can be found at www.youth-justice-trust.org.uk/research/researchandevaluation.asp

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