

Standards and Guidelines for Risk Management

2025

**REDUCING
SERIOUS HARM**



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Introduction

This document presents standards and guidelines for the active and alert risk management of those who pose a risk of serious harm.¹ It also details how to apply the standards to individuals who are subject to an Order for Lifelong Restriction (OLR).

The publication of these standards and guidelines contributes to the implementation of a shared framework for assessing and managing risk in Scotland which was established with the publication of the [Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#).² These standards and guidelines are built around the guiding principles, processes, language and standards outlined in [FRAME](#) but set out the level and intensity of practice required to manage individuals who pose a risk of serious harm and require active and alert risk management.

Overview of Content

Chapter 1 presents the standards and guidelines which convey how risk management should be applied in the context of working with those who present a risk of serious harm and require active and alert risk management.

Chapter 2 addresses risk management and the OLR. It provides an overview of the OLR risk management planning process, details of the relevant roles and responsibilities and guidance regarding the associated legislative and procedural requirements.

Chapter 3 provides templates for the Risk Management Plan, Progress Record and Statement of Assurance as well as guidance on their completion.

Standards and Guidelines

The RMA has a legislative function to prepare and issue guidelines as to the assessment and minimisation of risk,³ and to set and publish standards according to which measures taken in respect of the assessment and minimisation of risk are to be judged.⁴ Furthermore, any person with functions in relation to the assessment and minimisation of risk is to have regard to such guidelines and standards when carrying out their functions.⁵

Standards set a benchmark against which practice can be measured and evaluated. The standards and guidelines which follow aim to support both effective individual practice and multi-agency working. The standards set out to promote an approach that is dynamic and individualised, derived from appropriate and evidence-based risk assessment, and delivered through proportionate multiple methods within the context of multi-agency and multi-disciplinary collaboration. They are designed to support practitioners and organisations to be defensible, proportionate, evidence-based and collaborative.⁶

1 [FRAME](#) sets out a tiered approach where the same standards, principles and processes apply, but are delivered proportionate to the risk. 'Active and alert risk management' is the term applied to the approach indicated when managing those who pose a risk of serious harm. This may include adults within the justice system, restricted patients and young people involved in seriously harmful offending (Risk Management Authority, 2011).

2 Risk Management Authority ([RMA, 2011](#)).

3 Throughout this document the term 'risk management' is used rather than 'minimisation of risk' as this is the term more widely adopted across the literature and practice.

4 Section 5 and 6(5) of the [Criminal Justice \(Scotland\) Act 2003](#).

5 Section 5(2) of the [Criminal Justice \(Scotland\) Act 2003](#).

6 Defensibility, proportionality, collaboration and evidence-based practice are the four guiding principles of risk practice outlined in the [FRAME](#) (RMA, 2011).

Each standard addresses an aspect of risk management and lays out the following:

- The standard statement.
- A set of criteria detailing how to apply the standard.
- Guidelines that assist in delivering the standard and criteria.

All of this content is enforceable and governed by the requirements of the [Criminal Justice \(Scotland\) Act 2003](#). Both guidance, and ultimately directions, can be issued by RMA to ensure that the standards and guidelines are met.

In producing these standards and guidelines, the RMA has made every reasonable effort to publish reliable information. While this document seeks to promote effective practice, it does not replace the need for relevant professional training and defensible professional judgement. It should therefore be read and applied within the framework of existing legislative requirements, national policies and guidance, relevant agency procedures and organisational structures.⁷

The Status of RMA Standards, Guidelines and Guidance

Appreciating the status of the standards is important for those involved in the preparation, implementation and review of Risk Management Plans, as the legislation also stipulates that they are the measure by which practice is to be judged.⁸ The legislation also requires those individuals and agencies who 'have functions' in relation to assessing and minimising risk have regard to such standards, guidelines and guidance.⁹ The term 'have regard to' is commonly used in relation to standard setting. It does not constitute an absolute obligation to comply but rather a duty to give express and explicit consideration to any standard or guideline. In having regard, one must evidence a proper reasoning process that gives the standard or guideline appropriate weight and then follow it unless it is not relevant to the case or context, or is outweighed by other considerations. This can be summarised as 'comply or explain'.

Whilst the standards, guidelines and guidance apply specifically to the OLR, they are consistent with [FRAME](#) and have been purposefully developed for application in any context where active and alert risk management may be required in response to risk of serious harm. For example, where there are concerns an individual may pose a risk of serious harm and it may be necessary to manage them at Level 2 or 3 Multi-Agency Public Protection Arrangements (MAPPA).¹⁰

Equality and Diversity

These standards and guidelines require practitioners and agencies to be aware of the need to carefully consider protected characteristics. Risk management should not disadvantage someone with a protected characteristic(s). This is a requirement of the Equality Act 2010,¹¹ which prohibits conduct that may directly or indirectly discriminate against protected groups on the grounds of:

- Age¹²
- Disability

⁷ For example, all practice should be compliant with the [Human Rights Act 1998](#) and the [United Nations Convention on the Rights of the Child](#). Similarly, relevant guidance and legislation governing mental health practice, and child and adult protection procedures should be regarded.

⁸ Section 5(1)(b) of the [Criminal Justice \(Scotland\) Act 2003](#)

⁹ Section 5(2) of the [Criminal Justice \(Scotland\) Act 2003](#) and Section 6(6) of the [Criminal Justice \(Scotland\) Act 2003](#).

¹⁰ [MAPPA National Guidance](#) (Scottish Government, 2022).

¹¹ [Equality Act 2010 \(legislation.gov.uk\)](#)

¹² For those who pose a risk of serious harm and are under 18 the '[Frame for 12-17 year olds](#)' publication provides guidelines (Scottish Government, 2021)

- Gender reassignment
- Marriage and civil partnership
- Pregnancy or maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

As a public authority, the RMA must pay due regard to section 149(1) of the [Equality Act 2010](#) (the General Equality Duty), which states a public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The RMA takes conscious steps to pay due regard to the General Equality Duty in delivering its statutory remit, and those involved in risk management should complement the RMA's approach by taking steps to ensure practice meets the needs of protected groups, and they do not face disadvantage in the process.

The scope of this document is necessarily broad and it has been designed to apply to a wide range of individuals, whilst at the same time highlighting the requirement for an individualised approach in order to ensure measures to manage risk are appropriately targeted, effective and tailored to the individual. For example, some protected characteristics can be understood as responsivity factors and as such may have implications for adapting or tailoring assessment and intervention.

Within the justice field, there are groups and individuals who present with distinct needs and vulnerabilities and require a tailored response. For example, evidence demonstrated interventions with young people involved in offending behaviours should be holistic, systemic, goal-specific and developmentally orientated.^{13&14} Children should be understood through a lens of child development. Risk management should be trauma and systemically informed, and must consider situational and contextual factors.¹⁵ As such, risk management should be applied within a child protection context and underpinned by an awareness that children and young people are still developing and their patterns of thought and behaviour may not be fixed. This means considering the wider social, emotional, physical and psychological needs of young people alongside consideration of the risk they might pose to themselves and others. Similar considerations (such as taking an individual response informed by a person's specific characteristics and needs) are required when working with women, people from ethnic minorities and vulnerable adults such as those with neurodivergence, mental health needs or learning disabilities.

13 Council of Europe (2008, 2011); Scottish Government (2011, 2012). A range of publications which support the implementation of the [Whole Systems Approach](#) are available from the Scottish Government.

14 Section 15 (Managing Risk of Serious Harm) of '[Children and young people in conflict with the law: policy, practice and legislation](#)' (Children and Young People's Centre for Justice, CYCJ, 2024)

15 [Framework for Risk Assessment, Management, and Evaluation \(FRAME\) with children aged 12-17. Standards, Guidance and Operational Requirements for Risk Practice](#). Scottish Government (2021).

Developments in the Formulation-Based Approach to Risk Assessment

These standards and guidelines complement previous RMA publications of the [Standards and Guidelines for Risk Assessment Report Writing](#) and [FRAME](#). [FRAME](#) suggests a tiered approach to risk assessment and management, where the most complex and concerning cases (for example where an individual may pose a risk of serious harm and require active and alert multi-agency risk management) receive a scrutiny level of risk assessment.¹⁶ This involves a detailed and individualised understanding of the onset, maintenance and occurrence of seriously harmful offending over time, and the likelihood of further such behaviour in the future. This informs the production of a detailed and individualised Risk Management Plan.

These standards and guidelines promote the use of Structured Professional Judgement (SPJ) and a formulation-based approach to achieve the scrutiny level of assessment. The SPJ approach to risk assessment provides structure and process, whilst simultaneously helping tailor the assessment to an individual's characteristics and context. SPJ involves a number of steps: information-gathering, identifying the presence of risk and protective factors, considering the relevance of identified factors, developing a formulation based on the relevant factors, identifying scenarios of future offending based on the formulation, developing plans for risk management based on the scenarios, and then communicating summary judgements of risk.¹⁷

A formulation-based approach builds upon the application of SPJ tools and guidelines by placing emphasis on formulation as the central element to risk assessment and management through its intention to identify, analyse and organise the relevant risk factors.¹⁸ These standards and guidelines recognise formulation can be a process and a product.¹⁹ It is a process of making sense of an individual's behaviours and involves things like observation, collection, hypothesising, explaining, synthesising, organising, interpreting, reviewing and communicating.²⁰ The assessor should use these processes to produce a narrative formulation.²¹ This is the product which organises the risk-relevant information to tell a meaningful story about the individual. Standard 1 (Risk Assessment) expands on this and provides criteria relating to what a formulation should contain and accomplish. Standard 3 (Risk Management Measures) then contains information on how the formulation should inform the selection, monitoring and review of risk management strategies.

16 The term 'scrutiny of risk' is consistent with the FRAME language of risk principles. See Chapter 3 (pg. 16-19) - Language of Risk – of [FRAME](#) (RMA, 2011).

17 [Hart et al. \(2016\)](#).

18 [Sturmey & McMurrin \(2011\)](#).

19 [Hart and colleagues \(2011\)](#) referred to formulation as the process of preparing or developing something in a precise, systematic manner and also the product of that process.

20 [Johnstone and Dallos \(2013\)](#) refer to formulation being a process and event. Other process elements are referred to by; [Davis \(1986\)](#); [Hollingworth & Johnstone \(2014\)](#); [Liese & Esterline \(2015\)](#). Sense-making is referred to by [Corrie and Lane \(2010\)](#) and the Division of Clinical Psychology ([DCP, 2011](#)).

21 [DCP \(2011\)](#); [Dawson & Moghaddam \(2015\)](#); [Hart et al., \(2011\)](#).

CHAPTER ONE

STANDARDS AND GUIDELINES



Standard 1: Risk Assessment

Risk assessment will involve identification of key pieces of information, analysis of their meaning in the time and context of the assessment, and evaluation against the appropriate decision-making criteria.

Risk assessment will be based on a wide range of available information, gathered from a variety of sources.

Risk assessment will include a narrative formulation that provides an explanation of the onset, development, occurrence and maintenance of offending behaviour.

Risk assessment will be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision making, and acknowledging assessment limitations.

Risk assessment results will be communicated responsibly, in a way that is meaningful and understood by all involved, and used to inform implications for risk management. Risk will be communicated in terms of the pattern, nature, seriousness, likelihood and imminence of offending.

Applying the Standard

An assessment will evidence:

- A thorough review and evaluation of information gathered from interviews, file reading, chronologies, multi-disciplinary discussion and collateral sources;
- The use of appropriate risk assessment tools to provide a reliable empirical basis for the identification of relevant risk and protective factors;
- An offence analysis that examines how, why and when offending occurs by analysing the relevant antecedents, behaviours and consequences related to each type of seriously harmful behaviour;
- A formulation of risk that offers an understanding of the function and interaction of risk and protective factors relating to an individual's offending behaviour;
- Detailed analysis of past and current offending in terms of its pattern, nature, seriousness and likelihood;
- An evaluation of the level of risk of serious harm, including imminence and implications for risk management, in the current and proposed context and linked to the duration and purpose of a Risk Management Plan; and
- Recognition of any limitations of the risk assessment and identification of any case specific issues that may extend beyond the boundaries of professional training, qualification and expertise.

Guidelines

The purpose of risk assessment is to estimate the likelihood and impact of offending behaviour in order to inform decision-making. Risk assessment should:

- Identify the pattern, nature and seriousness of the behaviour;
- Estimate the likelihood and imminence of the behaviour in the relevant time frame and context;
- Inform the selection and intensity of risk management measures (supervision, monitoring, intervention/treatment, and victim safety planning); and
- Communicate necessary action to others.

The depth of risk assessment required will be determined by the level of concern and the purpose of the assessment. When the purpose of the assessment is to inform active and alert risk management of risk of serious harm,²² the assessment should provide an in-depth scrutiny of the potential risk(s) and inform the production of a Risk Management Plan.

Any risk assessment should be individualised and considerate of an individual's needs. This has further emphasis when working with individuals or groups who may have specific needs such as young people, women, ethnic minorities and those with neurodivergence, learning disabilities or mental health issues. Specific cultural factors relevant to an individual should also be considered. In all these examples risk assessment should be applied in line with the evidence-base and guidance regarding effective practice with such groups.

The Elements of the Risk Assessment Process

Identification

The purpose of identification is to source, gather and review information relevant to an individual's risk. The aim is to identify, describe and begin to understand historical and current factors relating to the person, their life circumstances and their behaviours that support offending (risk factors); promote desistance (strengths); help to prevent or interrupt offending (protective factors); or point towards social/health vulnerabilities that may or may not be related to offending (needs). This element of assessment is assisted by the development of a case history or chronology, and the application of appropriate risk tools to gain a thorough understanding of the individual's offending behaviour.²³ This may involve complementing general risk and need measures with specialised measures for the types of offending relevant to an individual's behaviour (for example violence, sexual, IPV, terrorism).²⁴ The selection of measures should be informed by the characteristics of the individual, their cultural and social context, and their offending behaviour, as well as the outcome of interest.²⁵

22 The term 'active and alert' is drawn from [FRAME](#) (RMA, 2011) and denotes intensive levels of risk management to mitigate risk of serious harm. In less complex cases it may be sufficient to be aware or attentive to risk.

23 The Care Inspectorate offer a guide to case chronologies in the justice context - [Practice guide to chronologies \(2017\)](#). The Daubert Criteria for Legal Admissibility ([Daubert v. Merrell Dow Pharmaceuticals, 1993](#)) provide a useful benchmark for the defensible use of a tool. They include whether it has: been tested, been subjected to peer review, known or potential error rates, standards regarding its application, and general acceptance in the relevant scientific community (see [Hilbert, 2019](#)) for commentary on the criteria, and [Helmus and colleagues \(2024\)](#) for application of these criteria to tools relating to assessing individuals with indecent images of children offences).

24 For example, [Gray \(2012\)](#) found specialised Intimate Partner Violence (IPV) measures produced higher predictive accuracy for IPV outcome. A similar result has previously been found in relation to sexual offending ([Hanson, 2009](#)).

25 [Serin and colleagues \(2020\)](#) referenced violence-specific variables (victim access, anger/hostility) improved prediction, reduced decision errors, and were unique predictors of violence beyond typical risk and need measures.

Where information is being communicated on the application of risk assessment tools (or other assessments such as cognitive or personality) this should firstly involve listing the tools used as sources of information. Secondly, there should be a narrative summary of the outcomes and their meaning. In instances of assessments being reviewed the detail should focus on any changes in assessment and outcomes, what the changes are and their impact on the individual's risk management. There should be a logical flow from assessment outcomes, and other relevant information gathered, into the subsequent analysis and risk management.

Information should be gathered from a broad range of sources which may include (but need not be limited to) agency file information, interviews, third party sources (such as family), multi-agency and multi-disciplinary discussions,²⁶ victim and witness accounts, and previous assessments of risk. For example, information from victims or their representatives can provide additional perspective, particularly in cases involving domestic abuse where the views of the victim(s) and their perception of risk can be critical to effective assessment.²⁷ This may be obtained by speaking to the victim(s) directly if they consent,²⁸ through their dedicated Independent Domestic Abuse Advocate (IDAA)²⁹ if they are engaged with one, or by seeking the views from a range of agencies involved in the local Multi-Agency Risk Assessment Conference (MARAC) by contacting the Chair if the case was referred to MARAC. When working with victims, practitioners should be mindful of relevant legislation and standards:

- [Victim's Code for Scotland](#)³⁰
- [Standards of Service for Victims and Witnesses 2023-24](#)³¹
- [Victims' Rights \(Scotland\) Regulations 2015](#)
- [Victims and Witnesses \(Scotland\) Act 2014](#)

Gathering information from diverse sources helps increase the reliability and depth of the resulting analysis and conclusions. The source and status of information should be made clear. In addition, any gaps in knowledge or inconsistencies in information should be clearly highlighted as well as consideration given to the credibility and motivation regarding different sources of information.

Risk-relevant information should be collated and communicated through a case summary that is concise and in plain English. A chronological approach can assist in identifying gaps or meaningful periods of someone's life. Using relevant sub-headings to structure the case summary may also be helpful (offending behaviour, personal history, education/employment, relationships, health, compliance/responsiveness, previous assessments, future plans). The case summary should describe the relevant aspects of someone's life which inform the analysis of risk. As such there should be a meaningful connection between the information gathered and the analysis presented.

²⁶ [HMIPS \(2023\)](#) reviewed England and Wales Probation Services and reported that not enough was made of information from other agencies or previous assessments when managing cases involving domestic abuse, and that more enquiries would have reduced gaps in practitioners knowledge.

²⁷ For example, [Cattaneo and colleagues \(2007\)](#) explored victims perceptions around risk of re-abuse and found that victim assessments were more likely to be right than wrong.

²⁸ Regulation 2.1A(2) of the [Victims' Rights \(Scotland\) Regulations 2015](#) details that victims should: (a) be treated in a respectful, sensitive, tailored, professional and non-discriminatory manner; (b) be able to understand information they are given and understood in any they provide; (c) have their needs taken into consideration; (d) where they are child, have their age, maturity, views, needs and concerns considered, and (e) be protected from secondary and repeat victimisation, intimidation, and retaliation.

²⁹ An aspect of the IDAA's role is assessing the risk a victim faces, and working with multi-agency partners to co-ordinate support around them.

³⁰ This recognises that victims should have their voices heard, and receive the right help, information and support to ensure the justice system is fair, accessible, and efficient for all. It also sets out the victim rights in relation to information access and giving views when an individual is released from custody ([Scottish Government, 2015](#)).

³¹ Section 2 of the [Victims and Witnesses \(Scotland\) Act 2014](#) requires Police Scotland, the Crown Office and Procurator Fiscal Service (COPFS), the Scottish Courts and Tribunals Service, the Scottish Prison Service (SPS) and the Parole Board for Scotland to set and publish [standards of service for victims and witnesses](#).

Analysis

Analysis involves breaking down and exploring component parts, and their relationships, in order to then understand something better when viewed as a whole. In forensic practice, this involves exploring the relationships between identified risk and protective factors.³² To do this an individual's offending behaviour is better understood following a detailed analysis using methods like offence analysis, narrative formulation and analysis of offending.

Offence Analysis

This is an analysis of the events that precede and follow episodes of seriously harmful behaviour. It should consider:

- How, why and when offending occurs;
- Antecedents or early warning signs of offending;
- Patterns of behaviour particular to this individual;^{33&34}
- Motivations, costs and benefits of offending;³⁵
- Internal and external consequences of offending; and
- Comparison of multiple offence types for underlying similarities and differences.

Narrative Formulation

Formulation serves as a means of synthesising risk-relevant factors, to explain the bigger picture surrounding offending behaviour. The purpose of formulation is to provide a narrative³⁶ explanation of the causes of offending with the aim of identifying the most appropriate means of preventing further offending and encouraging rehabilitation. It should consider:

- The function, relevance and interaction of risk and protective factors in episodes of offending;
- Factors increasing an individual's vulnerability towards offending;
- The internal or external factors precipitating episodes of offending;
- Factors maintaining offending behaviour and reduce risk reduction efforts;
- The relevance to offending behaviour of an individual's physical and mental health (including any risk to self) as well as their social and developmental pathways,³⁷ which may include neuropsychological factors, trauma, pervasive developmental disorder, cognitive

³² For example, [NCICP \(2003\)](#) reported that clusters of risk factors were more predictive of IPV than numbers, referencing a 900% increase in potential for homicide where there is control, violence and a separation.

³³ For example, this could include evidence of coercive control in the context of intimate relationships, as evidence is continuing to develop around the importance of this in relation to understanding IPV. For example, domestic abuse characterised by patterns of coercive control and/or stalking is more likely to end in homicide ([Campbell et al., 2007](#); [Dobash & Dobash, 2015](#); [Stark, 2009](#)). Legislation has also ensured that coercive control itself is an offence ([Domestic Abuse \(Scotland\) Act 2018](#)).

³⁴ By reviewing intimate partner homicides [Monckton-Smith \(2020\)](#) identified the following stages as being important to analyse; pre-relationship, early relationship, relationship, trigger, escalation, change in thinking, planning, and homicide. This is an example of the importance of exploring behavioural patterns and their potential relevance to risk.

³⁵ Exploring what an individual sought to achieve out of a behaviour is critical to meaningful analysis and is often more useful than the behaviour itself, akin to patterns being more revealing than incidents ([Monckton-Smith, 2018](#)).

³⁶ [Baird and colleagues \(2013\)](#) focus on risk formulation being a story describing the individual's life and providing reasons for their offending behaviour. Numerous formulation definitions reference a narrative component ([Bieling & Kuyken, 2003](#); [Doyle & Logan, 2012](#); [Logan, 2016](#); [Sturmeay & McMurrin, 2011](#)). [McMurrin and Bruford \(2016\)](#) link formulation being a narrative to its overall quality (by linking the past, present and the future)

³⁷ For children and young people the formulation should also consider the systems they are embedded in, as well as their age and stage of development. To effectively manage and reduce risk these areas need to be understood and changes effected in the relevant systems, rather than solely focusing on the individual ([Bronfenbrenner, 1994](#); [Chermack & Lynham, 2002](#)).

- capacity, and/or any culturally specific factors;³⁸ and
- Periods of non-offending and the strengths or protective factors influencing these.

Strengths are an individual's positive characteristics, relationships or circumstances that buffer risk/need factors, build resilience and promote pro-social behaviour and lifestyle. Protective factors are characteristics, relationships or circumstances that prevent, reduce or interrupt offending behaviour.^{39&40} They are individualised, in that what may be protective for one person may not be for another. The formulation should evidence how the factor has functioned to prevent or interrupt offending behaviour in the past; how it may reduce risk in the future; and should consider occasions where offending has occurred despite the presence of the characteristic, relationship or circumstance. Factors such as statutory orders and licence conditions may be effective as restrictive measures but unless they relate to an internal change for the individual (such as a shift in perspective or attitude) they should not be considered protective factors.

Formulation should also explore an individual's response to risk management measures. It should consider:

- The individual's capacity and amenability towards change by exploring their past response and current attitude towards supervision, monitoring, intervention/treatment and victim safety planning measures;
- What strategies have worked/not worked and why;
- Their level of insight and understanding regarding their offending behaviour and the harm they have caused or may cause; and
- What may be effective in establishing and maintaining protective factors that might move the individual away from future offending behaviour.

Analysis of Offending

This involves an analysis of the pattern, nature, seriousness and likelihood of offending behaviour.

Pattern involves consideration of:

- When was the onset of offending behaviour (childhood, adolescence, late onset);
- The frequency of offending behaviour (persistent, intermittent);
- What has been the duration of offending behaviour (short or long-term); and
- Any particular changes in frequency, duration or diversity of offending behaviour.

Nature involves consideration of:

- The type of offending behaviour (general violence, sexual violence, stalking, etc.);
- The diversity of offending behaviour (single type or mixed types);
- Who is at risk (the victim(s) of the offences), such as:

38 Considering these domains a formulation aligns with a trauma-informed approach to an individual's assessment and management. It includes having an understanding of how trauma exposure affects an individual's neurological, biological, psychological and social development ([Homes & Grandison, 2021](#)).

39 There are differences in how protective factors have been conceptualised and defined. Some define them as factors predicting low likelihood of offending ([Loeber et al., 2008](#)) whereas others focus more on factors interacting with risk factors to reduce or eliminate risk ([Rutter, 1987](#)). What is agreed is their importance in assessment. [Ireland and colleagues \(2024\)](#) use the term 'risk and protective assessments' and found that judgements combining risk and protective factors improved prediction, and protective factors improved prediction beyond risk factors alone.

40 The Structured Assessment of Protective Factors for violence risk (SAPROF) provides an overview of, and assessment process for, protective factors ([de Vogel et al., 2009](#)). Whilst [Ward and Stewart \(2003\)](#), and [Ward and Maruna \(2007\)](#), have considered the role of strengths in addressing offending behaviour.

- Demographic information such as race, gender, age and location;
- Particular characteristics, circumstances and vulnerabilities of victims;
- The relationship to the victim (family member, person in authority, stranger);
- Risk to individuals linked to potential victims (family, friends, children);
- The range and type of victims and what this is driven by (opportunity, indiscriminate targeting, choice);
- The individual's attitude towards victims or victim groups.

Seriousness involves consideration of:

- The extent to which the individual has already caused serious harm;
- The frequency and escalation of physical and psychological harm over time;⁴¹
- The degree of actual and intended harm;
- The degree of planning and intent; and
- Identifying relevant indicators of serious harm.

Likelihood involves consideration of:

- The current factors that might trigger further offending behaviour;
- Any idiosyncratic or aggravating factors such as bizarre or ritualistic elements or the use of weapons;
- The current factors that may actively prevent further offending behaviour; and
- The balance of identified risk and protective factors and whether it points towards further offending or desistance.

An analysis of risk should be an individualised account. If it is not then it is just a restatement of the individual's problems. The relevant question for professionals is "*What will be most effective for this particular individual with this particular issue in light of the person's unique history, current situation, and possible futures?*" As such the analysis of risk should contain critical information regarding the meaning of an individual's behaviour, and a plot that sets out the relevant past, present and future individual circumstances, how they relate to one another, and how they come together to relate to an individual's offending behaviour.⁴²

It should:

- Be clear and concise, using everyday language and avoiding unnecessary psychological jargon;
- Be consistent with the facts of the case and empirically supported theory;
- Be hypothetical, inferential and testable, making evidence-based forecasts about future behaviour based on the fullest available information, stating any limitations, and subject to review and revision in light of new information;
- Be action-oriented by providing the rationale for evaluation and decision-making;
- Bridge risk assessment to risk management by prioritising treatment issues and problems, selecting and evaluating specific risk management responses, anticipating an individual's response to risk management strategies and interventions;⁴³ and
- Provide an opportunity for collaborative engagement regarding how best to proceed.⁴⁴

41 For example, [Johnson and colleagues \(2019\)](#) stress the importance of IPV risk assessment not overlooking the potential risk related to patterns of control and isolation the individual engages in by solely focusing on physical assaults that increase in frequency and severity.

42 There are several examples of criteria of a 'good quality' formulation. [Hart and colleagues \(2011\)](#) detailed the following: external coherence, factual foundation, internal coherence, explanatory breadth, diachronicity, simplicity, reliability, generativity, accuracy and acceptability. Whereas [McMurrin and Bruford \(2016\)](#) developed a ratable checklist that included: narrative, external coherence, factual foundation, internal coherence, completeness, events relate over time, simplicity, predictive, action-oriented, and overall quality.

43 E.g. [Corrie & Lane \(2010\)](#); [Logan et al. \(2011\)](#).

44 E.g. [Tarrier \(2006\)](#).

Analysis 'bridges' risk assessment to management by underpinning decision-making around the implications and approaches to future risk management. In particular it will assist with decisions regarding:⁴⁵

- The likely future risk scenarios in which future offending might occur;
- The likelihood, impact and possible victims of each possible outcome;
- Identifying relevant early warning signs which might indicate further offending is imminent and using these to inform the production of monitoring and contingency activities;
- Similarly, identifying relevant indicators of positive progress which might indicate there has been positive change; and
- The degree and nature of measures required to manage the identified risk(s).

The dynamic nature of risk means assessment is an ongoing process and the conclusions of risk assessment should be subject to regular review.⁴⁶ For example, a narrative formulation is a hypothesis and should be subject to testing and review in light of new information. It is important to identify areas requiring ongoing exploration, and any gaps in understanding or knowledge should be clearly acknowledged.

Evaluation

The purpose of this step is to evaluate the formulation against the relevant decision-making criteria. This criteria will vary depending on the purpose of the risk assessment and the circumstances and context of the individual. For example, the criteria used to evaluate progression to less secure conditions within the prison environment will vary from those used to evaluate an individual's suitability for release into the community.

The following definition provides broad criteria against which to evaluate the risk of serious harm:

"Risk of serious harm is defined as the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible".⁴⁷

The task of evaluating risk of serious harm is further assisted by the use of specific definitions of low, medium, high and very high, which provide more detailed criteria. These are provided in Section 4 (The Assessment and Management of Risk) of the [MAPPA national guidance](#), and are detailed below:

Very High	There is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
High	There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
Medium	There are identifiable indicators of serious harm. The offender has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse; and
Low	Current evidence does not indicate likelihood of causing serious harm.

⁴⁵ See Standard 2 (Planning & Responding to Change) and Standard 3 (Risk Management Measures) for specific guidance on these elements.

⁴⁶ Timescales for the review of risk assessment should be determined by the level of risk and need within each case, as well as any significant changes in circumstances. For the purposes of an OLR, at a minimum the conclusions of a risk assessment should be reviewed to inform each Annual Implementation Report (AIR).

⁴⁷ Included in Section 4 ([The Assessment and Management of Risk in the Multi Agency Public Protection Arrangements \(MAPPA\): National Guidance](#) (Scottish Government, 2022)).

This conclusion should flow logically from the assessment and analysis of risk. In order to conclude on a risk of serious harm level, particular consideration should be given to the potential imminence of serious offending.

Imminence involves consideration of:

- How quickly is offending behaviour likely to occur without any risk management measures in place or if protective factors fail;
- Are there protective factors in place currently that may prevent or reduce the chances of offending behaviour;
- What factors might indicate offending behaviour is becoming more imminent;
- Are the circumstances related to previous serious offending behaviour repeating;
- Is the individual exhibiting intent, capability or seeking the opportunity to inflict serious harm on others; and
- Is the individual currently stable and what might need to change for further offending behaviour to become more imminent.

The evaluation of risk should also consider the implications for risk management. This involves considering what would be required to sufficiently and proportionately manage the risk(s) identified through the assessment and formulation. Summary statements on risk should clearly state whether an individual can be managed through single agency measures (for example, MAPPA Level 1, case management) or whether multi-agency active and alert risk management (for example, MAPPA Level 2 or 3) is required to manage the risk(s). A conclusion on the implications of risk management should be clearly linked to and underpinned by the findings of the assessment. It should also be an agreed collective position of those responsible for the assessment and management of the individual. This evaluation of risk should also link back to the purpose of the assessment, in terms of informing the decision the assessment was undertaken to support (e.g. progression, release, etc.). For example, in the instance of potential release into the community⁴⁸, the evaluation of risk should clearly conclude on whether the identified risks are either manageable or not manageable within the community, along with a clear rationale as to why that is the conclusion.

Communication

In the context of managing risk of serious harm, the readership of the risk assessment will be multi-disciplinary and multi-agency, and each representative needs to understand the implications for their role. Understanding how the listener or reader will need to be guided by the assessment enables the assessor to communicate meaningfully.

When managing risk of serious harm, a shared Risk Management Plan will serve as a primary means of communication. Regardless of the forum, risk should be communicated in a manner that facilitates understanding. Terminology should be clear, concise, and jargon free to promote collaboration and information sharing. Language should also facilitate understanding and decision-making and be free from ambiguous and unnecessary information or inferences.

The findings of risk assessment should be communicated to relevant others including the individual who is subject to assessment, and the key partners involved in the case. The formulation should be summarised into a concise statement of the pattern, nature, seriousness, likelihood and imminence of offending to aid understanding and facilitate decision-making. The risk assessment should provide a comprehensive, logical and coherent explanation about the risk posed by the individual. When communicating with the individual subject to the risk assessment, efforts should be taken to facilitate and check their understanding of the findings and implications. Communication should be responsive to the needs of the individual and in an appropriate format (such as providing an adapted version).

⁴⁸ Tests for release are detailed in section 2(5)(b) of the [Prisoners and Criminal Proceedings \(Scotland\) Act 1993](#), and Section 25 of the [Parole Board for Scotland Member Guidance](#).

Standard 2: Planning and Responding to Change

All Risk Management Plans and decisions will be based on a risk assessment which is of the appropriate level and depth to support such a decision or plan. Actions to be taken will be clearly documented and their rationale will link explicitly to risk assessment.

The risk assessment and management processes will be dynamic, with the capacity to respond to changes in risk. The dynamic link between risk assessment and planning will be maintained through ongoing assessment and review.

The level and immediacy of any response to change will be proportionate to the significance of the change and risk. Reductions and increases in risk management measures will be justified and supported by a suitable reassessment of risk.

Applying the Standard

When developing plans to manage and respond to changes in risk of serious harm, the following elements should be evident:

- A description of the risk(s) to be managed within the plan:
- A record of:
 - Relevant factors that contribute to the risk of serious harm,
 - Triggers, events, behaviours and early warning signs to be monitored,
 - Indicators of positive change;
- The range of measures that will be employed to reduce the risk including:
 - Preventive measures to address risk factors,
 - Supportive measures to build protective factors,
 - Contingency measures to respond to change;
- Co-ordination of risk management activities and strategies through:
 - Prioritisation and scheduling,
 - Allocation of responsibility;
- Acknowledgment of the limitations of the risk management measures and consideration of potential mitigating actions;
- Arrangements for review including:
 - A schedule for planned review,
 - Facility for supplementary review in response to a significant change, sudden deterioration, or signs that indicate positive progress.

Guidelines

The purpose of risk management planning is to identify, and co-ordinate the implementation and review of measures to manage the risk of serious harm.

Risk management planning is explicitly informed by the formulation of risk which is the bridge between risk assessment and risk management. It leads to the identification of risk scenarios and measures to prevent, reduce or interrupt future occurrences of seriously harmful behaviour. However, because risk is dynamic, the formulation and Risk Management Plan should always be subject to ongoing assessment and review, and should include contingency measures to be taken in response to anticipated or unexpected change.

A number of key steps form the risk management planning process:

1. Identification and description of risk scenarios

Identifying the likely risk scenarios is an initial step in moving from risk assessment to risk management. They help to identify potential early warning signs, monitoring and preventive strategies, and contingency measures aimed at avoiding negative outcomes and promoting more positive scenarios.

Describing the circumstances or 'scenarios' in which an individual's future offending behaviour is most likely to occur helps 'visualise' the risk(s) the plan is being designed to manage, assists in understanding the rationale for various measures and activities, and helps to meaningfully communicate risk between multi-agency partners regarding risk.

Generating scenarios is about increasing understanding of the risk(s) to be managed, not predicting offending. Scenarios are forecasts based on evidence (such as general rates of re-offending for different types of offending, and how this relates to the individual), informed by the relevant factors identified through the risk assessment and formulation, and should demonstrate the role and interaction of those factors in episodes of offending.

The risk management planning process should therefore begin with identification of the risks (types of offending) to be managed (such as general violence, sexual offending, intimate partner violence, stalking, terrorism or other). These are the outcomes that are desirable to avoid and which a Risk Management Plan is established to manage.

Each type of seriously harmful offending relevant to an individual should have a 'likely' risk scenario detailing:

- 'What' – What is the risk? (What behaviours the person may engage in?);
- 'Who' – Who might be at risk from these behaviours? (Strangers, partner/ex-partner, children, previous victims, associates, neighbours, identifiable groups, other),⁴⁹ are there particular relevant victim characteristics? (Age, gender, vulnerability, relationship to the individual, race/ethnicity, professionals working with the individual, other);
- 'When' – When is the person more likely to engage in these behaviours? (Particular contexts, circumstances or environments);

⁴⁹ For example, in the context of domestic abuse, Section 3(2)(b) of the [Domestic Abuse \(Protection\) \(Scotland\) Act 2021](#) sets out that behaviour may be directed at the victim, their child, or another. Safeguarding of any children the individual may have contact with (should that be deemed a relevant risk) is critical and information should be shared with the appropriate services.

- 'Why' – What would the motivations of the individual be (what would they be looking to get out of the behaviours?);
- 'How' – Are there particular methods the person might use to engage in the behaviours?

A likely scenario can be made up of various components:

- A 'similar' scenario, such as a repeat of previous behaviours resulting in the same or similar offending behaviour;
- A 'better' scenario, is there a realistic aspect of the individual's behaviour that could show an improvement and what might be the impact, could there be desistance from offending or a reduction in the frequency, seriousness or type of offending;
- A 'worse' scenario, an escalation in offending such as a shift from low level violence to the use of a weapon, or could there be an increase in the physical or psychological impact of the individual's offending.

2. Measures of Change

Early warning signs are events, changes or behaviours that may indicate offending is becoming more imminent, and they can inform the development of relevant monitoring and contingency measures. These signs may not be identifiable in every case. Identification of relevant early warning signs will be informed by the antecedents, precipitating factors and victim characteristics identified through offence analysis and formulation. Early warning signs should inform the monitoring strategies implemented and contingency activities should be established to ensure there is a proportionate response with appropriate actions to the observation of early warning signs.

A balanced approach to risk management planning means also promoting positive change and building strengths. This involves identifying and monitoring events, behaviours or circumstances that provide reliable evidence risk reduction efforts are working. These are called indicators of positive progress and they will vary across individuals. Such indicators might demonstrate an individual is making and maintaining positive behavioural changes, risk is reducing and therefore risk management measures can be reduced to remain proportionate to the current risk. Identification of indicators of positive progress can involve reviewing any protective factors or potential protective factors identified within the formulation, or exploring periods of non-offending and identifying indicators relevant to these periods. Consideration should be given as to how the relevant indicators may be identified through monitoring activities.

Collectively, early warning signs and indicators of positive progress can be known as measures of change. The active monitoring of both then inform decisions on increasing or decreasing risk management measures to proportionately and effectively manage risk (increased early warning signs and fewer indicators of positive progress may lead to increased measures, and vice versa).

3. Development of risk management measures

Risk management measures have three broad aims, with an appropriate balance of:

- Preventive measures aimed at reducing the risk of serious harm through the use of rehabilitative or restrictive activities. These activities should target relevant risk factors and may include a broad range of conditions and/or interventions;

- Supportive measures aimed at promoting and encouraging the presence and influence of protective factors. This includes activities designed to encourage internal, external, and motivational factors which might mitigate or interrupt the occurrence of seriously harmful behaviour;
- Contingency measures aimed at providing a planned and co-ordinated response to early warning signs that may indicate risk is escalating or offending is imminent. These should set out clear actions to be taken in the event early warning signs become apparent.

To ensure a proportionate response, the balance of preventive, supportive and contingency measures should reflect the pattern, nature, seriousness, likelihood and imminence of offending behaviour, and the identified risk and protective factors. Specific and deliverable measures should be informed by the preceding formulation and identified risk scenarios.⁵⁰

4. Monitoring and contingency planning

The dynamic nature of risk means there should be active monitoring and regular review to identify change and measure progress. Monitoring activities should be specific, with a clear purpose, and should track the early warning signs that might indicate offending is imminent. It is also important to monitor progress against the indicators of positive change to ensure measures are not unnecessarily restrictive. Everyone involved in the delivery of a Risk Management Plan has a role to play in supporting monitoring activities through observation of an individual's behaviours and appropriate information-sharing.

The plan should also document the contingency measures to be taken in response to early warning signs, the weakening or breakdown of risk management strategies or protective factors, or the emergence of other concerning behaviours or events. The contingency plan can be considered the 'Plan B' supporting the overall purpose of reducing the risk of serious harm. It is established to respond to any indications risk of serious harm is becoming more imminent. There should be contingency measures highlighted for all early warning signs considered to be relevant to an individual's risk. Contingency measures should clearly outline what action should be taken to manage or minimise the risk, who is going to do it and within what time frame. It will be important members of the multi-agency risk management team are aware of the contingency measures so responses to changes in risk can be implemented in a timely manner.

5. Review

Regular review is critical to the planning process. Alongside ongoing monitoring, it provides the primary means for measuring progress or deterioration against the identified risk and protective factors; identifying change; and evaluating the implementation of the Risk Management Plan. Reviewing the plan on a regular basis helps ensure the identified risk(s) remain relevant and measures to manage the risk(s) remain proportionate and defensible.

Frequency of review should be proportionate to the level of risk and determined on a case by case basis, taking into consideration the following:

- The complexity of the individual's relevant risks and needs (individuals with particularly acute or unique needs may require more frequent review);

⁵⁰ See Standard 3 (Risk Management Measures) for more detailed guidance on the specific forms of risk management (supervision, monitoring, intervention/treatment, and victim safety planning)

- The sentence stage of the individual (in the early stages of a sentence, at points of progression, or at point of release, it may be prudent to increase the frequency of review);⁵¹
- The current level of engagement and motivation (more frequent review may be required to monitor efforts to increase engagement and motivation);
- The imminence of early warning signs (more frequent review might be required during periods where early warnings signs are being observed and reported);
- Procedural or legislative requirements (for example, in an OLR case a minimum of an annual review must be undertaken).

The multi-agency team responsible for the individual's management will be responsible for establishing arrangements for regular review. This should include evaluating how effectively the risk management measures outlined within the plan have been implemented. This will assist in identifying potential changes or improvements to the plan, if there have been changes or progress resulting from the implemented measures detailed in the plan, and to review whether current measures are sufficient and proportionate to the identified risk and needs.

Where the review process indicates a change to the proposed plan is required, the rationale should be clearly documented, and supported by a suitable reassessment of risk. Reassessment can take different forms, such as updating existing assessments with additional information, re-application of previous tools (if a significant time period has lapsed, or there has been a significant change of context, since the last application), or the application of new tools (if new information or thinking supports this). This ensures any reduction or increase in the level of restriction or intervention is defensible and proportionate. The Risk Management Plan should be amended to reflect any changes arising as a result of the review process.

There should also be mechanisms in place to facilitate supplementary reviews in response to significant positive progress, sudden deterioration, or significant change. Changes to the intensity of measures should be supported by a clear rationale outlining the relevant considerations and evidence. For example, licence variations relating to protecting victims need to consider the potential emotional impact on the victim(s) and so it is important changes are justified and defensible.

6. Co-ordinating the Plan

The preparation and co-ordination of the plan should be undertaken by a designated Case Manager⁵² in consultation with key partners, and with support and oversight of the multi-agency Risk Management Team. Case Managers should have the appropriate knowledge, skills and experience, as should any individual with delegated responsibilities supporting the functions of the Case Manager.⁵³ There should be one individual appointed with the overall responsibility of co-ordinating the contribution of multi-agency partners to the development and implementation of the agreed Risk Management Plan.

A Risk Management Plan should set out and co-ordinate the measures needed to manage risk by detailing what needs to be done, by whom, and when. It should be clear who is responsible for

51 [Brown and colleagues \(2009\)](#) looked at individuals released and found the majority who 'failed' did so within the first 6 months, and that higher risk individuals failed more frequently and more quickly. As such they argued that community reintegration was a critical period where risk management could be increased and with each successful period (for example, 6 or 12 months) measures could then be reduced.

52 For the purposes of this document the term 'Case Manager' is adopted throughout. It may also be known as a Supervising Officer (Community Justice) or Registered Medical Officer (Forensic Mental Health).

53 See Standard 5 (Quality Assurance) for detail on the appropriate knowledge, skills and experience.

each activity highlighted within the plan (the named individual or agency) to ensure there is clear accountability for the implementation of the plan. Co-ordination involves allocating, prioritising, and communicating necessary actions. Effective co-ordination and delivery of measures means each activity should be assigned a priority rating to indicate the sequencing of strategies informed by the formulation (in the Risk Management Plan template this is done via '1' being immediate, '2' being medium-term, and '3' being longer term). This is not about the importance of strategies but rather planning out the delivery of a plan to maximise its effectiveness. For example, there may initially be engagement or responsivity work required to increase motivation before moving onto more structured and targeted approaches. In addition, time-scales should be set for the completion or review of each activity to ensure progress is monitored and outcomes are considered.

Complex cases may involve co-ordinating of a wide range of activities. A variety of factors may impact how these activities are prioritised and scheduled:

- The relevance of the activity in addressing imminent offending;
- The relevance for longer term risk reduction;
- The current and future context;
- The impact of anticipated or unplanned change;
- Any conditions of a licence; and
- The individual's readiness to change and engage.

Standard 3: Risk Management Measures

Risk management measures will be based upon and updated in response to current research evidence.

Risk management strategies of supervision, monitoring, intervention or treatment, and victim safety planning, and the associated activities which are used to manage the risk posed by offending behaviour will be tailored to the needs of the individual.

Measures should be proportionate to the level of risk, defensible, and consistent with the remit of the responsible agencies.

Applying the Standard

Measures to manage risk of serious harm should:

- Be grounded in the evidence base regarding effective practice;
- Be tailored to the individual;
- Comprise a balance of preventive, supportive and contingency measures;
- Target the specific risks, needs and scenarios identified within the risk assessment and formulation;
- Be delivered by means of the risk management strategies of supervision, monitoring, intervention or treatment and victim safety planning;
- Be co-ordinated within a Risk Management Plan which is shared with key partners; and
- Be regularly reviewed to evaluate progress and ensure the ongoing appropriateness of measures.

Guidelines

Where an individual poses a risk of serious harm, intensive measures will likely be required to sufficiently manage the risk. Such measures should be proportionate,⁵⁴ ensuring any restriction of liberty is at the minimum level necessary to protect others; interventions are provided at a level required to promote rehabilitation; and appropriate services are provided to meet individual needs.

To ensure practice is evidence-based, risk management strategies should draw on relevant research literature, clearly link to the specific risks, needs and scenarios identified by the risk assessment and formulation, and be tailored to the individual.⁵⁵

In addition to addressing risk factors, effective risk management also involves developing and bolstering strengths and protective factors. This means balancing preventive and restrictive measures⁵⁶ with supportive measures aimed at either using or building an individual's strengths and/or protective factors. Identifying strengths can inform the approach to implementing strategies by being responsive to the individual and their characteristics. This tailoring approach is about increasing the chances of achieving the most effective outcome. Whereas protective factors function to interrupt, reduce or mitigate risk so supportive measures should aim to build potential or emerging protective factors, or to foster and maintain existing protective factors.

Risk Management Strategies

Measures to manage risk comprise four risk management strategies: supervision, monitoring, intervention/treatment and victim safety planning. A strategy is a plan of action designed to achieve a specific goal. Each strategy may consist of a range of specific activities designed to target the identified risks and needs. Activities should be clear and concise. This involves balancing sufficient detail to promote understanding with not providing so much detail that the purpose and specifics of each activity becomes unclear. Activities should be specific, not vague and broad, and clearly linked to the factor(s) they are being targeted at. For example, implementing risk management strategies involves a multi-agency approach and so activities referring to the implementation of a standard, but agency-specific, policy are unhelpful. Rather such activities should be specific on what will be done and by whom.

1. Supervision

Supervision involves engaging the individual in a process of change as well as overseeing or administering an order or sentence⁵⁷ in line with legislation and procedures to ensure conditions or restrictions are applied.⁵⁸ Supervision therefore involves balancing the need for restriction with the goal of rehabilitation. Restrictive measures to limit freedom of association, behaviour or whereabouts may be appropriate when the level of risk demands such a response.

54 As an example, application of Article 2 of the ECHR to domestic abuse details that where a proactive and comprehensive risk assessment indicates a real and immediate risk to life then the relevant authorities should take preventive operational measures adequate and proportionate to the level of the risk assessed (EHCR, 2024).

55 Research evidence indicates interventions are more successful when they are: proportionate to risk, focused on the primary areas contributing to the likelihood of further offending, are delivered responsively to the individual, and use methods demonstrated to be effective (Andrews & Dowden, 2007; Bonta & Andrews, 2010).

56 Restrictive measures may sometimes be the most effective risk reduction strategy. For example, Brandt and Rudden (2020) reported, in the context of domestic abuse, the removal of the individual may be the most effective protective measure for the potential victim(s). Furthermore, effective justice intervention has been related to much better outcomes in this area (Stark, 2023).

57 See Kemshall (2008; 2010) for the notion of 'protective integration', with others writing about the need to balance the 'pursuit of control and the promotion of change' (Weaver & Barry, 2014, p. 153; Weaver & Weaver, 2016).

58 In the context of IPV, this may include checking if there are Non-Harassment Orders (NHOs), civil NHOs, or interdicts, in place for current or previous offending. They will impose restrictions that should be implemented.

However, effective supervision also involves developing a high quality relationship that targets relevant risks and needs with the aim of encouraging compliance and promoting engagement and change. The aim should be to integrate risk reduction efforts with desistance enhancing initiatives in a transparent, defensible and evidence-based way.⁵⁹

Supervision should draw on activities known to be effective and may include:⁶⁰

- Motivational interviewing;
- Goal setting and problem solving;
- Pro-social modelling;
- Building social capital through support networks, education and employment, and volunteering and mentoring;⁶¹
- Reframing choices and perceptions regarding the costs and benefits of offending;
- Effective use of supportive authority;⁶² and
- Structured one-to-one interventions that develop skills and strategies to promote pro-social alternatives and relapse prevention strategies

Supervisory contact (for example, between the individual and the Case Manager or Justice Social Worker) should be proportionate to risk and need. It is expected contact will be more frequent when establishing and building a meaningful relationship or during periods when risk is heightened. There may also be situations where an individual is disengaged from their risk management. In such situations risk management measures should focus on trying to increase engagement (for example, strategies being focused on areas like motivation and building insight).

Supervision strategies should be informed by the formulation. In particular, risk factors or needs amenable to change can be targeted through supervision activities.

2. Monitoring

Monitoring encompasses a range of observational activities aimed at assessing compliance, identifying progress and detecting signs of deterioration or imminent offending. It involves identifying and observing factors potentially indicating behavioural or attitudinal change. As such, monitoring produces vital information for the ongoing process of assessment, planning and review, and is critical in determining the need for contingency action(s).

Effective monitoring requires agencies and professionals to be aware of the events and behaviours to be observed. These will be individualised and informed by the formulation. For example, antecedents from an offence analysis, and triggers (or precipitating factors) within a formulation can inform the early warning signs that monitoring strategies might target. What is being observed, how, and by whom, should be clearly recorded and communicated to relevant partners and agencies.

59 [Kemshall \(2021\)](#) discussed the importance of a balanced approach to risk management focused on desistance and rehabilitation, through targeting risk and meeting needs. This integration of rehabilitative strategies alongside community protection measures can be described as 'blended protection' ([Kemshall, 2019](#)).

60 [Dowden & Andrews \(2004\)](#) reference 'Core Correctional Practices' (CCPs) as a set of delivery skills that can support effective supervision; prosocial modelling, effective reinforcement, effective disapproval, effective use of authority, structured learning, problem solving, cognitive restructuring, and relationship skills ([Gendreau et al., 2010](#)). These include adopting a 'firm but fair' approach that targets relevant risks and needs, such as attitudes supportive of offending behaviour. Research has demonstrated that use of CCPs can lead to significant reductions in recidivism ([Chadwick et al., 2015](#); [Farringer et al., 2019](#); [Lowenkamp et al., 2006](#); [Matthews et al., 2001](#)).

61 [Albertson \(2021\)](#).

62 Effective 'supportive authority' ([Bush et al., 2016](#)) involves supervisors setting expectations and encouraging positive choices, censuring risky behaviours and negative conduct, and signalling disapproval or applying legitimate sanctions ([Martin & Robie, 2006](#); [Maruna, 2012](#)). It can be useful in reflecting back the consequences of choices for the individual, and supporting exploration of positive alternatives ([Kemshall, 2021](#)).

Different contexts can pose challenges to effective monitoring. In the community there may be less opportunity to closely observe behaviour and change, whilst the restricted environment of custody can encourage compliance which may create the false appearance of improved behaviour and attitudes. Although the opportunity to engage in harmful behaviour may be limited or modified by restrictions in the community or custody, there may still be evidence of 'proximal behaviours' (those closely related to the offending in terms of context and time, or potentially triggering the offending)⁶³ or offence paralleling behaviours⁶⁴ which might indicate the motivation to offend is still present.

All parties involved in the management of an individual have a responsibility for monitoring. Much of the information which informs monitoring will be drawn from observing behaviour during routine day-to-day interactions. However, specific activities relating to particular roles or agencies may include drug and alcohol testing, scheduled and unscheduled home visits and police surveillance. Agencies and individuals involved in managing risk of serious harm should be clear about the contingency action(s) required in the event that early warning signs appear or other concerns emerge.

3. Intervention/Treatment

The goal of intervention or treatment is to reduce risk and encourage rehabilitation. It may do this by building a skill, improving pro-social opportunities, or addressing a specific behaviour, problem or need relating to issues of health, trauma or vulnerability. To ensure interventions are defensible and effective, they should serve the dual function of targeting relevant risks and needs and promoting the development of protective factors and strengths. They should have a clear theoretical and empirical basis, and employ methods with demonstrated effectiveness, such as cognitive behavioural techniques.

The most appropriate means of delivering intervention or treatment should be considered. This will depend on factors such as the nature of the individual's offending, their needs, characteristics and abilities, and the objectives of risk management. Interventions may be delivered on an individual or group basis, and where appropriate may involve family members or others who offer pro-social support. Examples include; offending behaviour programmes, psychological therapies, vocational or educational courses, parenting programmes, or health initiatives.

The outcome of interventions or treatments should be reviewed and evaluated to assess whether they have contributed to any change in the factors related to the likelihood or impact of further offending. Evaluation of impact should not be based solely on compliance or completion, particularly in a secure setting, as this may not necessarily be indicative of positive change or a reduction in the risk level.

Details relating to the scheduling of the treatment or intervention should be clearly recorded within the Risk Management Plan and relevant tasks should be allocated to named agencies or individuals. In complex cases, where multiple interventions are required, they should be prioritised and co-ordinated within the Risk Management Plan.

63 [Clark et al., \(1993\); Ward & Beech \(2006\).](#)

64 [Daffern et al., \(2011\).](#)

4. Victim Safety Planning

The goal of victim safety planning is to reduce the likelihood of future harm to known or potential victims by devising preventive or contingency measures to protect them.^{65&66} This means risk assessment and risk management has to consider the impact on both the individual subject to the assessment as well as previous or potential victim(s).⁶⁷ It may not always be feasible or appropriate to work directly with victims and victims may opt not to be involved. However, where possible, a victim safety strategy should be developed in collaboration with victims.⁶⁸ Involving victims can help identify ways to decrease or eliminate their exposure to further harm.⁶⁹ It can also help to identify methods of responding to emerging risk that may increase feelings of personal control and reduce anxiety and fear.⁷⁰

Working with victims may include involving the relevant victim agencies in the risk management planning process. For example, if an individual is working with an advocate or specialist domestic abuse services then consideration should be given to working with them to ensure the victim safety planning measures are agreed collaboratively and are specific, realistic and practical. Working with this individual or service can provide a consistent source of information, promote inclusion of the victim(s) voice, help mitigate risk of re-traumatisation for victim(s),⁷¹ and help prioritise a risk management response focused on addressing relevant victim needs.⁷²

Whilst supervision, monitoring, and intervention/treatment strategies all aim to reduce future victimisation, victim safety planning provides a further layer of protection by ensuring communication, information sharing, disclosure and the need for specific measures are considered from a victim perspective.⁷³ It should be ongoing and individualised with strategies communicated and coordinated with the appropriate agencies and individuals.⁷⁴

Victim safety planning measures should not unintentionally escalate risk to victims. For example, in the context of information-sharing and effective risk management planning, there is a balance to be struck between efforts to collaborate with the individual subject to the plan and victim safety considerations. This may involve redacting victim information or strategies if there is a concern exposing these to the individual might increase risk to potential victims.

65 The goal of victim safety planning aligns with the trauma-informed principle of 'Safety' whereby the physical, psychological and emotional safety of individuals are prioritised, and policies, practices and safeguards are put in place. This is detailed in the ['Trauma-Informed Practice: A Toolkit for Scotland'](#) (Home & Grandison, 2021).

66 The [Domestic Abuse \(Scotland\) Act 2018](#) amended the [Criminal Procedure \(Scotland\) Act 1995](#) to insert section 210AB which focuses on victim safety in domestic abuse cases. In particular, section 210AB(1) states there must be regard to the aim of ensuring the victim is not the subject of a further offence committed by the convicted person.

67 [FRAME](#) (RMA, 2011) refers to the principle of rights-based practice and describes the importance of assessment and management balancing the interests of the individual, victim(s) and the wider public.

68 Considering victim perspectives is enshrined in legislation. The [Criminal Justice \(Scotland\) Act 2003](#) gives victims (or an eligible family member) the right to receive information about the release of the prisoner who committed the crime against them, and to receive information from and make representations to the Parole Board for Scotland.

69 [Davies \(2009\)](#); [Davies et al. \(1998\)](#); [Dutton \(1992\)](#).

70 [Grupe & Nitschke \(2013\)](#); [Lachman & Weaver \(1998\)](#).

71 NHS Education for Scotland (2023) published ['Trauma Informed Justice: A Knowledge and Skills Framework for Working with Victims and Witnesses'](#) which states that risk of re-traumatising a victim can be reduced by: minimising the number of times they recall events, maximise trust and safety, consistency, predictability and planning, avoid pressuring or overwhelming, taking an empathic and validating approach, and promoting choice and control.

72 [Logan & Walker \(2018\)](#).

73 For reference, [Brooks-Hay and colleagues \(2024\)](#) explored victim-survivor views regarding sentencing for sexual offending and established continued fear of the individual remained an enduring concern despite their physical removal. Examples of mitigation strategies that victims took included: moving to a new country, seeking new employment, managing their own movements, and increasing home security.

74 [Allen et al. \(2013\)](#); [Bybee & Sullivan \(2005\)](#); [Murray et al. \(2015\)](#); [Sullivan & Bybee \(1999\)](#).

In cases where there are known victims or clearly identified individuals or groups it may be appropriate to identify victims in relation to the specific strategies aimed at protecting them. In other cases where offending is indiscriminate, random or opportunistic, it may only be possible to pay general attention to identifying potential victims such as staff, visitors or other prisoners. Specific considerations should be given to an individual's current context (custody or community) and how this interacts with potential victim access, and the necessary nature of victim safety planning strategies. For example, in the context of domestic abuse, it is necessary to consider the nature of this behaviour may differ across custody and community and as such what victim safety planning strategies might be required to mitigate the risks.

Developing victim safety strategies requires reference to the formulation and identified scenarios. This will support the identification of the profile of potential or preferred victim groups and inform the measures necessary to limit victim access. The formulation should also highlight the factors, behaviours or attitudes that require monitoring, and early warning signs that might indicate offending is imminent. Contingency measures should be developed in the event early warning signs emerge, or risk factors increase, relating to potential victim access. For victim safety planning to be effective relevant parties must:

- Understand the risk;
- Be aware of early warning signs;
- Have contingency actions communicated to them;
- Identify potential victims with appropriate strategies and/or measures to promote their safety; and
- Be clear on the activities relating to victim safety planning, who is responsible, and when they should happen.

Specific victim safety planning measures may involve; identifying and reducing victim access (for example, electronic monitoring, away-from and exclusion zones, licence conditions), supportive victim-focused measures to enhance personal safety (such as disclosures, awareness-raising), and managing environmental or contextual factors that increase the likelihood of a victim, or victim group, being targeted (such as environmental risk assessments, restriction of residency, location monitoring or residence at a specific place).⁷⁵ Where an individual is being considered for community access, there should be increased collaboration between custodial and community partners on victim safety planning measures in advance of such considerations. This will involve considering if any additional victim safety planning measures are needed to manage any perceived risk to known or potential victims in this setting. For example, in domestic abuse cases consideration should be given to any necessary actions to safeguard victims and children. Advanced preparation and collaboration will also allow victims to access support services within the community to work with them to complete victim safety plans.

Limitations

Whilst risk management planning should aim to be comprehensive, no plan, measure or intervention is infallible. Therefore the planning process should also include consideration of any limitations to the risk management measures. Examples could include; areas of uncertainty, gaps in knowledge, interdependencies between risk management strategies, areas where the success of the plan is dependent on the engagement of the individual, or the availability of resources or programmes. Where limitations are identified, they should be recorded in the plan and communicated among key partners. There should also be detail provided on the proposed mitigating action(s), where such actions are possible, to reduce the impact of potential limitations.

⁷⁵ Section 9D(1) (Right to avoid contact between and offender) of the [Victims' Rights \(Scotland\) Regulations 2015](#) states that a competent authority must take reasonable steps to enable a victim in relation to an offence or alleged offence, or any of that person's family members, to avoid contact with the person suspected, accused or convicted of the offence or alleged offence during a relevant interaction with a competent authority.

Standard 4: Partnership Working

The appropriate agencies will work together in the assessment and management of risk. The degree of communication, co-ordination and collaboration will be proportionate to the risk and complexities of the case.

Information will be shared responsibly, in a timely manner, using shared language which supports the understanding of those involved.

Information sharing will be at a level which is mindful of each individual's rights to privacy and confidentiality.

Applying the Standard

Active and alert risk management involves partnership working that evidences:

- The sharing of appropriate information to support risk assessment and management;
- The use of shared language and agreed definitions to support clear and meaningful communication across professional disciplines;
- The clear identification of individuals and agencies who have responsibilities in relation to a Risk Management Plan, and clarity regarding their professional role and remit;
- The establishment of a multi-agency, multi-disciplinary team to oversee the preparation, implementation and review of Risk Management Plans;
- The appointment of a senior manager to chair the multi-agency team to ensure clear leadership; governance and accountability; appropriate representation and engagement from partner agencies, and adequate resourcing of the Risk Management Plan;
- The identification of a suitably qualified Case Manager who will co-ordinate the preparation and implementation of a Risk Management Plan;
- Effective and appropriate engagement with victims (or their representatives) at the various stages of risk assessment and management;
- Demonstrable efforts to engage the individual in the process of risk management at all stages; and
- Adherence to the relevant data protection and information sharing legislation.

Guidelines

Managing risk of serious harm is a multi-agency responsibility, with each agency and professional group having a different and valuable role to play in holistic, robust and defensible risk management. This is what is meant by active and alert risk management. Such partnership requires collaboration, the key components of which are:

- Shared purpose and values;
- Clearly identified goals;
- Clear definition of roles and boundaries;
- Communication and cooperation based on mutual respect;
- Effective information exchange;⁷⁶
- Full participation and accountability by all parties involved;
- Defined decision making; and
- Co-ordination and delivery of strategies.

On this basis, it can be argued the success of a partnership approach is dependent on effective communication, co-ordination and collaboration.⁷⁷

1. Communication

Effective communication is critical in effectively managing risk. Whilst risk management involves co-ordination and collaboration, many day-to-day tasks will be carried out by individuals or agencies not directly involved in the preparation of a plan but important to its implementation. It is therefore vital agencies share relevant information and communicate effectively with one another. Within agencies, those undertaking tasks should be aware of their contribution and responsibilities in relation to the plan. This may be particularly relevant when Third Sector providers and agencies (supporting a victim) are involved and the offending relates to domestic abuse, stalking, or sexual offending.⁷⁸

Responsibilities, expectations and interactions should be explicit so agencies or members of the team understand each others discrete and distinct role in the overall management of the individual. Mutual respect for and value of each other's roles fosters the openness, trust and co-operation that facilitates effective communication.

What information should be shared, when, and by whom will be decided on a case by case basis, however, all agencies involved in risk management should be prepared to share information relating to:

- Risk factors, protective factors and early warning signs;
- Health and safety considerations regarding the protection of staff, victims and the general public; and
- Progress and concerns.

Those involved in managing risk of serious harm must have regard to the legislative and ethical requirements relating to the storing, processing and sharing of information. Each agency and

⁷⁶ For example, for domestic abuse and protecting victims, [HMIPS \(2023\)](#) highlighted that high-quality sentence management relies on effective inter-agency information sharing. The HMPPS (2022) [Domestic Abuse Policy Framework](#) also states that domestic abuse is complex and so it is unlikely that any one organisation will possess all relevant information. Rather, effective risk management is more likely through a co-ordinated multi-agency approach.

⁷⁷ [A Joined-up sentence? Offender Management in Prisons in 2009/2010](#). Criminal Justice Joint Inspection (2011).

⁷⁸ Paras 3.39 and 4.27 in the [2022 MAPPA Guidance](#) suggests considering whether the involvement of other agencies is necessary for the effective operation of multi-agency risk management (Scottish Government, 2022).

individual will be responsible for their own compliance with the relevant legal and professional requirements regarding data protection, information sharing and freedom of information.

Ensuring effective communication requires the use of clear and unambiguous language when sharing information. The use of technical jargon or profession specific terminology should be avoided wherever possible or should be clearly explained. Every effort should be made to ensure there is a shared understanding of key terms and definitions in order to avoid misunderstandings and to support the meaningful communication of decision-making.⁷⁹

The timing of communication, particularly when preparing the individual for periods of transition, is important. Plans need to be considered well in advance which means information should be shared with key partners at an early stage. This includes communications with the victim(s) or their representatives in line with the Victim Notification Scheme; date of the individual's release (but not their location after release), if they are transferred out of Scotland, if they become eligible for temporary release (training, work, or home leave), or if the individual escapes or absconds.⁸⁰

Communication with the individual subject to the Risk Management Plan, as well as any victim(s), should be transparent and clear, with the objective of fostering openness and trust whilst maintaining the safety of potential victim(s).⁸¹ This includes explaining what is being done and why, fulfilling actions, and having clear expectations. Communication with the individual should be in a manner and language appropriate to their level of understanding. This involves being particularly mindful of relevant responsibility needs in areas like age, gender, ethnicity, cognitive capacity, or mental/physical health. Communication should be adapted in response to any relevant individual need. Responsibility for ensuring this occurs should be delegated and recorded within a Risk Management Plan. The individual subject to the plan should have the opportunity to review it and any adaptations made to aid understanding should be clearly stated in the plan (for example, use of diagrams or an easy to read/simplified version).

Effective information-sharing must also conform with legal information-sharing principles. The [Data Protection Act 2018](#),⁸² [The General Data Protection Regulation](#) (EU) 2018 and [Article 8\(10\) of the Human Rights Act \(1998\)](#)⁸³ safeguard the rights of individuals to have data held about them used in an appropriate and lawful manner. Services and practitioners must have due regard to this legislation and are responsible for ensuring their own compliance with all relevant legal and professional expectations. An example is not including specific identifiers of people such as victims, their children, partners or ex-partners, and potentially support workers or agencies working with victim(s) within an assessment or Risk Management Plan unless its inclusion is required to allow for a specific strategy or activity to be undertaken to protect the victim. Rather pseudoanonymisation ('Victim A, Victim B) should be adopted to facilitate anonymity and understanding. When making defensible decisions on what information to include relating to victims (or witnesses) consideration must be given to whether its inclusion may inadvertently increase risk to those individuals or groups.

2. Co-ordination

Effective implementation of a Risk Management Plan requires co-ordination of its preparation, implementation and review. This is to ensure agencies work together to deliver services and interventions, there is a mutual understanding between professionals of their respective roles and responsibilities, functions are allocated appropriately, and information is communicated effectively.

79 The foundation for developing a shared 'language of risk' is outlined in [FRAME](#) (RMA, 2011).

80 See the [Victim Notification Scheme: Guidelines for victims of crime](#) (Scottish Government, 2018).

81 Aligning with the principle of 'trustworthiness' within trauma-informed practice ([Homes & Grandison, 2021](#)).

82 [Data Protection Act 2018](#)

83 [Human Rights Act 1998](#)

As agencies work together to identify risks and needs, discuss developments, agree goals and deliver services, it is important this inter-agency work is co-ordinated and recorded within the Risk Management Plan and timescales for review are clearly identified. Agreed tasks should be clearly recorded within the plan and allocated to named individuals accountable for reporting on progress or concerns. These individuals should all be recorded as key contacts in the plan and of sufficient authority to be able to quickly make meaningful and defensible decisions contributing to risk management and contingency activities. There should be clear evidence the plan has been shared with these representatives and there is agreement on the contents. The plan should also set out dates for ongoing review and evaluation and should have the capacity to respond quickly and decisively to unexpected changes in risk.

There should be clear lines of responsibility and accountability to support the co-ordination of the plan. The agencies responsible for the oversight of the plan should be identified from the outset, and a Case Manager⁸⁴ appointed to co-ordinate the preparation, development and implementation of the Risk Management Plan. This will involve drawing together the plan; recording tasks, activities and decisions; communicating with colleagues; delegating tasks to support the preparation and co-ordination of the plan to appropriately qualified individuals; and facilitating ongoing assessment and review. The chair of the multi-agency team with responsibility for the management of an individual⁸⁵ holds overall responsibility for overseeing and leading the implementation of risk management measures.

The Case Manager should be appropriately qualified and demonstrate relevant experience in managing individuals involved in offending as well as working knowledge of the individual they are managing. To ensure accountability and effective delivery of the risk management strategies, the Case Manager should provide day-to-day oversight of the plan, co-ordinate the implementation of the plan and the delivery of the risk management strategies, and should act as the central point of contact regarding the preparation, implementation and review of the plan. While the Case Manager has a co-ordinating role, they must be supported by a team which is effectively led in order to promote a collaborative approach. This is why it is important the chair of the multi-agency team holds the overall responsibility and decision-making capacity regarding the implementation of the multi-agency plan. Supporting the Case Manager may include delegating case management tasks to an appropriately qualified individual and ensuring those identified in the plan are held to account for the strategies they are responsible for.

3. Collaboration

Risk management is a multi-agency and strategic activity, and should draw on the perspectives of all relevant parties including the victim (or their representatives), and the individual who is the subject of the Risk Management Plan. Effective risk management is more likely when victims understand the decisions reached, and the individual subject to it understands and buys into it. This is fostered through transparency, clear expectations, and, where possible, choice (through strategies like goal-setting).⁸⁶

Effective collaboration is characterised by shared purpose and values. A multi-agency team with shared responsibility for the assessment and management of risk should respect the

⁸⁴ This may sometimes be known as the 'Supervising Officer' (Justice Social Work).

⁸⁵ Role name varies across settings: prison ('Head of Risk Management Team'), community justice (MAPPA Chair or Service Manager – depending on the involvement of MAPPA), and forensic mental health (Clinical Director).

⁸⁶ Collaborative risk management involves the trauma-informed principles of 'trustworthiness' (clear policies, expectations, and consistency will build trust), 'choice' (shared decision-making, choice and goal-setting to determine plans, as well as explaining choices clearly and transparently), 'collaboration' (jointly considering how needs can be met and working together for service delivery) and 'empowerment' (taking efforts to share power and give the individual a voice in decision-making). This is detailed in the '[Trauma-Informed Practice: A Toolkit for Scotland](#)' (Homes & Grandison, 2021).

perspectives and skills different disciplines and agencies bring to the process.⁸⁷ Legitimate differences in professional values can create barriers to effective partnership but a collaborative approach requires shared values therefore it is vital any tensions are acknowledged and discussed.⁸⁸

The multi-agency team should be made up of representatives from a range of agencies and disciplines. It should include those with appropriate levels of skill and expertise in the assessment and management of risk, and who are empowered to make decisions regarding the resourcing of risk management strategies. Membership should reflect the specific context, risks and needs of the individual and should be reviewed on an ongoing basis to ensure appropriate representation is maintained. This will be particularly important when planning for transitional phases such as a move from a secure to community setting. In such circumstances it will be important to involve relevant community partners at an early stage to ensure adequate planning and smooth transitions. In cases where there is an identifiable victim, or group of victims, in the community, there should be reasonable efforts to engage with professionals/agencies whose remit includes the support of such individuals. Where there is active and ongoing support being provided to victims by such agencies, it may be appropriate for their representatives to be included on the Risk Management Team (RMT).

The multi-agency team should have a clear governance structure and agreed lines of accountability. The chair of the multi-agency team responsible for managing the individual will be responsible for approving and overseeing the delivery of the strategies and goals outlined within the Risk Management Plan, and for evaluating the progress of implementation. This individual should hold a position of sufficient seniority to enable them to make strategic decisions, hold others accountable for the delivery of agreed activities, and manage and make final decisions on issues subject to debate or dissent.⁸⁹ The chair is critical to effective and meaningful functioning of this group and they need to be committed, objective, and skilled. They should be able to; facilitate learning, promote transparency and questioning, and support objective discussion and decision-making.⁹⁰

Meetings of the multi-agency team will provide a formal means for communication and information sharing. Under the leadership of the chair, such meetings should also review the current understanding of the risk, consider developments arising since the previous meeting, review actions taken, and hold partners to account for outstanding actions. The purpose of the meeting is to ensure there is an appropriate plan for active and alert risk management, and all partners are clear about their and others roles and responsibilities. The frequency of these meetings should be proportionate to the risks and needs present within the individual case. There should also be the timely production of concise, clear and accurate minutes, and decisions and their consequences should be incorporated into the Risk Management Plan.⁹¹

A Risk Management Plan is the multi-agency agreement on the approach to managing an individual's risk. Any individual or agency named in the plan should be fully aware and in agreement to the delivery of their strategies. As an individual moves towards release from a

⁸⁷ This multi-agency team is called a Risk Management Team (RMT) within these standards and guidelines. See Chapter 2 for the associated roles and responsibilities.

⁸⁸ [Stevenson et al. \(2011\)](#); [Williams \(2009\)](#).

⁸⁹ Due to the nature of their role, some strategic managers may not have current operational knowledge and expertise. If so, they should draw on the expertise of appropriate colleagues to ensure relevant information is available to inform decision-making.

⁹⁰ In the context of Domestic Homicide Reviews, [Haines-Delmont and colleagues \(2022\)](#) reported that good Chairs enabled learning, promoted honesty, asked difficult and pertinent questions, and empowered others to be objective, questioning, and challenging of entrenched attitudes and prejudice.

⁹¹ Requirements regarding the production of minutes vary across context. For example, [MAPPA national guidance](#) stipulates clear timescales for the production of minutes (for example within five working days, Scottish Government, 2022). Where such guidelines do not apply, RMT members should agree appropriate timescales.

custodial or secure setting the level of representation and input into risk management planning from community based agencies should increase. This joint planning for release should begin two years (but not less than one year) before the expiry of the punishment part or from the point at which the individual becomes eligible for progression or transfer to less secure conditions. This will facilitate effective partnership working, and provide sufficient time to develop an appropriate plan. The degree of planning required will be determined by key partners in response to the level of risk posed by the individual and the circumstances of the case.

All stages of the risk management planning process should include efforts to engage and collaborate with the individual whose behaviour is the subject of concern. The individual should have an understanding of the purpose and content of any plan: the roles, responsibilities and authority of each partner; any conditions, requirements and expectations; and relevant legislative and procedural decision points relating to their order. Where attempts to work collaboratively have not been successful or effective this should be highlighted within the plan along with the impact on the development and implementation of the plan, as well as the actions taken and intended to improve engagement.

Collaboration with the individual is particularly important to risk management planning when it involves:

- Gathering information to contribute to risk assessments (such as interviews);
- Engaging in collaborative formulation to reach a shared understanding of the relevant factors linked to an individual's offending behaviour;
- Communicating risk so the individual is clear on their risk of serious harm level, the rationale, and what this means for risk management;
- Discussing early warning signs and indicators of positive progress to have a shared understanding of what is being monitored in terms of evidence of progress or deterioration; and
- Identifying and communicating risk management and contingency measures to facilitate engagement in the plan.

There may be situations where the effectiveness of risk management measures (such as victim safety planning) may be compromised if an individual is fully aware of all the relevant warning signs, risk management measures and contingency measures. Where this is the case, particularly in the context of effective security and keeping people safe, this should be clearly documented in a Risk Management Plan along with the rationale.

Standard 5: Quality Assurance

Individuals responsible for assessing risk, making decisions or designing plans on the basis of risk assessments, and implementing those plans will have the appropriate and relevant qualifications, skills, knowledge, and competencies.

Agencies will support quality assurance by establishing relevant policies and structures, and by providing supervision and relevant continuous professional development opportunities to staff.

Routine mechanisms will be employed to assure the quality of risk assessment and management practice. Self evaluation will occur at practitioner, agency and multi-agency levels to inform improvement and contribute to the evidence base.

Applying the Standard

Agencies involved in the assessment and management of risk of serious harm will give due attention to the following:

- All those involved in the assessment and management of risk can demonstrate they have had regard to the relevant standards and guidelines set out by the RMA;
- Individuals with responsibility for assessing and managing risk will demonstrate appropriate and relevant qualifications, skills, knowledge and competence;
- Individuals will engage in relevant training, ongoing professional development and supervision opportunities to ensure levels of knowledge and skill remain current and are informed by principles of effective practice;
- Individuals will adhere to agency protocols, national standards and professional guidelines relating to their area of practice;
- Agencies will ensure staff are supported to fulfil their role by providing appropriate supervision and training opportunities;
- Agencies will establish and implement quality assurance policies, procedures and structures to ensure consistent and effective practice;
- Agencies will establish routine mechanisms to monitor and review practice, and measure outcomes;
- Multi-agency collaboration will be underpinned by agreed and documented quality assurance processes relating to decision making, reporting and review. Agencies will be responsible for ensuring those involved are aware of the agreed protocols; and
- Regular self evaluation will occur at the individual, agency and multi-agency level and should be used to inform ongoing learning and development.

Guidelines

Quality assurance is a set of actions taken to prevent a compromise in quality from occurring. In the context of assessing and managing risk this means establishing systematic processes and checks to review and evaluate the quality of risk assessment and management. The aim is to ensure the delivery of consistent and effective practice.

The need to undertake quality assurance is not dependent on the level of risk posed by an individual or the professional role of the agency or individual involved. However, as the complexity of the case increases, it is more likely a multi-agency approach underpinned by agreed and documented quality assurance processes may be required.

1. Individual

Any individual with responsibilities relating to risk assessment and management should be appropriately qualified and skilled to carry out their role, including having working knowledge of the cases they are involved in.

In each profession, the knowledge and skills required for each role are shaped and determined by job descriptions, codes of practice, national standards and guidance, and empirical evidence regarding effective practice. Individuals should be aware of their role and responsibilities within their organisation and adhere to the relevant codes of practice and standards which govern their profession. They should understand the limits of their role and ensure they are not working beyond their level of competence. Professionals should be aware of and comply with the policies, procedures and processes outlined by their agency and by any other multi-agency forum responsible for overseeing risk assessment and management in a specific case. All individuals involved in the assessment and management of risk should have regard to the relevant standards and guidelines set out by the RMA.

Those who have responsibility for risk assessment, risk management planning and implementation, and decision-making should be suitably trained and able to demonstrate relevant knowledge and competence to undertake these tasks. Practitioners working with specific groups relating to areas such as different types of offending (intimate partner violence, stalking, sexual offending or other) or responsivity factors (such as mental health, neurodiversity, intellectual disability) should have the required knowledge, skills and training relevant to their particular area of practice.

Individuals should demonstrate a commitment to ongoing learning and skills development through active participation in formal and informal learning opportunities, training and supervision. Individuals should be reflective and engage in self-evaluation in order to maintain current and relevant knowledge, confidence and skills regarding principles of effective assessment and management.

2. Agency

Organisations should ensure practitioners and teams involved in assessing and managing risk of serious harm are trained and competent to prepare, implement and deliver risk management decisions and plans, and are supported by the necessary resources in terms of structures, support, training and guidance. For example, senior managers who chair decision-making forums may be equipped to facilitate such groups but would not be expected to possess in-depth knowledge of every relevant discipline contributing to the forum. This example emphasises the importance of appropriate representation from staff who do possess the relevant knowledge and expertise.

Managers should promote a culture of learning and evaluation to encourage continuous improvement of practice and performance. Line managers should be responsible for ensuring staff are appropriately trained and supervised and are qualified and competent to undertake their role and responsibilities. Managers should ensure training is relevant and purposeful and supervision supports staff with adherence to relevant protocols, standards and agency procedures, whilst also encouraging critical reflection on practice.

Senior managers should ensure the implementation, effective functioning and ongoing evaluation of organisational policies and structures to support effective risk assessment and management procedures. Systems and processes should be transparent, clearly documented and regularly evaluated to support ongoing learning and improvement and measure the impact of risk assessment and management.

Where agencies are involved in multi-agency risk practice, they should demonstrate a commitment to evaluating their role and contribution to the wider multi-agency team.

3. Multi-agency

Whilst each agency should be responsible for ensuring their own quality assurance processes, when agencies work together collaboratively, with shared responsibility for managing risk of serious harm, it will be necessary to agree certain shared quality assurance measures and mechanisms. In established forums such as within the MAPPA framework,⁹² these agreements should be in place, however in other contexts, it may be necessary for agencies to articulate and record the agreed measures, particularly in relation to the quality assurance of roles and responsibilities, decision making, the recording and communication of information, and arrangements for review. It will be important all of those involved in multi-agency assessment and management of risk are made aware of these agreed quality assurance measures.

The Risk Management Plan and the minutes of any multi-agency meeting should contain a clear record relating to roles and responsibilities, decisions taken, progress, and arrangements for ongoing review to provide a baseline against which to measure quality assurance processes.

Multi-agency teams should undertake joint evaluations of delivery to ensure the Risk Management Plan is appropriate and is being implemented effectively. Teams should also reflect on their communication process and evaluate the quality of their collaborative decision-making. As part of the quality assurance process, it will be important regular consideration is given to the membership of the multi-agency team to ensure it constitutes an appropriate range of disciplines which accurately reflects the specific risks and needs of the individual.

⁹² See Section 19 – Performance Management and Quality Assurance – in the [2022 MAPPA national guidance](#) (Scottish Government, 2022).

CHAPTER TWO

GUIDANCE: ROLES, RESPONSIBILITIES AND PROCESS



This chapter provides practical guidance regarding the preparation, implementation and review of a Risk Management Plan for individuals subject to an OLR. As such it is specific to the legislative and procedural requirements of the OLR sentence. It outlines the roles and responsibilities of those who will contribute to the preparation, implementation and review of the Risk Management Plan. The pictorial map which follows provides an overview of the broad process, with guidance provided regarding each of the key stages.

Risk Management and the Order for Lifelong Restriction

The OLR is a sentence that has been available to the High Court since June 2006.⁹³ It provides for the lifelong management of individuals where the nature, or the circumstances of their offending behaviour, is assessed as demonstrating a likelihood that they will seriously endanger the lives, or physical or psychological well-being, of the public.⁹⁴ Where an OLR is imposed, the individual will be subject to a Risk Management Plan both in custody (or in secure care for those managed within the mental health system) and in the community for the rest of their life.⁹⁵ The period spent in the community will be an integral part of the sentence, but before the individual can be released (or discharged) they must serve the punishment part of their sentence in prison (or hospital) and have satisfied the Parole Board that the risk they would pose in the community is manageable.⁹⁶

The Risk Management Plan and Annual Implementation Report

The legislation states that the RMA is to set standards and issue guidelines to which all relevant parties are to 'have regard'⁹⁷ and states that the RMA may issue guidance (either generally or in a particular case) as to the preparation, implementation or review of any Risk Management Plan.⁹⁸

A Risk Management Plan is required in the following circumstances:

- Where an individual has been sentenced to an OLR.
- Where an individual has been assessed as presenting a risk of serious harm and active and alert risk management is required to mitigate the identified risk(s).

The legislation uses terms such as 'must' and 'comply' in relation to the preparation, implementation and review of a Risk Management Plan and in doing so establishes minimum acceptable levels of practice. According to the legislation, the Risk Management Plan must:⁹⁹

- Set out an assessment of risk;
- Set out the measures to be taken for the minimisation of risk, and how such measures are to be co-ordinated; and
- Be in such a form as is specified by the RMA.

93 Section 1 of the [Criminal Justice \(Scotland\) Act 2003](#) inserted section 210F into the [Criminal Procedure \(Scotland\) Act 1995](#) which creates the Order for Lifelong Restriction.

94 [Standards and Guidelines for Risk Assessment Report Writing](#) set out the standards, guidelines and guidance related to this assessment process (RMA, 2018).

95 Section 6(1)(a) of the [Criminal Justice \(Scotland\) Act 2003](#) requires a Risk Management Plan to be prepared in respect of any individual subject to an OLR.

96 The Parole Board must direct a prisoner's release where it is "satisfied that it is no longer necessary for the protection of the public that the prisoner should be confined" ([Prisoners and Criminal Proceedings \(Scotland\) Act 1993. Section 2 \(5\)\(b\)](#)). The [Parole Board \(Scotland\) Rules 2022](#) outline the matters that the Board may take into account when considering a case.

97 Section 5 of the [Criminal Justice \(Scotland\) Act 2003](#)

98 Section 6(6) of the [Criminal Justice \(Scotland\) Act 2003](#)

99 Section 6(3) of the [Criminal Justice \(Scotland\) Act 2003](#). On this basis, it is required that Risk Management Plans contain an assessment of risk, outline risk management measures, and demonstrate how those measures will be co-ordinated. It is further required that they are in the 'form' specified by the RMA and have regard to the standards and guidelines published by the RMA.

The legislation also states that the Lead Authority is to report annually to the RMA regarding the implementation of the Risk Management Plan. To facilitate this annual report a Progress Record template is provided.

Roles and Responsibilities

There are a number of key agencies and individuals who contribute to the risk management planning process.

Risk Management Authority (RMA)

The RMA was established to promote effective practice in the assessment and management of risk posed by individuals convicted of violent and/or sexual offences. Legislation gives the RMA responsibilities specific to the risk management of those subject to the OLR:¹⁰⁰

- Set and publish standards, and prepare and issue guidelines regarding the assessment and minimisation of risk;
- Specify and publish the form of the Risk Management Plan;
- Receive submissions of Risk Management Plans for approval from Lead Authorities;
- Approve or reject Risk Management Plans;
- Review annual reports on the implementation of the Risk Management Plan;
- Issue guidance as to the preparation, implementation or review of any Risk Management Plan; and
- Give directions (where required) regarding the preparation or implementation of a Risk Management Plan.

Lead Authority

The Lead Authority is determined by the location of the individual sentenced to an OLR:¹⁰¹

- Where the individual is detained in custody, the Lead Authority will be Scottish Ministers.
- Where the individual resides in hospital, the Lead Authority will be the hospital managers.¹⁰²
- Where the individual resides in the community, the Lead Authority will be the local authority in whose area the individual lives.

The Lead Authority has overall responsibility for the preparation, implementation and review of the Risk Management Plan and for ensuring that staff have regard to the standards and guidelines set out by the RMA.

Preparing the Risk Management Plan

Section 8 of the [Criminal Justice \(Scotland\) Act 2003](#) requires that in preparing the Risk Management Plan, the Lead Authority consults with anyone who is likely to have functions under the plan. The Lead Authority is responsible for appropriately gathering information from and sharing information with key stakeholders, and ensuring relevant agencies and individuals are invited to contribute to the preparation of the Risk Management Plan. The legislation requires that those consulted provide reasonable assistance to support the Lead Authority to prepare the plan.

¹⁰⁰ Section 5 to 10 of the [Criminal Justice \(Scotland\) Act 2003](#).

¹⁰¹ Section 7 of the [Criminal Justice \(Scotland\) Act 2003](#).

¹⁰² The definition of 'hospital managers' is outlined in the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003 section 329](#)

The Lead Authority is to submit the Risk Management Plan to the RMA for approval. If the RMA rejects the Risk Management Plan, the Lead Authority should prepare a revised plan within a timescale set by the RMA.

Implementation and Review of the Risk Management Plan

The Lead Authority (and anyone with functions in the Risk Management Plan) is to implement the plan and review it on an ongoing basis. In addition, the Lead Authority is to provide an annual report to the RMA regarding the implementation of the plan and should undertake a formal review of the plan in the event that there has been, or is likely to be a significant change in the circumstances of the individual. If the Risk Management Plan becomes, or is likely to become unsuitable, the Lead Authority is responsible for preparing an amended plan which should be submitted to the RMA for approval. If it is not appropriate for it to continue as the Lead Authority, a different Lead Authority (determined in accordance with the legislation) is to prepare and submit the amended plan.

Risk Management Team

The Lead Authority should appoint a multi-agency, multi-disciplinary group that has delegated responsibility for the risk assessment and management of the individual. For the purposes of the OLR process, and the management of individuals who present a risk of serious harm and require active and alert risk management, this group is referred to as the Risk Management Team (RMT).¹⁰³ The RMT may be convened through existing structures (such as Prison-based RMT, MAPPA partners, Restricted Patient Multi-disciplinary Teams) or may be a group convened for the specific case.

RMT Responsibilities

The RMT will:

- Contribute to and consider the fuller analysis of risk of serious harm to make defensible decisions regarding risk management;
- Prepare and agree the Risk Management Plan and submit it to the RMA for approval;
- Share the approved Risk Management Plan with relevant agencies and individuals;¹⁰⁴
- Identify and ensure the delivery of the necessary risk management strategies, and evaluate these strategies on a regular and ongoing basis;
- Oversee the implementation and evaluation of the approved plan;
- Prepare and agree the Progress Record and submit it to the RMA for evaluation alongside an updated Risk Management Plan on an annual basis;
- Ensure the current Risk Management Plan remains suitable or arrange for the preparation and submission to the RMA of an amended plan for approval;
- Maintain up-to-date documentation (including the Risk Management Plan) ensuring that all relevant information is shared and recorded; and
- Adapt risk management strategies in light of new information (such as further assessment, emerging concerns, progress reports).

¹⁰³ Within the context of the Scottish Prison Service (SPS) there is an existing forum which also operates under the name of the Risk Management Team. Whilst OLR RMT meetings may be convened through this forum, it should be borne in mind that the RMT convened to consider an OLR case may have a remit and membership which extends beyond that of the SPS forum.

¹⁰⁴ Whilst it is necessary to adhere to legislation and protocols regarding the sharing of information, it will be important that the Risk Management Plan is shared with those who will assume responsibility for the management of the case in the future as well as those that have a function within the Risk Management Plan. This will help ensure that there is a consistent and planned approach in preparing for transfer or release.

RMT Membership

The membership of this group should be determined by the specific risks, needs and context of the individual being managed. Membership should also reflect the range of agencies and professionals involved in the risk assessment and management. This means membership will consist of a range of agencies and professional backgrounds, for example:

- Managers (prison, community and hospital);
- Police;
- Justice Social Work (both prison and community based representation);
- Psychologists (Forensic, Clinical, Educational);
- Mental Health Professionals (from community, custodial or secure care settings);
- Health Services;
- Addiction Services;
- Care Workers;
- Social Work (child protection or community care staff, or health based staff);
- Third sector partners or agencies (such as those providing support to victims);
- Housing Personnel (such as Sex Offender Liaison Officers);
- Religious and Community Leaders;
- Education Staff;
- Prison Hall Staff;
- Speech & Language Therapist;
- Hospital or Secure Care Ward Staff; and
- Security Personnel (Prison and Hospital).

Membership may change over time as the risk, needs and context of the individual change and evolve. The following are examples:

- To inform the initial meeting of the RMT, it may also be appropriate to consult with the author of the Risk Assessment Report (RAR), which was prepared at the time of sentencing.
- Representatives of community based Justice Social Work services and other community-based services may contribute in the early stages of the sentence to assessment and management planning due to possessing relevant historical information. Whilst they should also have a standing invitation to attend the RMT throughout the custodial element of the sentence their attendance and contribution becomes essential when any form of community access is being considered. This will facilitate the sharing of important information, support the development of the Risk Management Plan and inform future sentence planning.
- Representatives from different specialist services may vary throughout the sentence. For example, specialists across areas such as education, counselling, mental health or addictions may be members of RMT at specific points for specific pieces of work (such as particular assessments or interventions) but not necessarily throughout the entire sentence. This will depend on relevance to the risks, needs and responsivity factors of the individual.
- As release from a custodial or secure setting becomes a possibility the level of representation and input at RMT from community based agencies should increase. The process of joint planning for release should begin two years (but not less than one year) before the expiry of the punishment part or from the point at which the individual becomes eligible for progression or transfer to less secure conditions. Community based Justice

Social Work should allocate a suitable individual to assume the role of community based Case Manager.¹⁰⁵

- Consideration of progression and/or community access is also an opportune juncture to engage the victim and/or their support organisation.
- If the individual will be managed under MAPPA in the community then at the point of community access consideration, the relevant partner agencies (responsible authorities) must be represented on the RMT and all parties should agree on the Risk Management Plan.¹⁰⁶ The Risk Management Plan template for an OLR is the same as the one included in the MAPPA national guidance. It is crucial that there is only ever one Risk Management Plan being used for an individual, and for OLRs this is approved by the RMA.

The RMT will meet on a regular and ongoing basis to review the implementation of the Risk Management Plan and ensure that it remains appropriate. The frequency of these meetings will be proportionate to the requirements of the case.¹⁰⁷ In addition, the RMT will meet as required in response to changes in the risk, needs or context of the individual.

RMT meetings should be minuted to provide a record of discussions and should clearly document decisions and action points.

Head of the Risk Management Team

The Head of the Risk Management Team should chair the RMT meetings. They should be a senior manager within the Lead Authority and provide strategic oversight for the management of individuals who are subject to an OLR on behalf of the Lead Authority. In addition, they should be in a position to allocate resources, and make quick and effective decisions, to support the implementation of the Risk Management Plan. They should assume the role of facilitator, leader and decision-maker to ensure RMT meetings operate effectively and efficiently.

Head of RMT Responsibilities

They will be responsible for:

- Ensuring the appropriate representation and engagement of key partners;
- Chairing and facilitating RMT meetings;
- Ensuring a minute of the RMT is recorded and circulated within agreed timescales;
- Reviewing and establishing agreement regarding Risk Management Plans;
- Ensuring the RMT considers a full analysis of the risk of serious harm to identify the risks;
- Ensuring that the RMT implement the identified risk management strategies and activities as outlined within the Risk Management Plan, and in line with their professional role and competence;
- Ensuring decisions are taken to address any obstacles to the delivery of the Risk Management Plan;
- Ensuring uninterrupted service provision in the absence of key individuals (identifying a Deputy Case Manager to cover in the absence of a Case Manager);
- Ensuring legislative timescales are met (submission of Risk Management Plans and Annual Implementation Reports);
- Ensuring the Risk Management Plan is regularly reviewed; and
- The Case Manager, and those supporting case management functions, are appropriately supported and equipped to co-ordinate the delivery of the Risk Management Plan.

¹⁰⁵ It is acknowledged that a community based Supervising Officer will already have been identified within 21 days of sentence, as per the requirement to do so outlined in the [ICM Guidance Manual](#) (Scottish Prison Service, 2007, p12). Local authorities should determine whether it is appropriate for the identified Supervising Officer to assume the role of OLR Case Manager.

¹⁰⁶ See points 15.7 to 15.29 in the [MAPPA national guidance](#) (Scottish Government, 2022).

¹⁰⁷ The RMT will be required to meet at least once a year to prepare and agree the content of the AIR.

Case Manager

The Lead Authority should appoint a Case Manager. Supported by the RMT, they will co-ordinate a multi-agency approach to the preparation and implementation of the Risk Management Plan. They will be responsible for communicating and recording information regarding the plan.

Case Manager Responsibilities

A Case Manager should:

- Have excellent communication and organisational skills;
- Have experience of working collaboratively within a multi-agency, multi-disciplinary context
- Have knowledge, skills and training in assessing risk of serious harm;
- Be experienced in managing individuals engaged in violent and/or sexual offending;
- Be empowered to make decisions regarding the case in the context of the Risk Management Plan; and
- Be accountable to the RMT.

The Case Manager will:

- Facilitate the preparation of the Risk Management Plan, including the gathering and exchange of information relating to the Risk Management Plan;
- Oversee and co-ordinate the implementation of the Risk Management Plan and the delivery of the risk management strategies;
- Maintain and update the Risk Management Plan in response to any changes, and ensure that information concerning the Risk Management Plan is effectively recorded (including any obstacles to the delivery of the plan);
- Establish arrangements to ensure that information regarding the plan is effectively communicated between the Lead Authority and other agencies;
- Be accountable for any tasks supporting effective case management that are delegated to appropriately qualified individuals;
- Highlight any barriers to the effective implementation of the Risk Management Plan for discussion and action by the RMT; and
- Be the central point of contact for all those involved.

The Case Manager role is also crucial where the individual is being transferred from one Lead Authority to another. In such circumstances, it will be necessary to jointly review and update the Risk Management Plan in preparation for transfer and it will fall to the Case Manager to facilitate and co-ordinate this process. It is acknowledged that aspects of the Case Manager role may be delegated to others, however, it is important that one individual is appointed to retain oversight of the co-ordination and delivery of the Risk Management Plan.

Those with functions under the plan

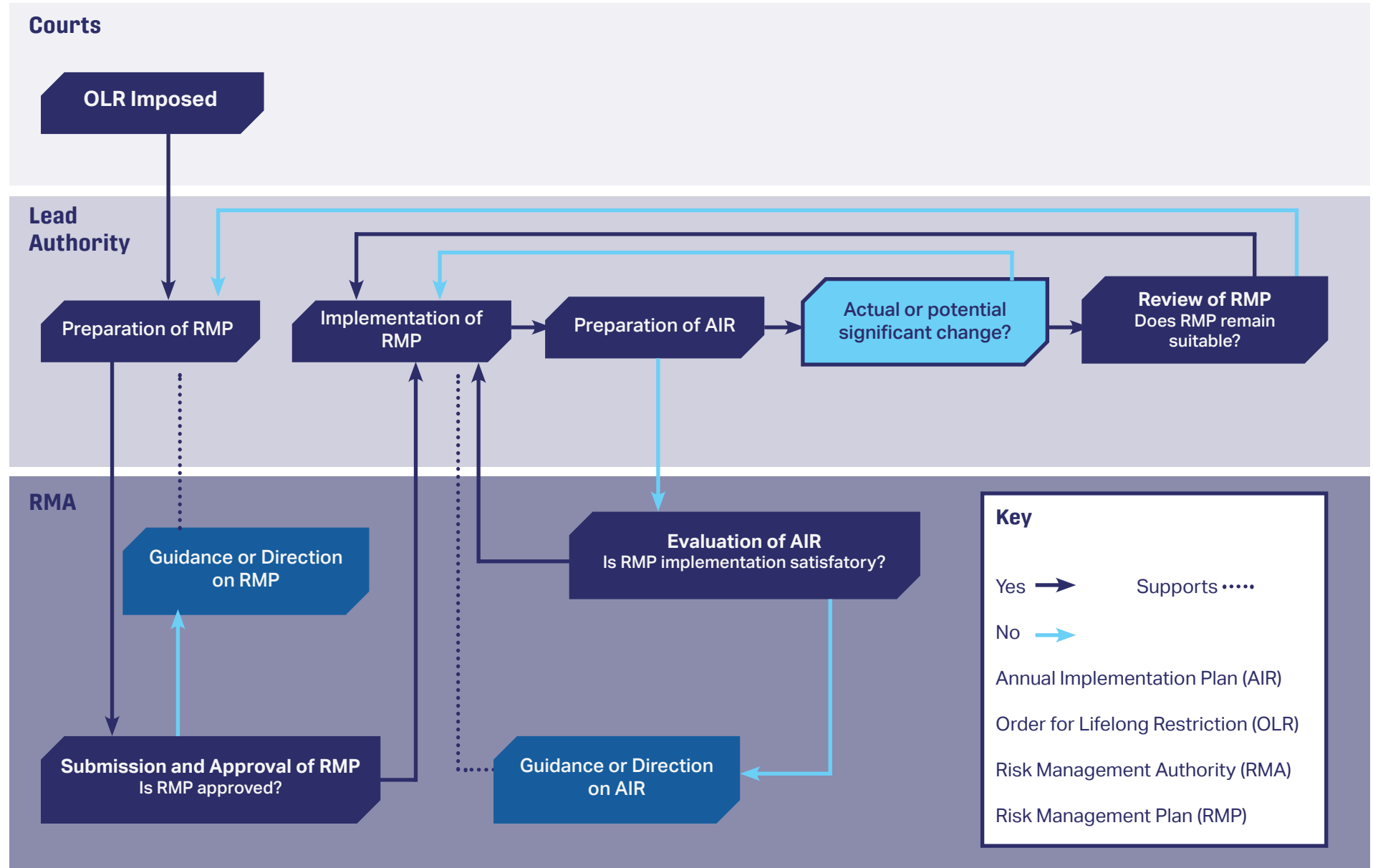
A Risk Management Plan can make provision for any person who might reasonably be expected to assist in the minimisation of risk to have functions in relation to the implementation of the plan.¹⁰⁸

In preparing a Risk Management Plan, the Lead Authority is required to consult with anyone on whom it is considering conferring functions. The legislation states that any person who is consulted is required to provide reasonable assistance to the Lead Authority to support the preparation of the plan.

Any person who has functions in relation to the risk assessment and management of an individual subject to an OLR is to have regard to the standards, guidelines and guidance set by the RMA.

108 [Section 6\(4\) of the Criminal Justice \(Scotland\) Act 2003](#)

Process: Preparation, Implementation and Review of a Risk Management Plan



The Risk Management Process: Guidance

OLR Imposed

The Lead Authority is asked to inform the RMA immediately when it becomes responsible for an individual who is subject to an OLR. This enables the RMA to offer information, advice and support regarding any aspect of the OLR process (such as legislative requirements, standards and guidelines). The RMA's OLR Case Workers will be the first point of contact for any queries or correspondence and will regard the Case Manager as the Lead Authority's point of contact for any general correspondence or queries or correspondence regarding the Risk Management Plan. In relation to individuals being managed within the prisons, the Deputy Governor (Head of RMT) will be included when there is guidance on a Risk Management Plan and when a Risk Management Plan is rejected.

Preparation of a Risk Management Plan

The legislation requires the Lead Authority to prepare a Risk Management Plan for each individual who is subject to an OLR.¹⁰⁹ The purpose of the Risk Management Plan is to identify and co-ordinate the necessary measures to manage risk and encourage rehabilitation.

Requirements

The Risk Management Plan must:

- Set out an assessment of risk;
- Set out the measures to minimise the risk and how those measures will be co-ordinated;
- Be in the form specified by the RMA; and
- Be prepared with regard to the standards and guidelines set out by the RMA.¹¹⁰

Preparing the Risk Management Plan

The Case Manager will co-ordinate the preparation of the Risk Management Plan on behalf of the Lead Authority. This should involve seeking input from the individual subject to the OLR, and from relevant professionals and agencies either involved in the management of the case, or who may have relevant historic or current information regarding the individual. The initial Risk Management Plan should also be significantly informed by the RAR completed at the point of sentencing. As such the Lead Authority should contact the author of the RAR to inform the preparation of the initial Risk Management Plan. The Case Manager should be supported by the RMT who should review and agree the Risk Management Plan before submitting it to the RMA for approval.

The task of developing the initial Risk Management Plan will take place within a secure setting however a collaborative approach should be maintained. Community based partners may have relevant information regarding the individual (such as family and social context, previous response to supervision or treatment). In addition, they will have contact with the individual throughout their sentence and will be responsible for managing them on licence from the point of release. It is therefore important that they are involved in the planning process from the outset. As such, it is expected that community based Justice Social Work representatives attend early meetings of the RMT to inform the development of the initial Risk Management Plan. Community based Justice Social Work representatives should also be issued with a standing invitation to attend the RMT, although in many cases it may not be necessary or appropriate for them to attend RMT meetings on an ongoing basis, particularly where a lengthy punishment part has been set. The appropriate level of representation at RMT meetings should be negotiated and

¹⁰⁹ Sections 7 & 8 of the [Criminal Justice \(Scotland\) Act 2003](#)

¹¹⁰ [Criminal Justice \(Scotland\) Act 2003](#), s5(2) & s6(3).

agreed between key partners. However the Risk Management Plan should be shared with them throughout the sentence to guide any ongoing work with the individual and to maintain effective information-sharing.

As the individual becomes eligible for progression or consideration of release on life licence, it will be essential that key partners who will make up the community based RMT are invited to contribute to the preparation of the plan. Representatives of the receiving local authority should work collaboratively with the current Lead Authority to ensure suitable risk management strategies are identified before the point of release. It may be necessary to involve senior managers from the community who are able to speak to the allocation of resource. It may also be appropriate to invite other key partners such as police, health and housing to inform the development of the risk management strategies. This process should begin two years (but not less than one year) before the expiry of the punishment part or consideration for parole, or at the point of progression to less secure conditions. This provides sufficient time for the process of joint planning, for RMA approval of the plan prior to community access being granted and, for the approved Risk Management Plan to be available to inform the decision-making of the Parole Board. Where, on consideration of a case, the Parole Board does not direct release and sets a date for the next review, the Lead Authority should make arrangements with community based partners to allow sufficient time to review the plan in preparation for the next Parole Board oral hearing.

Submission and Approval of a Risk Management Plan

The [Criminal Justice \(Scotland\) Act 2003](#) outlines the process, timescales and criteria for the evaluation and approval of the Risk Management Plan.

Submission and Approval of an Initial Risk Management Plan¹¹¹

Following an OLR being imposed, the receiving Lead Authority is to prepare an initial Risk Management Plan to be approved by the RMA within nine months of the date that the OLR was imposed.¹¹² To facilitate this, the Lead Authority should submit the initial Risk Management Plan to the RMA within seven months to allow two months for the completion of the RMA's approval process. The approval process includes the RMA reviewing the Risk Management Plan and if necessary rejecting the Risk Management Plan and receiving a revised Risk Management Plan from the Lead Authority, before final approval is granted by the RMA within the statutory nine month timescale. The RMA has legislative power to issue a direction to the Lead Authority to ensure that an approved Risk Management Plan is in place within the nine month timescale. The Lead Authority is obliged to comply with any such direction but can appeal to the Sheriff on the grounds that they feel the direction is unreasonable.¹¹³

Where the punishment part expires within nine months of the date of sentence, the initial Risk Management Plan should be developed with community based partners. This will ensure consideration has been given to developing appropriate risk management strategies in the event that the Parole Board directs the release of the prisoner. In such circumstances the RMA, in collaboration with the Lead Authority, will determine a timescale for submission of the initial Risk Management Plan which takes into account the punishment part expiry date.

Submission and Approval of an Amended Risk Management Plan

Where an approved Risk Management Plan is already in place but there has been or is likely to be a significant change in the circumstances of the case, the Lead Authority is to review the Risk

¹¹¹ The relevant aspects of this process are outlined in the [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s8.

¹¹² [Criminal Justice \(Scotland\) Act 2003](#), s8(1).

¹¹³ Information regarding the appeal process is available from the Scottish Court Service.

Management Plan. Where the review indicates that the current Risk Management Plan is, or is likely to become, unsuitable, the Lead Authority (or a different Lead Authority determined in line with the legislation) is to prepare an amended plan. As with the initial Risk Management Plan, this should be submitted to the RMA for evaluation and approval. The same approval criteria will apply, however the timescale for the submission of the amended plan will be negotiated with the RMA prior to submission, based on the requirements of the case.

Approval Process and Criteria

As detailed under the RMA responsibilities section, the 2003 Act sets out the relevant functions in relation to the approval of Risk Management Plans. These cover: receiving submissions of plans for approval, reviewing and evaluating against the approval criteria, approving or rejecting, issuing guidance, and giving directions.

The RMA can reject a Risk Management Plan if it:

- Is not submitted in the specified form;
- Does not set out an assessment of risk;
- Does not set out the measures to be taken for the minimisation of risk or how such measures are to be co-ordinated; and
- Disregards any standard, guideline or guidance the RMA has provided.

Guidance or Direction on a Risk Management Plan

The legislation allows the RMA to issue guidance or direction in relation to Risk Management Plans under certain circumstances.¹¹⁴ The RMA may issue guidance (either generally or in a particular case) regarding the preparation, implementation or review of any Risk Management Plan. Where a Risk Management Plan (initial or amended) is rejected, the RMA may issue the Lead Authority with guidance to support them to prepare and submit a revised Risk Management Plan.¹¹⁵

In instances where the RMA is required to issue guidance on a broad range of issues affecting the quality of a Risk Management Plan submitted for approval, this may be judged as a failure to have regard to Standard 5 (Quality Assurance). Although none of these quality issues may discretely constitute grounds for rejection, such an accumulation of problems may be deemed indicative of an inadequate emphasis on quality assurance on the part of the Lead Authority and, as such, a disregard of standards and guidelines.

Where an initial plan has been rejected and the RMA considers that, without issuing a direction, the Lead Authority will not comply with the legislative requirement to prepare the Risk Management Plan within nine months, the RMA may issue a direction to the Lead Authority regarding the preparation of a revised Risk Management Plan.

Where an amended plan is rejected, and the Lead Authority fail to comply with the issued guidance, the RMA may issue a direction to the Lead Authority regarding the preparation of a revised Risk Management Plan.

The legislation states that in any case where the RMA have issued a direction the Lead Authority or person to whom the direction is given, must comply. If they believe that the direction is unreasonable, they have the right to appeal to a Sheriff.¹¹⁶

¹¹⁴ The issuing of guidance or directions is outlined in the [Criminal Justice \(Scotland\) Act 2003](#), s8.

¹¹⁵ [Criminal Justice \(Scotland\) Act 2003](#), s6(6).

¹¹⁶ The right to appeal is outlined in the [Criminal Justice \(Scotland\) Act 2003](#), s8(7).

Implementation of a Risk Management Plan

Once the Risk Management Plan is approved, the Lead Authority (and relevant others) are to deliver the identified risk management strategies and activities in accordance with their functions, and with regard to any standards, guidelines, or guidance issued by the RMA.¹¹⁷

Preparation of an Annual Implementation Report

The Lead Authority are required to report annually to the RMA regarding the implementation of the Risk Management Plan.¹¹⁸ This legislative requirement is met through submitting a Progress Record, updated Risk Management Plan, and Statement of Assurance. Collectively this is called the Annual Implementation Report. The purpose of the Annual Implementation Report is to provide assurance that the Lead Authority and those who have functions under the plan have implemented the Risk Management Plan, that identified measures have been co-ordinated and delivered as planned, and that this has been done with regard to the RMA's Standards and Guidelines for Risk Management. Whilst there is no legislative requirement to formally review the Risk Management Plan on an annual basis, the preparation of the Annual Implementation Report facilitates the Lead Authority to review the Risk Management Plan and re-evaluate the current risk assessment on an ongoing basis. This will allow the RMT to evaluate their progress in delivering the identified risk management strategies, and the individual's progress in engaging with the process of change.

The updated Risk Management Plan should be up-to-date, incorporating any minor changes such as updates to personnel or changes in scheduling or delivery of risk management measures.

The Progress Record should provide details of how the plan is being implemented (the implementation of risk management strategies and contingency measures). The Progress Record will provide a means to track implementation and change against the identified risk factors. Regular completion of this record promotes good practice, as it encourages ongoing assessment, review and planning, and aids formal review and reporting requirements.

The Progress Record should also outline any deviations from the plan, the rationale for this, and the alternative steps that have been taken. Examples of such a deviation might include circumstances in which strategies were not delivered for operational reasons, or the impact of non-engagement. This information should be captured as it arises in the Progress Record and used to inform the Limitations of Strategies within the updated Risk Management Plan, with consideration of mitigating actions to support future implementation of the plan. The Progress Record and updated Risk Management Plan should also provide clear evidence of multi-disciplinary collaboration and efforts to involve and engage the individual.

The Statement of Assurance provides an opportunity for the Lead Authority to detail a summary of the implementation of the RMP for the reporting period. This includes any deviations from the approved plan or strategies planned or undelivered. It facilitates self-evaluation and assurance of the implementation of the Risk Management Plan.

The Annual Implementation Report should be prepared by the Case Manager in collaboration with the RMT, and should be reviewed and agreed by the Head of the RMT before being submitted to the RMA.

The Lead Authority is to submit the Annual Implementation Report within 12 months of the date on which the current Risk Management Plan was approved by the RMA.

¹¹⁷ [Criminal Justice \(Scotland\) Act 2003](#), s9.

¹¹⁸ [Criminal Justice \(Scotland\) Act 2003](#), s9(4).

Evaluation of an Annual Implementation Report

Following submission of the Annual Implementation Report, the RMA will consider whether the Lead Authority and others are implementing the Risk Management Plan in accordance with their functions, and with regard to RMA standards, guidelines or guidance.

Guidance or Direction on an Annual Implementation Report

The RMA may issue guidance regarding the preparation, implementation or review of a Risk Management Plan.¹¹⁹ Where the evaluation of the Annual Implementation Report indicates that an amended Risk Management Plan may be required or that changes to the implementation or review of the plan may be necessary, the RMA may issue guidance to the Lead Authority.

Where the RMA considers that the Lead Authority or a specific individual is failing, without reasonable excuse, to implement the Risk Management Plan in accordance with their functions, the RMA may give directions to the Lead Authority or individual regarding the implementation of the plan.¹²⁰ The Lead Authority is required to comply with the direction but has a right to appeal to a Sheriff against the direction on the grounds that it is unreasonable.¹²¹

Actual or Potential Significant Change

Section 9(5) of the [Criminal Justice \(Scotland\) 2003 Act](#) states that "*where there has been, or there is likely to be, a significant change in the circumstances of the offender, the Lead Authority is to review the plan*". This is a formal review and is distinct from the ongoing process of monitoring and review that takes place as part of active and alert risk management.

It is for the Lead Authority to determine what may constitute a significant change in the context of an individual case. A significant change may include (but not be limited to) events such as:

- Transfer from one Lead Authority to another;
- Transfer to more/less secure conditions;
- Moves between one prison/secure setting and another;
- A change in the individual's address whilst in the community;
- Commission of a further offence;
- Relapse to substance misuse; and
- Physical/mental health changes.

Where there has been a review in light of an actual or potential significant change, and the Lead Authority considers the existing plan is, or is likely to become unsuitable, it is to prepare an amended plan. If it is not appropriate for the current Lead Authority to continue as Lead Authority, the appropriate Lead Authority is to prepare an amended plan.¹²² The current Lead Authority should support the receiving Lead Authority in preparing the amended plan. In either case, the responsible Lead Authority should contact the RMA to discuss the timescale for preparation of that plan.

¹¹⁹ [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s6(6).

¹²⁰ [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s9(2).

¹²¹ The right of appeal is laid out in the [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s9(3). Information regarding the appeal process is available from the Scottish Court Service.

¹²² [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s6(6).

Periods of Transition

As the individual moves through their sentence, they will likely experience periods of transition which may represent a significant change. These transitional stages are likely to include:

- Transfer between security levels or locations whilst in a secure setting (transfer from closed conditions to less secure or open conditions);
- Transfer between secure settings (for example, for treatment);
- Transfer from one community area to another;
- Cross-border transfers;
- Transfer from a secure setting to the community (release); or
- Transfer from the community back into a secure setting (recall).

Such transitions will mean a change in case management responsibility and may involve significant change for the individual, particularly where it involves transfer from one Lead Authority to another. It is important transfers are as seamless as possible, and so, whilst some transitions may be unexpected and unplanned, wherever possible periods of transition should be prepared for in advance and carefully managed.

The existing Lead Authority will have a vital role in supporting a smooth transition. In addition to transferring all relevant documentation, the existing Case Manager should ensure that broader knowledge regarding the management of the individual is shared in a timely fashion with the new Case Manager. The current Case Manager will also have an important role in preparing the individual for transition, and wherever possible joint work should be undertaken between the existing and new Lead Authority to promote the individual's effective engagement and consistency in risk management planning.

Whenever an individual is transferred, the new Lead Authority should inform the RMA they have assumed responsibility for the case and should provide details of the allocated Case Manager and Head of the Risk Management Team.

The processes relating to the preparation, implementation and review of a Risk Management Plan which are outlined above will apply during these periods of transition, however the following additional guidance is offered regarding a number of these key stages.

Progression to less secure or open conditions

Where the RMT considers that an individual meets the criteria for progression to less secure or open conditions,¹²³ they should review the Risk Management Plan. Moving from closed conditions to National Top End, a Community Integration Unit or the Open Estate within prison, or from a high to a medium or low secure facility within a forensic health setting will result in decreased restrictions and may include the potential for community access. Under such circumstances it is likely that the Risk Management Plan will need to be amended to include strategies for managing the risk in this new context.

When planning for special escorted leave or other forms of community access, the Lead Authority should consult with relevant community based partners well in advance of any community access being granted. This will ensure appropriate measures have been put in place and there are established links with community partners in preparation for future release.

¹²³ There are established criteria for progression in both health ([Scottish Government, 2010](#)) and prison contexts ([Scottish Prison Service, 2018](#)).

Where the individual is subject to a deportation order, the Lead Authority should consult with the United Kingdom Border Agency (UKBA) no less than 18 months before any community access is granted. This will enable UKBA to put in place appropriate procedures and will allow them to share any additional information that might inform risk management decisions, including possible flight risk.

If the Lead Authority produces an amended RMP in preparation for progression to less secure conditions, the plan should be submitted to the RMA for approval before the individual is moved. Once the plan has been approved, the individual can be transferred at the discretion of the Lead Authority.

Transfer

There are a range of circumstances in which the transfer of an individual who is subject to an OLR may occur. Transfers may occur across borders (the UK or internationally), between establishments within the same Lead Authority, or between Lead Authorities. In each case, existing protocols for the transfer of prisoners should be followed, however, if the transfer constitutes a significant change the Lead Authority is to review the Risk Management Plan to determine whether amendments to the plan are required.

The following guidance is offered concerning the transfer of an individual subject to an OLR:

Transfer between locations within a secure setting

Whilst residing within a secure setting, the individual may be transferred between establishments or locations managed by the same Lead Authority. This may be necessary for operational or other reasons and the move may be planned or unplanned. Examples would include transfer from one prison to another, or from one hospital facility to another. In such circumstances it is for the Lead Authority to consider whether the transfer does or does not represent actual or potential significant change. If it does then an amended RMP is required and the submission process should be followed. All documentation and information should be shared with the receiving establishment.

Transfer between secure settings

It may become necessary to transfer an individual subject to an OLR from custody to a health setting for assessment or treatment. Normal protocols regarding transfers for treatment should be followed.¹²⁴ Where the transfer is known to be short-term and temporary, the prison establishment may continue to act as the Lead Authority until the individual returns to the custodial setting. However, if it is determined the individual should remain in the hospital setting, the hospital will become the Lead Authority and will be required to review and amend the Risk Management Plan and to submit it to the RMA for approval in line with the guidance regarding the preparation of a Risk Management Plan, and the submission and approval of a Risk Management Plan. This can take the form of the Care Programme Approach (CPA) meeting documentation.

Where an individual has been subject to treatment within a health setting, and treatment is no longer required, they will be returned to a custodial setting to continue to serve their sentence. For those subject to an OLR, community release can only be directed by the Parole Board.

¹²⁴ The Memorandum of Procedure on Restricted Patients addresses the transfer of prisoners for treatment of a mental disorder ([Scottish Government, 2010](#)).

Transfer between local authorities

Where an individual moves from one community area to another and this results in a change of local authority, the new local authority will become the Lead Authority. Where the Lead Authority concludes this is a significant change, they will be responsible for reviewing and (if necessary) amending the Risk Management Plan and submitting it to the RMA for approval. Parole Board approval is required before an individual can move between local authorities.

The existing Case Manager should support the new local authority by sharing all available information and knowledge regarding the case. This joint planning and collaborative approach will help ensure identified strategies can be established in the new area, and the individual is given the opportunity to engage with new personnel. If the move is planned, preparations should begin in advance to ensure a smooth transition.

Cross-border transfers

This relates to the transfer of an individual sentenced to an OLR between Scottish Lead Authorities and the UK's six jurisdictions and beyond. In such circumstances the following legislation is considered relevant:

- Section 24(1) of the [Immigration Act 1971](#)
- Sections 1 and 2 of the [Repatriation of Prisoners Act 1984](#)
- Section 10 of the [Prisons \(Scotland\) Act 1989](#)
- Section 17 of the [Prisoners and Criminal Proceedings \(Scotland\) Act 1993](#)
- Schedule 1 of the [Crime \(Sentences\) Act 1997](#)

For individuals being transferred whilst still serving the punishment part of the OLR the following circumstances are relevant:

- *Transfer to a different prison within Scotland* may be authorised by the Scottish Ministers.¹²⁵
- *Transfer to a prison in another part of the UK* may be authorised by the Scottish Ministers but it must first be applied for by the individual serving their sentence. Agreement on the transfer must also be reached between the sending and receiving jurisdictions.¹²⁶
- *Transfer to a prison in another country* can be authorised by the Scottish Ministers subject to a Prisoner Transfer Agreement (PTA) between the UK and the receiving country. Agreement on the individual transfer must be reached and set out under the terms of the PTA and, depending on the terms of the PTA, the individual's consent may be required.¹²⁷

For transfers of individuals who are serving the OLR under supervision in the community following release from prison the following circumstances are relevant:

- *Transfer to a different area within Scotland* may be authorised by the Parole Board when assessing whether to vary the terms of the prisoner's licence to facilitate the transfer. The sending and receiving local authorities must agree to the transfer.
- *Transfer of supervision to another part of the UK* may be authorised by the Scottish Ministers but it must first be applied for by the individual serving their sentence. Agreement must also be reached between sending and receiving jurisdictions.¹²⁸

¹²⁵ Section 10 of the [Prisons \(Scotland\) Act 1989](#).

¹²⁶ Schedule 1 of the [Crime \(Sentences\) Act 1997](#)

¹²⁷ Sections 1 and 2 of the [Repatriation of Prisoners Act 1984](#)

¹²⁸ Schedule 1 of the [Crime \(Sentences\) Act 1997](#).

- *Transfer of supervision outside the UK* is not expressly provided for in statute and cannot therefore be enforced in another country. If an individual subject to an OLR being supervised in the community seeks to leave the UK then the OLR would remain in effect but the supervision could not be enforced abroad.

Being subject to an OLR does not preclude a person from living in a neighbouring jurisdiction. The OLR would continue in effect following their transfer. Enforcement of the OLR in other parts of the UK depends on whether the transfer is one of sentence or supervision, and whether the transfer is restricted or unrestricted. A restricted transfer of sentence would see the OLR enforced in the other part of the UK still subject to Scots law on detention, release, supervision and recall. An unrestricted transfer of sentence would see the OLR treated as if it were an equivalent sentence imposed in the receiving UK jurisdiction. The OLR would then be enforced in that jurisdiction according to the law on detention, release, supervision and recall that applied in that jurisdiction. Currently, there is no equivalent sentence to the OLR in the rest of the UK.

If the subject is about to be released or has been released, their supervision in the community can be transferred to another part of the UK under the Crime (Sentences) Act 1997. As with a transfer of sentence, a restricted transfer of supervision would see Scots law on supervision and recall continuing to apply but an unrestricted transfer would see the law of the receiving jurisdiction on supervision and recall applying.

A transfer abroad could see the OLR converted into an equivalent sentence in the receiving country. This would hinge on the terms of the PTA entered into between the UK and the receiving country. Following exit from the European Union (EU) the transfer of prisoners between the UK and EU is covered by the [Convention on the Transfer of Sentenced Persons](#) (Council of Europe, 1983) and its Additional Protocol – and a small number of bilateral PTAs. This Convention requires the consent of the individual being transferred.

In relation to the Risk Management Plan, whilst the [Criminal Justice \(Scotland\) Act 2003](#) places continuing obligations on the Scottish Ministers and Scottish local authorities, sections of the Act relative to Risk Management Plans (s6, s7 and s8) do not apply in other parts of the UK, and could not be transferred to a local authority or justice body outside Scotland. In practical terms, a Risk Management Plan should be in place by the time transfer is being considered. It could be revised to record that the individual had left Scotland and would be reviewed on their return to Scotland. The Risk Management Plan should also be shared with the receiving justice agency but any implementation of that plan by a local authority or other agency would be voluntary in that implementation of the Risk Management Plan could not be enforced outside of Scotland.

Where the individual leaves Scotland, there is nothing in the 2003 Act which brings to an end the duty to prepare and implement a Risk Management Plan. It may not, however, require to be reviewed again until the individual returns to Scotland. If the individual returns to Scotland to continue a period of supervision, it may be more appropriate for the relevant local authority to review the Risk Management Plan as they will be tasked with the individual's supervision on their return (they will become the new Lead Authority). If the individual returns to Scotland to be detained in prison, then the Risk Management Plan would likely be reviewed by the Scottish Ministers who will be tasked with the individual's detention on their return.

Release

Individuals subject to an OLR do not have an identified Earliest Date of Liberation.¹²⁹ Their date of release will be determined by the Parole Board following the expiry of the punishment part of their sentence, and will be based on considerations of risk and manageability. Once released, the individual will be subject to licence conditions and will be supervised by a local authority Justice Social Worker.¹³⁰

To ensure practice is ethical and defensible and appropriate contingency measures are in place, planning for potential release should begin two years (but not less than one year) before punishment part expiry. However it is acknowledged the individual may remain in the secure setting after their punishment part has been served. This release planning process should include engagement with victim(s) and/or their support agencies, to communicate and collate relevant information relating to risk and the measures that will be taken to mitigate risk.

Where the punishment part of the sentence has expired but the Lead Authority (in discussion with key partners) assesses the risk posed by the individual remains unmanageable within a community context then this should be clearly stated within the Risk Management Plan. This should be supported by a clear rationale for this conclusion which should include consideration of why strategies such as licence conditions or other available community risk management measures will not be sufficient to mitigate the identified risk(s), as well as what the next steps are in terms of supporting steps towards future manageability. Discussions regarding the manageability of risk within the community should involve community based partners.

The release of an individual subject to an OLR is likely to represent a significant change and every effort should be made to develop plans well in advance of the individual being granted access to the community. This will require the Lead Authority to collaborate with community based agencies to ensure suitable community based risk management strategies have been identified. The Case Manager within the secure setting should work with the identified local authority to ensure relevant information is shared, appropriate plans are identified, and wherever possible there is continuity of relevant service delivery.

In preparation for release, the receiving Lead Authority should identify a Case Manager¹³¹ and members of the RMT to engage in discussions with the existing RMT so decisions regarding community risk management can be agreed and resourced. In most cases the functions of the community based RMT will be managed under MAPPA.

Following release, the receiving local authority will become the new Lead Authority and will be responsible for reviewing and amending the Risk Management Plan. The amended plan should be submitted to the RMA for approval within an agreed timescale with the RMA.

In certain circumstances, release may be expedited or may involve additional considerations. Examples might include cases where an application is made for Compassionate Release, or the individual is subject to a Deportation Order. In such instances, the Lead Authority should refer to the relevant protocols and procedures, and should contact the RMA for advice on the timescales for the submission and approval of the Risk Management Plan.

¹²⁹ Earliest Date of Liberation applies to long term determinate sentences (those serving more than four years). For those sentenced before 1st Feb 2016 it denotes the 2/3rds stage of their sentence and is the point at which the individual is released on licence into the community until the sentence end date. For those sentenced on or after this date, it occurs six monthys prior to sentence expiry.

¹³⁰ Under the [Prisoners and Criminal Proceedings \(Scotland\) Act 1993](#)

¹³¹ A community based Supervising Officer will already have been identified within 21 days of sentence, as per the requirement to do so outlined in the [ICM Guidance Manual](#) (Scottish Prison Service, 2007, p12). Local authorities determine whether it is appropriate for the identified Supervising Officer to assume the role of OLR Case Manager.

Recall

In the event of recall to custody, the receiving prison will assume the responsibilities of the Lead Authority. Upon return to custody, the RMT should review the Risk Management Plan immediately to consider its suitability and to determine if an amended Risk Management Plan is required. The response to recalls will be individualised and based on the situation. For example, an amended Risk Management Plan may be required immediately to manage new risks or to manage instability. The outcome of this Risk Management Plan review should be communicated to the RMA along with the recall oral hearing date (if known). The RMA, in discussion with the Lead Authority, will set a timescale for submission of an amended Risk Management Plan. This will take into consideration the oral hearing date. For example, if the oral hearing date is within 3 months and re-release is an option, then the RMA may await the outcome before requesting an amended Risk Management Plan. However in those circumstances, if there are further changes, or the oral hearing is likely to be delayed, then the RMA may put a timescale in place for the submission of an amended Risk Management Plan.

When an individual is returned to custody the RMT within the prison should take initial steps to gather relevant information and ensure that sufficient measures are put in place to assess and manage the risk posed by the individual within the custodial setting. The prison should liaise with the Lead Authority who had responsibility for managing the case in the community to ensure all available information is used to inform the eventual development of the amended Risk Management Plan.

In the event that the prisoner is re-released following recall, the local authority will resume responsibility for the case and will review the Risk Management Plan. If the new Lead Authority considers that the current Risk Management Plan is unsuitable then it is to submit an amended plan to the RMA for approval within timescales to be agreed with the RMA. Re-release should also involve communicating this to victim(s) and their support agencies.

Review of Risk Management Plan

Regular and ongoing review should be integral to the risk management process to ensure the Risk Management Plan remains proportionate and appropriate. Frequency of review should be determined by individual case requirements. However, the Lead Authority is required to prepare an annual report regarding the implementation of the Risk Management Plan indicating that, at a minimum, there should be an annual review.

In addition to ongoing review the [Criminal Justice \(Scotland\) Act 2003](#) makes special provision for a formal review in light of actual or potential significant change in the circumstances of the individual subject to the OLR. The guidance regarding significant change outlines some of the circumstances which may constitute a significant change, but this list is not exhaustive and it will fall to the Lead Authority to determine whether any change in circumstances is significant. In the event that such a change occurs, or is likely to occur, the Lead Authority is to review the Risk Management Plan to determine whether it remains relevant and suitable to manage the risk.¹³² This will require the level of risk of serious harm to be re-evaluated and if necessary, re-assessed.

If the existing risk assessment and risk management strategies remain suitable, then it will not be necessary to amend the Risk Management Plan and implementation of the current plan can continue. However, if the Risk Management Plan is, or is likely to become unsuitable, then the Lead Authority is required to prepare an amended plan in line with the guidance regarding preparation of a Risk Management Plan.¹³³

In cases where a significant change is likely to result in an increase or reduction in the level of

¹³² [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s9(5).

¹³³ [Criminal Justice \(Scotland\) Act 2003](#), Part 1, s9(6).

restriction, it will be particularly important the level of risk posed by the individual is re-assessed and that this assessment is subject to appropriate scrutiny and challenge to ensure the proposed level of restriction is proportionate to the identified risk(s).

Where an amended RMP is required and there will be a change in Lead Authority, the current Lead Authority should work collaboratively with the future Lead Authority to jointly prepare a plan. Any amended Risk Management Plan should be submitted to the RMA for approval in line with the approval process outlined in the guidance regarding the submission and approval of a Risk Management Plan. Updated plans submitted alongside the Progress Record do not require to be approved by the RMA.

CHAPTER THREE

RISK MANAGEMENT PLAN, PROGRESS RECORD & STATEMENT OF ASSURANCE



Risk Management Plan

A Risk Management Plan must be prepared and implemented for each individual subject to an OLR. This template is also used within the Level of Service/Case Management Inventory assessment process and in the MAPPA national guidance.

The purpose of the Risk Management Plan is to identify and co-ordinate the necessary strategies to manage risk and encourage rehabilitation. To do this, it should set out:

- An assessment of risk;
- The measures to be taken for the minimisation of risk; and
- The co-ordination of such measures.

For Risk Management Plans to be approved by the RMA, they must have had regard to the standards and guidelines outlined in Chapter One.

The format that follows has been designed to support the preparation of a Risk Management Plan that is consistent with the Standards and Guidelines. Guidance regarding the completion of the Risk Management Plan is provided on page 63.

Risk Management Plan

Name	
Date of Birth	
CHS Number	

Version	Author	Organisation	Date	Notes

Basis of Assessment

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Limitations of Assessment

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Case Summary

Offending Behaviour	
Personal History	
Education/Employment	
Relationships	
Health	
Compliance/Responsiveness	
Current & Previous Assessments	
Progress & Future Plans	

Analysis of Risk	
Describe the cycle of events (antecedents, behaviours and consequences) related to each type of seriously harmful offending.	
Identify the relevance of the key factors contributing to offending behaviour (pre-disposing, precipitating, perpetuating and protective factors).	
Provide an analysis of the risk of serious harm in terms of the pattern, nature, seriousness and likelihood.	

Evaluation of Risk	
Consider the defined risk of serious harm levels, including consideration of imminence, and identify the risk of serious harm level and implications for risk management.	
State the risk of serious harm level.	

Identify the risk(s) to be managed in this plan	Describe the likely scenario(s) in which the risk(s) may present in terms of "what", "to whom", "when", "why" and "how".

Risk Management Strategy	Relevant Factor	Activity	Priority	Date for completion or review	Responsible agency/individual	Context
Supervision						
Monitoring						
Intervention or Treatment						
Victim Safety Planning						

Limitations of Strategies	Mitigating Action(s)

Measures of Change	
Early Warning Signs/Behaviours to Monitor	Indicators of Positive Change

CONTINGENCY PLAN			
Immediacy/Degree of Alert	Early warning signs/ Behaviours to Monitor	Agreed Actions	Responsible agency/individual
Be Aware			
Be Prepared			
Take Immediate Action			

Key Contacts				
Name	Role	Organisation	Email/Telephone	Signature

Review of Plan	
Date of current RMP	
Date of next review of RMP	

Risk Management Plan: Guidance

The guidance that follows provides advice regarding the completion of the various sections of the Risk Management Plan.

Information of Individual Subject to the RMP

Record the full name, date of birth and Criminal History System (CHS) number of the individual. The CHS number is the unique identifier used with individuals who have convictions (aka. SCRO number, URN, S number).

Version Control

This helps to track changes to the Risk Management Plan over time.

The initial approved Risk Management Plan should be Version 1.0. Updated versions of the Risk Management Plan submitted alongside a Progress Record (containing minor amendments, such as changes to personnel, removing completed strategies) should be Version 1.1, 1.2, 1.3 and so on. Amended versions of the Risk Management Plan that require RMA approval (those submitted following a formal review by the Lead Authority prompted by a significant change) should be Version 2.0, 3.0, and so on. For individuals subject to a RMP but not an OLR, the Version Control can follow the same approach but the RMP does not require approval of the RMA.

Record the author of the current plan, the organisation they work for, and the date the plan was prepared. Within the notes field, outline whether it is an initial Risk Management Plan, updated Risk Management Plan (submitted for annual reporting purposes), or an amended Risk Management Plan (requiring RMA approval in light of a possible or actual significant change). For an amended Risk Management Plan, include relevant details regarding significant changes (such as oral hearings under the [Parole Board \(Scotland\) Rules 2022](#), transfer to National Top End or Open Estate).

Basis of Assessment

Identify and list the key documents and sources of historical and current information that have informed the Risk Management Plan. Assessments should draw on sources from a range of domains (social, health and offending related issues) and may include interview information, reports, chronologies, risk and need assessments, learning or personality assessments, police intelligence, minutes of meetings and multi-agency discussions, records of correspondence, behavioural observation information, third party information, and case file reviews. Where the RMP relates to an individual subject to an OLR the RAR which informed the sentence will also be a vital source of information, particularly in the development of the initial Risk Management Plan. The author(s) and date(s) related to each source should be recorded.

The range of sources should also reflect where an individual has been assessed with specific needs or vulnerabilities (such as in the case of young people or those with mental health issues). This section should also include details about any methods used to engage with an individual.

Limitations of Assessment

Any gaps or inconsistencies in information, or caveats regarding the assessment should be recorded here. Where there has been limited or no engagement by the individual, this should be specified along with efforts undertaken to improve engagement, via reference to relevant measures outlined elsewhere in the plan.

Case Summary

This section should include an overview of the key historic and current information known about the individual that is relevant to the risk assessment and management planning process.

Where the plan is being updated, provide a summary of recent developments and their implications (such as the outcome and feedback from any parole oral hearing, any barriers affecting implementation of the plan, level of engagement, or priorities for the forthcoming period).

Structuring the case summary is aided by the following sub-headings.

Offending Behaviour

This should be a brief history of the individual's offending, including:

- Index offending;
- Previous offending;
- Allegations;
- Behaviour in custody; and
- Any self-reported offending.

Note any offences of particular concern or which indicate a pattern. Any reference to allegation information should be clearly marked as such and relevance and reliability appropriately weighted.

The summary of offending behaviour should include:

- Context and circumstances surrounding index and previous offending;
- A description of the events and degree of planning involved;
- Who was harmed, the seriousness and the outcome; and
- The individual's reaction or response to the offence.

Personal History

Summarise the individual's key life experiences considered relevant to the purpose of the Risk Management Plan, including but not be limited to:

- Childhood early experiences (including any adverse childhood experiences);
- Family background; and
- Important life events.

Education/employment

Detail relevant educational (school, college, university, vocational) experiences and achievements. Summarise the individual's employment history, including any reasons for unemployment or losing employment.

Relationships

Consider intimate and non-intimate relationships, detailing the quality and quantity of these relationships. If relevant then reference to intimate relationships might include but not be limited to: current or previous intimate partner violence; patterns of coercive control; if relationships have been generally concerning or supportive, and current relationship status. If it is relevant to

the formulation of risk and/or victim safety planning then it may include information from current or previous partners, with appropriate handling of this information to maintain victim safety. Non-intimate relationships could involve considering whether there are positive or negative peer or family influences, pro-offending attitudes and beliefs within the non-intimate relationships, and the general quality of support networks.

Health

This section can cover (as relevant): mental and physical health; personality disorder/assessments; and substance use history. It should include any formal diagnosis as well as evidence of relevant symptoms or traits that may impact on risk management and be relevant to the individual's risk.

Compliance/responsiveness

Summarise any patterns in the individual's engagement with previous disposals such as prison, orders (such as Sexual Harm Prevention Order (SHPO), Sexual Offences Prevention Order (SOPO), criminal or civil Non-Harassment Orders (NHO), Exclusion Order or other) or licences. This might include the types of orders the individual has been, is, or will be, subject to and if there is a history of engaging or breaching these, as well as the individual's general attitude towards compliance and engagement.

Current and previous assessments

Summarise the key findings from current and previous assessments. Generally more focus should be given to more recently applied tools (with attention paid to the longevity and applicability of tools). As opposed to a list of all the identified risk factors or scoring for every item on an assessment, this section should present a summary of the key findings from each assessment. For example, with a risk tool, summarise the most critical and relevant risk factors or, if it has been applied before, changes in relevant risk and protective factors.

Progress and Future Plans

Summarise the progress of the individual. This could be since they received their sentence (if they are in custody) or since they were released (if they are in the community). It may also include any barriers regarding engagement. Progress regarding the delivery of the Risk Management Plan may also be reflected.

Detail the individual's future plans and goals. This may include: motivation for change; their view regarding the risk assessment and management plan; involvement in pro-social leisure activities; relapse prevention plans; constructive use of time; who will be part of the support network; as well as how realistic and detailed their goals and plans are.

Analysis of Risk

This section includes an offence analysis, narrative formulation, and analysis of offending:

Describe the cycle of events (antecedents, behaviours and consequences) related to each type of seriously harmful offending.

This is offence analysis and informs the identification of relevant risk factors contributing to the individual's harmful behaviour as well as factors that may interrupt or prevent the cycle from occurring. It involves analysing the events that precede and follow episodes of seriously

harmful behaviour by identifying relevant antecedents, behaviours and consequences. It involves considering:

- How, why and when offending occurs;
- Antecedents or early warning signs of offending;
- Patterns of behaviour particular to this individual;
- Motivations, costs and rewards of offending;
- Internal and external consequences of offending; and
- Comparison of multiple offence types for underlying similarities and differences.

Identify the relevance of key factors contributing to offending behaviour (pre-disposing, precipitating, perpetuating and protective factors).

Drawing on the offence analysis and the outcomes from relevant risk tools, explain how the identified risk and protective factors relate to an episode of seriously harmful behaviour. The purpose is to identify the factors which cause, trigger, maintain or prevent offending behaviour. Understanding the role and function these factors will inform the risk management activities or approaches required to prevent or manage the risk. The formulation should be provided as a narrative explanation of the individual's offending behaviour. It is also an hypothesis and as such should be subject to testing and review in light of emerging information.

Formulation should cover the following:

- The function, relevance and interaction of risk and protective factors in episodes of offending;
- Factors that increase an individual's vulnerability towards offending;
- The inter or intra personal events or circumstances which precipitate episodes of offending;
- Factors that maintain offending behaviour and reduce risk reduction efforts;
- Periods of non-offending and the factors influencing this that interrupt, mitigate or reduce the risk of offending behaviour; and
- The relevance to offending behaviour of an individual's physical and mental health (including any risk to self) as well as their social and developmental pathways, which may include neuropsychological factors, trauma, pervasive developmental disorder, cognitive capacity and/or mental illness.

Formulation should also explore an individual's response to risk management measures. It should consider:

- The individual's capacity and amenability towards change by exploring their past response and current attitude towards supervision, monitoring, intervention/treatment and victim safety planning measures;
- What strategies have worked/not worked and why;
- Their level of insight and understanding regarding their offending behaviour and the harm they have caused or may cause; and
- What may be effective in establishing and maintaining protective factors that might move the individual away from future offending behaviour.

To assist in identifying how factors are relevant to offending, it can be useful to consider factors under four broad categories: predisposing, precipitating, perpetuating and protective.

Predisposing Factors

These are factors that increase an individuals' vulnerability towards offending behaviour.

They are often identified through the application of risk tools as factors associated with offending, and present as criminogenic needs. They are factors that render this individual more likely to commit a certain type of offence. These factors may be amenable to change and should be targeted by supervision and treatment/intervention strategies. Examples might include impulsivity, substance misuse problems, or early and diverse anti-social behaviour.

Precipitating Factors

These are factors that trigger offending behaviour through motivating, destabilising or disinhibiting an individual. They may be events that trigger criminogenic needs, or acute dynamic factors which can change rapidly. They will be informed by antecedents identified through offence analysis and inform the relevant early warning signs that the risk of serious harm is becoming more imminent. They should be targeted by monitoring, victim safety planning, and contingency measures. Examples might include intoxication, emotional collapse, or a perceived slight or rejection.

Perpetuating Factors

These may be long term issues, responsivity factors or vulnerabilities which maintain rather than ameliorate the risk of offending. They may function by maintaining predisposing factors, or as obstacles to effective intervention. As such, targeting these factors as a priority may increase the efficacy of other interventions; however the factors may merit interventions or treatment in their own right. Examples might include cognitive impairment, a learning disability or a personality disorder.

Protective Factors

These factors are circumstances, relationships or characteristics that function to prevent, reduce or interrupt offending behaviour. They have an important role in risk management and are individualised in that what may be protective for one person may not be for another. To be considered protective a factor must have clear evidence that it functions to prevent, reduce, or interrupt risk. Factors which show promise are still important and may be identified as emerging protective factors, and may inform the selection of supportive risk management measures aimed at bolstering the impact of these factors. Examples of protective factors might include family or intimate relationships, medication or motivation to engage in supervision.

Provide an analysis of the risk of serious harm in terms of the pattern, nature, seriousness and likelihood.

Pattern involves consideration of:

- When was the onset of offending behaviour (childhood, adolescence, late onset);
- The frequency of offending behaviour (persistent, intermittent);
- What has been the duration of offending behaviour (short or long-term); and
- Any particular changes in frequency, duration or diversity of offending behaviour.

Nature involves consideration of:

- The type of offending behaviour (such general violence, sexual violence, stalking);
- The diversity of offending behaviour (single type or mixed types);
- Who is at risk (the victims of the offences), such as:
 - Demographic information such as race, gender, age and location;
 - Particular characteristics, circumstances and vulnerabilities of victims;

- The relationship to the victim (family member, person in authority, stranger);
- Risk to individuals linked to potential victims (family, friends, children);
- The range and type of victims and what this is driven by (for example, opportunity, indiscriminate targeting, choice);
- The individual's attitude towards victims or victim groups.

Seriousness involves consideration of:

- The extent to which the individual has already caused serious harm;
- The frequency and escalation of physical and psychological harm over time;
- The degree of actual and intended harm;
- The degree of planning and intent; and
- Identifying relevant indicators of serious harm.

Likelihood involves consideration of:

- The current factors that might trigger further offending behaviour;
- Any idiosyncratic or aggravating factors such as bizarre or ritualistic elements or the use of weapons;
- The current factors that may actively prevent further offending behaviour; and
- The balance of identified risk and protective factors and whether it points towards further offending or desistance.

Evaluation of Risk

Conclusions regarding risk of serious harm should be clear, concise and relevant. They should include specific consideration of the risk of serious harm definition and level in the current and future context of the Risk Management Plan, as well as the implications for risk management. The purpose and duration of the plan should be clear.

Consider the defined risk of serious harm levels, including consideration of imminence, and identify the risk of serious harm level and implications for risk management.

This section should clearly state whether the individual presents a risk of serious harm. Risk of serious harm is defined as:

*"the likelihood of harmful behaviour, of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible"*¹³⁴

This section should also state what degree of risk of serious harm the individual presents with.

Very high

There is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious.

High

There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Medium

There are identifiable indicators of serious harm. The individual has the potential to cause such

¹³⁴ [Multi Agency Public Protection Arrangements \(MAPPA\) National Guidance](#) (Scottish Government 2022).
Section 4: The Assessment and Management of Risk.

harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

Low

Current evidence does not indicate likelihood of causing serious harm.¹³⁵

In order to conclude on a risk of serious harm level, particular consideration should be given to the potential imminence of serious offending.

Imminence involves consideration of:

- How quickly is offending behaviour likely to occur without any risk management measures in place or if protective factors fail;
- Are there protective factors in place currently that may prevent or reduce the chances of offending behaviour;
- What factors might indicate that offending behaviour is becoming more imminent;
- Are the circumstances related to previous serious offending behaviour repeating;
- Is the individual exhibiting intent, capability or seeking the opportunity to inflict serious harm on others, and;
- Is the individual currently stable and what might need to change for further offending behaviour to become more imminent.

If the purpose of the plan covers multiple contexts (such as custody and community) then it will be necessary to state separate risk of serious harm levels for each context if the presenting risk(s) are different across these environments. For example, there may be situations where an individual is considered medium risk of serious harm within custody due to factors like current controls, progress on an intervention, and so on. However, there may also be concerns that changes in community access might bring about factors relevant to the individual's risk and instability. Therefore, the risk summary may also reflect that such changes could increase the individual's risk of serious harm level to a high. The risk summary should clearly convey the reasoning and rationale behind any situations or contexts where multiple risk of serious harm levels are being used.

Stating the implications for risk management involves considering the degree and nature of measures required to manage the identified risk(s). It involves specifying whether risk can be managed through routine or intensive measures, and a single agency or multi-agency response.¹³⁶ The implications for risk management should be considered for both current and future contexts. A conclusion on the implications of risk management should be clearly linked to and underpinned by the findings of the assessment. It should also be an agreed collective position of those responsible for the assessment and management of the individual. This evaluation of risk should also link back to the purpose of the assessment, in terms of informing the decision the assessment was undertaken to support (e.g. progression, release, etc.). For example, in the instance of potential release into the community, the evaluation of risk should clearly conclude on whether the identified risks are either manageable or not manageable within the community, along with a clear rationale as to why that is the conclusion.

In providing a summary it may be useful to consider and answer the following questions:

- What will it take to reduce the risk and aid progression towards integration?

¹³⁵ [Multi Agency Public Protection Arrangements \(MAPPA\) National Guidance](#) (Scottish Government 2022). Section 4: The Assessment and Management of Risk.

¹³⁶ If the conclusion of the risk assessment component of the Risk Management Plan (i.e. the fuller risk of serious harm analysis) is that identified risk(s) can be managed through routine single agency measures, then for non-OLR cases (such as MAPPA) the rest of the Risk Management Plan does not require completion. This is because the assessment has identified that a multi-agency response to risk management is not required. For individuals subject to an OLR the full Risk Management Plan must be completed as it is a legislative requirement set out in the [Criminal Justice \(Scotland\) Act 2003](#).

- Can the current risk be safely managed in less secure conditions or in the community? Why/why not?

Outlining such a 'roadmap' aids transparency by setting out the rationale for the plan, and helps to evidence proposed measures are appropriate and proportionate. It also helps the individual understand the measures they are and will be subject to, and the role that they have to play in their own risk management, progression and reintegration.

As the Risk Management Plan is a multi-agency document there may be disagreements on risk of serious harm and manageability within the context of the RMT. Where this occurs all efforts should be on trying to reach agreement, which may be assisted by a targeted discussion on the features of the risk of serious harm definition and levels with each party being encouraged to present their evidence underpinning their viewpoint. The Head of RMT should facilitate this discussion with the desired aim of reaching consensus. If agreement is not reached then the risk summary can be used to detail the different views on risk of serious harm. This can include steps taken to resolve the disagreement, and the rationale and explanation supporting each viewpoint, as well as any agreed action(s) (that is, what does this mean for the risk management of the individual?). If it might impact the delivery of the Risk Management Plan then this should also be detailed in the limitations of strategies section of the Risk Management Plan (see below). However, the Head of RMT retains overall responsibility and decision-making capacity regarding the management of the individual, inclusive of the content of the Risk Management Plan.

The section titled 'State the risk of serious harm level' should be completed by recording either Low, Medium, High, or Very High, in line with what has been stated and explained in the preceding section.

When conducting this level of assessment (i.e. fuller risk of serious harm analysis) the conclusion may be that the individual does not present a risk of serious harm, or that the identified level of risk of serious harm does not require active and alert multi-agency risk management. In those instances (e.g. when the assessment is being conducted via the LS/CMI method or to inform MAPPA relating to sexual offending) the assessment will conclude at this point. As this conclusion means active and alert multi-agency risk management is not required, reverting to case management should occur. Where the individual is subject to an OLR, the Criminal Justice (Scotland) Act 2003 stipulates they must be subject to an RMP. This means, in those instances, the full RMP document (as included in these Standards & Guidelines) should be completed.

Identify the Risk(s)

Summarise the risk(s) to be managed by the plan. These are the types of offending behaviour the individual is at risk of engaging in that may present a risk of serious harm. There are a number of ways to categorise the risk(s) however, examples might include:

- General violence;
- Intimate partner violence;
- Sexual offending (contact/non-contact);
- Stalking; and
- Fire-raising.

Describe the Risk(s)

The purpose of this section is to detail in narrative format the likely or plausible scenarios in which serious harm might occur related to the types of offending behaviour identified within the Identify the Risk(s) section. This draws on the interaction of risk and protective factors highlighted in the formulation to explain how factors interact in a given context and what the likely outcome may be in terms of who may be harmed, how and how seriously.

Consider the following aspects:

- 'What' – What is the risk? (What behaviours the person may engage in);
- 'Who' – Who might be at risk from these behaviours? (For example, strangers, partner/ex-partner, children, previous victims, associates, neighbours, identifiable groups or others),¹³⁷ are there particular relevant victim characteristics? (Such as age, gender, vulnerability, relationship to the individual, race/ethnicity, professionals working with the individual);
- 'When' – When is the person more likely to engage in these behaviours? (Particular contexts, circumstances or environments);
- 'Why' – What would the motivations of the individual be (That is, what would they be looking to get out of the behaviours?);
- 'How' – Are there particular methods the person might use to engage in the behaviours?

Each type of offending should have an associated 'likely' scenario. This can be made up of various components:

- A 'similar' scenario, that is, a repeat of previous behaviours resulting in the same or similar offending behaviour;
- A 'better' scenario, that is, is there a realistic aspect of the individual's behaviour that could show an improvement and what might be the impact, could there be desistance from offending or a reduction in the frequency, seriousness or type of offending;
- A 'worse' scenario, that is, an escalation in offending such as a shift from low level violence to the use of a weapon, or could there be an increase in the physical or psychological impact of the individual's offending.

Risk Management Strategies

There are four primary strategies to manage risk: supervision, monitoring, intervention/treatment, and victim safety planning.

Supervision

Supervision involves engaging the individual in a process of change as well as overseeing compliance with conditions, orders or a sentence. Restrictive measures may be appropriate when the level of risk demands such a response. However, effective supervision also involves developing a high quality relationship targeting relevant risks and needs with the aim of encouraging compliance and promoting engagement and change. Supervision strategies should be informed by the formulation. In particular, risk factors or needs amenable to change can be targeted through supervision activities. Examples may include:

- Motivational interviewing;
- Goal setting and problem solving;
- Pro-social modelling;
- Building social capital through support networks, education and employment, and volunteering and mentoring;

¹³⁷ For example, in the context of domestic abuse, section 3(2)(b) of the [Domestic Abuse \(Protection\) \(Scotland\) Act 2021](#) sets out that behaviour may be directed at the victim, their child, or another. Safeguarding of any children the individual may have contact with (should that be deemed a relevant risk) is critical and information should be shared with the appropriate services.

- Reframing choices and perceptions regarding the costs and benefits of offending;
- Effective use of supportive authority; and
- Structured one-to-one interventions that develop skills and strategies to promote pro-social alternatives and relapse prevention strategies

Monitoring

Monitoring strategies should be the range of observational activities aimed at assessing compliance, identifying progress and detecting signs of deterioration or imminent offending. It involves identifying and observing factors that may point towards behavioural or attitudinal change.

Effective monitoring requires agencies and professionals to be aware of the events and behaviours to be observed which will be individualised and informed by the formulation (antecedents from an offence analysis, precipitating factors within a formulation). What is being observed, how, and by whom, should be clearly recorded and communicated to relevant partners and agencies.

All parties involved in the management of an individual have a responsibility for monitoring. Much of the information which informs monitoring will be drawn from observing behaviour during routine day-to-day interactions. However, specific activities relating to particular roles or agencies may include drug and alcohol testing, scheduled and unscheduled home visits and police surveillance. Agencies and individuals involved in managing risk of serious harm should be clear about the contingency action(s) required in the event early warning signs appear or other concerns emerge.

Intervention/treatment

Intervention or treatment strategies are structured activities with the aim of reducing risk and encouraging rehabilitation through approaches like skill development, improving pro-social opportunities, or addressing a specific behaviour, problem or need relating to issues of health, trauma or vulnerability. They can target relevant risks and needs and/or promote the development of protective factors and strengths.

The most appropriate means of delivering intervention or treatment should be considered (group or individual) depending on factors such as the nature of the individual's offending, their needs, characteristics and abilities, and the objectives of risk management. Examples include; offending behaviour programmes, psychological therapies, vocational or educational courses, parenting programmes, or health initiatives.

Details relating to the scheduling of the treatment or intervention should be clearly recorded within the Risk Management Plan and relevant tasks should be allocated to named agencies or individuals. In complex cases, where multiple interventions are required they should be prioritised and co-ordinated within the Risk Management Plan.

Victim Safety Planning

These are the strategies to reduce the likelihood of future harm to known or potential victims. Victim safety planning measures should not unintentionally escalate risk to victims. This may involve redacting victim information or strategies if there is a concern exposing these to the individual might increase risk to potential victims.

Where there are known victims it may be appropriate to identify them in relation to specific strategies aimed at protecting them. Where offending is indiscriminate, random or opportunistic,

it may only be possible to pay general attention to identifying potential victims such as staff, visitors or other prisoners. Specific considerations should be given to an individual's current context (custody or community) and how this interacts with potential victim access, and the necessary nature of victim safety planning strategies. Relevant agencies should be clear on the activities relating to victim safety planning, who is responsible, and when they should happen.

Specific victim safety planning measures may involve: identifying and reducing victim access (electronic monitoring, away-from and exclusion zones, licence conditions), supportive victim-focused measures to enhance personal safety (such as disclosures, awareness-raising), and managing environmental or contextual factors that increase the likelihood of a victim, or victim group, being targeted (such as environmental risk assessments, restriction of residency, location monitoring or residence at a specific place).

For each type of risk management strategy the following should be considered:

Relevant Factor

Depending on the purpose and scope of the activity, this may be an individual risk or protective factor, a general offence type (for example, violent offending), or all of the risk factors as a whole.

Activity

Identify the activity which will be delivered in order to manage the risk factor(s). They should be specific, measurable, achievable, realistic, and time-bound.

Priority

Effective co-ordination and delivery of measures means each activity should be assigned a priority rating to indicate the sequencing of strategies informed by the formulation:

- Assign '1' to activities which need immediate attention and will be targeted in the short-term.
- Assign '2' to activities which require intermediate attention and will be targeted in the medium-term (they may be strategies that require the completion of priority '1' activities first, such as structured programme work following motivation and engagement work).
- Assign '3' to activities which are to be targeted in the long-term (they may be strategies that require significant pre-work, through the completion of priority '1' and '2' strategies).

This is not about the importance of strategies but rather planning out the delivery of a plan to maximise its effectiveness.

Date for Completion or Review

Identify a date by which the activity will be completed or progress will be reviewed. Where activities are labelled as "ongoing" (for example, monitoring activities may always be in place), the intervals at which this will be reviewed, e.g. "weekly", "monthly", and so on, should be recorded.

Responsible Agency/Individual

Identify which agency or individual is responsible for delivering each activity.

Context

To support transitional planning, indicate whether the identified activity is relevant to managing risk within a secure setting (such as custody), a community setting, or both.

Limitations of Strategies

Highlight any gaps or weaknesses in the plan. Give consideration to the following:

- Areas of uncertainty;
- Gaps in knowledge;
- Interdependencies between risk management activities;
- Areas where the success of the plan is reliant on the engagement of the individual; and
- Availability of resources or programmes.

For each limitation identified there should be mitigating action(s) detailed in an attempt to reduce the impact of identified limitations. Where mitigating actions are not possible then detail should be provided as to why, and what would be required for this to change.

Measures of Change

Regular review of progress and identifying positive or negative change is supported through the identification of behaviours or events which might indicate risk is increasing or protective factors or measures to manage the risk are weakening or breaking down. Equally, it is important to consider what emerging behaviours might indicate risk management strategies are working or risk is reducing.

Early Warning Signs/Behaviours to Monitor

Identify signs or behaviours which may indicate: offending is becoming more imminent; risk management strategies are breaking down; or the plan requires review. These are informed by the identified antecedents (offence analysis) and precipitating factors (narrative formulation).

Indicators of Positive Change

Identify events, behaviours or circumstances which may indicate the plan is working or risk is reducing.

Contingency Plan

This section should be used to document the contingency measures to be taken in response to the:

- Appearance of early warning signs;
- Weakening or breakdown of the identified risk management strategies;
- Weakening or breakdown of protective factors; and
- Emergence of other concerning behaviours or events.

Early Warning Signs/Behaviours or Events to Monitor

Record the early warning sign or the behaviour/event to monitor. There should be contingency measures highlighted for all early warning signs identified within the plan. Identify whether the emergence of this behaviour would require staff to:

- Be Aware – Monitor the emerging behaviours closely for any signs of escalation and ensure relevant individuals/agencies are informed about the potential situation;
- Be Prepared – Ensure precautionary measures are taken and that staff are alert to the possible situation;
- Take Immediate Action – Intervene now to deliver identified contingency activities. There should be proportionate measures detailed including actions to be conducted immediately. Less immediate measures (such as referral to RMT) can follow.

Agreed Actions

Identify the agreed actions to be taken in response to early warning signs, concerning behaviours, or the weakening or breakdown of risk management strategies or protective factors. There should be concrete actions with clear timescales to manage or minimise the risk. Adherence to standard operating procedures and existing protocols may often be an adequate and appropriate response, and where this is the case, this should be stated. For example, an incident in a prison context might trigger a referral to the Risk Management Team, whilst a further offence in the community would result in the preparation of a breach report for the Parole Board. However, it is also important to consider whether there are additional, case specific actions required. For example, if a prisoner absconds during a community work placement there may be case specific victim safety actions which need to be identified, planned for, agreed and acted upon in addition to the actions which would be generated by standard protocols.

Responsible Agency/Individual

Identify which agency or individual is responsible for delivering each activity.

Key Contacts

Complete the table noting name, role, organisation, telephone number and email address for each of the key personnel or agencies involved. The Risk Management Plan need not necessarily include out of hours contact details, but protocols should be in place in the event that immediate action is required.

The Risk Management Plan should be signed (for RMA purposes, electronic signatures will suffice) by each individual highlighted with a function under the plan. In signing the Risk Management Plan, individuals (and their agencies) are indicating that the content of the Risk Management Plan has been discussed with and agreed by the members of the RMT.

Review of Plan

Date of Current Risk Management Plan

Record the date that the current Risk Management Plan was approved and implemented.

Date of Next Review of Risk Management Plan

Record the proposed date of the next routine review of the Risk Management Plan.

Frequency of review should be proportionate to the level of risk and determined on a case by case basis, taking into consideration the following:

- The complexity of the individual's relevant risks and needs (individuals with particularly

- acute or unique needs may require more frequent review);
- The sentence stage of the individual (in the early stages of a sentence, at points of progression, or at point of release, it may be prudent to increase the frequency of review);
 - The current level of engagement and motivation (more frequent review may be required to monitor efforts to increase engagement and motivation);
 - The imminence of early warning signs (more frequent review might be required during periods where early warnings signs are being observed and reported); and
 - Procedural or legislative requirements (for example, in an OLR case a minimum of an annual review must be undertaken).

Where the RMP relates to an individual subject to an OLR, the [Criminal Justice \(Scotland\) Act 2003](#) requires the Lead Authority to review the Risk Management Plan where there has been or is likely to be a significant change. This is a formal review and is distinct from the routine process of monitoring and review that takes place as part of case management activity.

Annual Implementation Report

The [Criminal Justice \(Scotland\) Act 2003](#) requires the Lead Authority to report annually to the RMA on the implementation of the Risk Management Plan for individuals subject to an OLR.

Reporting annually provides the Lead Authority with the opportunity to review the Risk Management Plan and update the risk assessment where necessary. It also allows the Lead Authority to evaluate their progress in delivering the identified risk management strategies and the individual's progress in engaging with the process of change. The annual report should comprise of the current, up to date Risk Management Plan and a Progress Record. The Progress Record demonstrates how the Lead Authority and those who have functions under the Risk Management Plan have implemented the identified risk management strategies.

The updated Risk Management Plan and Progress Record should be reviewed by the RMT and signed off by the Head of the Risk Management Team before being submitted to the RMA alongside a covering Statement of Assurance (for RMA purposes, electronic signatures will suffice) (see the template and guidance on completing the Statement of Assurance in the following section). If, in reviewing the plan, the Lead Authority determines the currently approved Risk Management Plan is no longer suitable (owing to an actual or potential significant change), an amended plan is required. Amended plans must be submitted to the RMA for evaluation and approval.

The Lead Authority should report on the implementation of the Risk Management Plan within 12 months of the date on which the current Risk Management Plan was approved by the RMA, and annually thereafter.

In preparing the Progress Record it will be important to consider the following elements of the current plan:

Personnel Details

The current Risk Management Plan should be updated to include any minor changes such as updates to personnel (such as changes to personnel or changes to roles and responsibilities).

Basis of Assessment

The 'basis of assessment' section should be updated to reflect sources consulted over the reporting period. As time progresses, sources of information may increase to include details of events, behaviours and planned activities undertaken, programme completion reports, breach/disciplinary action, positive change and achievements.

Update of Risk Assessment

The risk assessment should be revisited to determine if a reassessment is required – the level and depth of any reassessment will be guided by the circumstances and complexities of the case. Good practice suggests an ongoing awareness of change: routine or annual review requires a stock check, whereas a formal review to determine whether the plan remains suitable will require a more fundamental and fresh consideration of the assessment, formulation and plan. In particular, commenting on newly emerging risk factors, protective factors, early warning signs or behaviours that require monitoring. Highlight changes in the assessment and formulation of risk where applicable.

Risk Management Strategies

If strategies have been completed during the reporting period then this should be communicated via the Progress Record and summarised in the updated Risk Management Plan. These strategies can be removed from the plan during this updating process. Any changes to the planned sequencing of risk management strategies should be reflected in the updated Risk Management Plan with a supporting rationale.

On the basis of a review of the assessment, are further changes required to the Risk Management Plan?

If a review of assessment indicated changes in the pattern, nature, seriousness, likelihood or imminence of risk, or the measures and strategies to manage risk, ensure these changes are reflected and addressed within the Risk Management Plan.

Were there any problems or barriers affecting the implementation of the risk management strategies?

Highlight issues which impacted on the implementation of the risk management strategies. Detail steps taken to address these issues, and whether issues were resolved or not. Include this information in the Progress Record and 'limitations of strategies' section of the Risk Management Plan.

Review the measures of change identified in the Risk Management Plan and comment on areas of progress or deterioration arising from the implementation of the plan.

Consider whether any measures of change identified within the Risk Management Plan have been evident during the course of the last year. Consider whether these have evidenced positive progress or deterioration in relation to the level of risk, as well as actions to be taken to minimise deterioration or encourage progress?

Has the implementation of the Risk Management Plan resulted in any material change in the overall risk level?

Consider whether there has been evidence risk has become more or less manageable. Explain whether risk is decreasing, remains static, is escalating, or is changing in nature, and ensure this is reflected in the 'risk assessment and formulation' and the 'concise case summary' sections of the Risk Management Plan.

Progress Record

Name	
Date of Birth	
CHS Number	

Date	Relevant Factor	Strategy	Change	Noteworthy Developments/ Evidence of Change

Signed: _____ (Case Manager)

Date: _____

Signed: _____ (Head of RMT)

Date: _____

Progress Record: Guidance

The Progress Record has been designed to complement the Risk Management Plan. When submitted together with an updated Risk Management Plan it provides evidence for formal review and annual reporting. It provides a means of tracking implementation and change against the risk and protective factors which were identified in the Risk Management Plan. This allows the Lead Authority to comment on implementation over the reporting period and ensures the Risk Management Plan remains a current and dynamic document. Regular completion of the Progress Record, and active use of the information it summarises, promotes effective risk management practice as it encourages ongoing assessment, review and planning. This template is also used within the LS/CMI assessment process.

The sections of the Progress Record should be completed as follows:

Date

Record the date of the event or noteworthy development which is being reported on i.e. when did the event occur?

Relevant Factor

Report on the delivery of risk management strategies (targeted at relevant factors) and contingency measures (targeted at measures of change) during the reporting period.

Recording evidence of implementing a risk management strategy in this section means providing details of the relevant risk factor(s) or protective factor(s) the strategy was targeted at. These should align with the relevant factors from the currently approved Risk Management Plan. Report against all priority '1' strategies from the current Risk Management Plan in terms of whether they have been delivered or not, and if not, the rationale.

The 'relevant factor' may be recorded as:

- All risk factors;
- A type of offending behaviour, such as sexual violence, domestic violence;
- A collection of factors, e.g. pro-criminal attitudes; and
- An individual risk (for example hostility toward women) or protective (such as self-management skills) factor.

The Progress Record should also record instances of early warning signs or indicators of positive progress observed during the reporting period and, in the case of early warning signs, the associated contingency measures implemented in response.

Strategy

If a relevant factor was identified in the 'Relevant Factor or Measure of Change' column then indicate if this was addressed by means of supervision, monitoring, intervention/treatment, or victim safety-planning. The strategies recorded should correspond to those in the currently approved Risk Management Plan unless a need to change approach was identified. In these instances the rationale for change should be detailed in the 'Noteworthy Developments/ Evidence of Change' section.

If an early warning sign was recorded in the 'Relevant Factor or Measure of Change' column then this section should detail that contingency measure(s) were implemented. The contingency

measure(s) implemented should correspond to those in the currently approved Risk Management Plan unless a need to change approach was identified. In these instances the rationale for change should be detailed in the 'Noteworthy Developments/Evidence of Change' section.

If an indicator of positive progress was recorded in the 'Relevant Factor or Measure of Change' column then 'N/A' can be recorded in this section unless this has informed a change of approach. In these instances the rationale for change should be detailed in the 'Noteworthy Developments/Evidence of Change' section.

Change

Indicate whether there has been any change (Positive, Negative or No Change) in relation to the identified risk or protective factor(s). If a change in risk or protective factor(s) has occurred for reasons independent of the delivery of action/activities, the change should be recorded and the proposed reason for the change should be discussed within the 'noteworthy developments' section of the progress record. If actions or activities have not been implemented it may be appropriate to indicate that change in relation to these factors is Not Applicable, however an explanation should be offered in the adjacent column.

Noteworthy Developments / Evidence of Change

Provide a narrative summary of progress in delivering the actions/activities outlined in the approved Risk Management Plan and explore the relationship (if any) between their delivery and any change in identified risk/protective factors. It may be appropriate to note whether the actions/activities are completed, ongoing, pending etc. Authors should be aware that 'noteworthy developments' may not necessarily constitute evidence of change (changes in the individual's level of engagement or participation in programmes may not indicate a change in risk level).

Consider the following questions:

- Have the actions/activities outlined in the plan been delivered, or if they have been rescheduled or delayed, for what reason?
- Has the individual engaged with the activity/intervention?
- Has the delivery (or non-delivery) of an action/activity resulted in any change in relation to the identified factor?
- Has any change in the identified factor occurred for reasons seemingly unrelated to the delivery of the actions/activity?
- Indicate whether there has been any change (positive, negative or no change) in relation to the identified risk or protective factor(s). If a change in risk or protective factor(s) has occurred for reasons independent of the delivery of action/activities, the proposed reason for the change should be discussed.
- If actions or activities have not been implemented an explanation and proposed actions should be offered.

If the entry being recorded relates to the presence of an early warning sign and the implementation of contingency measures then this section should detail the evidence of the early warning sign and the contingency measures implemented. If these contingency measures deviate from those in the Risk Management Plan then a rationale should be provided and if representing a commitment to a change of approach then this should correspond to the updated Risk Management Plan.

If the entry relates to the presence of an indicator of positive progress then this section should provide the evidence and detail any action(s) taken in response. For example, evidence of progress might be used to reduce restrictive strategies within the Risk Management Plan. In such instances this should correspond to the updated Risk Management Plan.

Progress Record Sign Off

The Progress Record should be signed by the Case Manager (or delegated individual) and the Head of the Risk Management Team. For RMA purposes electronic signatures will suffice.

In signing the Progress Record, the Case Manager and Head of the RMT are indicating that the content has been discussed with and agreed by relevant members of the RMT.

Statement of Assurance

Part A – Demographics, Quality Assurance & Confirmation of Collaboration

Section 1 - Case Information	
Name	
Date of Birth	
Address of current location	
Additional Information	

Section 2 - Sentence Details	
Date of OLR	
Punishment Part Expiry Date (PPED)	
Purpose of the RMP	

Section 3 - Lead Authority Details	
Lead Authority	
Address	

Section 4 - RMT	
Date of Meetings of the RMT	

Section 5 - Release Details	
Local authority upon release	
Assigned Community based Social Worker	
Date of next parole oral hearing	

Section 6 - Quality Assurance		
Has the RMP been quality checked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Those with functions confirm they have the necessary knowledge, skills and experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part B - Lead Authority self-evaluation of implementation

Current RMP Approval Date	
Reporting Period	

Please indicate the documentation that is provided to support the annual report:

<input type="checkbox"/>	An up-to-date progress record
<input type="checkbox"/>	An updated Risk Management Plan (RMP)
<input type="checkbox"/>	An amended Risk Management Plan (RMP)
<input type="checkbox"/>	A Care Programme Approach (CPA)

To satisfy the legislative requirement, the Lead Authority is asked to report on the following:

1. During this reporting period, have the strategies and actions been delivered in line with the approved Risk Management Plan?	
<input type="checkbox"/>	No (continue to Question 2)
<input type="checkbox"/>	Yes (continue to Question 3)

2. Where strategies and actions have not been implemented, is the reason for this documented in the Progress Record and/or updated Risk Management Plan (and/or current CPA)? If not, please provide the rationale below.	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	N/A (Answered Yes to Question 1)
Additional Comments (as required):	

3. Has collaboration taken place with community based justice social work to an extent that is aligned with the progression of the sentence e.g. in relation to progression to less secure conditions, access to the community, expiry of punishment part?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Additional Comments (as required):	

4. Has the Lead Authority had regard to previously issued guidance on implementation? Where the RMA has previously issued guidance on implementation please provide details of this guidance and indicate how the Lead Authority have had regard to this guidance.	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	N/A (No previous guidance)
Previous Guidance on Implementation	Evidence of LA having regard

Lead Authority Assurance:			
We confirm that this report is an accurate review of the implementation of the Risk Management Plan			
Role	Name	Date	Signature
Case Manager			
Head of Risk Management Team			

Statement of Assurance

A Statement of Assurance is completed in relation to individuals sentenced to an OLR.

The Statement of Assurance is divided into two parts:

- Part A is made up of sections on demographic information (details of the: individual, lead authority, sentence, those with functions under the plan, and release); quality assurance; confirmation of collaboration, and; Risk Management Plan agreement. **Part A should be submitted to the RMA alongside every Risk Management Plan (initial, updated or amended).**
- **Part B details the Lead Authority's self-evaluation of the implementation of the Risk Management Plan during the reporting period.** This should be submitted alongside the Updated Risk Management Plan and Progress Record to make up the Annual Implementation Report.

In relation to an Annual Implementation Report the full Statement of Assurance – Part A and Part B – should be completed and submitted.

Statement of Assurance: Guidance

Part A – Demographics, Quality Assurance and Confirmation of Collaboration

Section 1 requires the following case information:

- Full name of the individual (including known aliases);
- Date of birth of the individual;
- Address of the current location of the individual; and
- The section on Additional Information can be used to record known information regarding any special conditions associated with or arising from the offending behaviour. Examples might include: restricted patient status; a Schedule 1 offence; notification requirements relating to a sexual offence; appeal against conviction or sentence, or imposition of a Sexual Harm Prevention Order (SHPO) or Sexual Offences Prevention Order (SOPO).

Section 2 requires the following details about the individual's sentence:

- Date the OLR was commenced;
- The Punishment Part Expiry Date (PPED); and
- The purpose of the Risk Management Plan should be stated (an initial, updated or amended Risk Management Plan). If it is an amended Risk Management Plan then state the reasons (what is the significant change?). A significant change may include events such as:
 - Transfer from one Lead Authority to another;
 - Transfer to more/less secure conditions;
 - Moves between one prison/secure setting and another;
 - A change in the individual's address whilst in the community;
 - Commission of a further offence;
 - Relapse to substance misuse;
 - Physical/mental health changes.

Section 3 requires the following details about the Lead Authority:

- State the Lead Authority. If the person is in prison then state the Scottish Prison Service. If the person is in the community then state which local authority has responsibility. If the person is being managed by health then state the relevant health board.
- The address of the Lead Authority.

Section 4 requires the details of the RMT. Provide the dates of any RMT meetings. If this is being submitted with an initial Risk Management Plan, then provide the dates from the commencement of the sentence to the submission of the Risk Management Plan. If this is being submitted as part of an Annual Implementation Report, then list the dates the RMT meetings took place between the previous reporting period and this one.

Section 5 requires details relating to the release of the individual, including:

- Which local authority will be overseeing the individual's management should the individual be released;
- The name of the assigned community based Justice Social Worker; and
- The date of the next planned parole oral hearing.

Section 6 relates to Standard 5 (Quality Assurance) and requires the following:

- Whether the Risk Management Plan has been through a quality assurance process; and
- Whether those with functions under the plan are content they possess the necessary knowledge, skills and experience to fulfil their functions.

Part B – Lead Authority self-evaluation of implementation

Provide the following information:

- The date the current Risk Management Plan was approved by the RMA.
- The reporting period the Annual Implementation Report relates to. This should commence from the date the current Risk Management Plan was approved by the RMA to the date of submission of the Annual Implementation Report.¹³⁸
- Mark the documents being submitted alongside the Statement of Assurance (the Progress Record, an updated or amended Risk Management Plan, or a Care Programme Approach).
- Question 1 asks the Lead Authority if they deem the strategies and actions delivered across the reporting period to be in line with the approved Risk Management Plan. If the answer is 'No' then answer Question 2. If the answer is 'Yes' then answer Question 3.
- Question 2 asks the Lead Authority to indicate whether the reasons for non-delivery of strategies and actions are specified in the updated Risk Management Plan. If answering 'No' then the Lead Authority should provide details in Additional Comments otherwise it is highly likely this will result in the RMA issuing guidance or potentially considering the Lead Authority to be failing to implement the Risk Management Plan. 'N/A' should be selected if the answer was 'Yes' to Question 1.
- Question 3 asks for a judgement on whether collaboration with community partners has been proportionate and sufficient in relation to the individual's sentence. See Standard 4 (Partnership-working) for detailed guidance regarding this. The Additional Comments section can be used to record the rationale for indicating 'Yes' (evidence of collaboration and why this is considered proportionate) or, if indicating 'No', for providing a rationale for a lack of sufficient collaboration and the plans to remedy this.
- Question 4 asks the Lead Authority whether they have had regard to previously issued guidance on implementation. Indicate 'N/A' if there has not been any previous guidance on implementation. Where there has been previous guidance then this should be recorded along with the evidence of what was done in response to the guidance.
- The Case Manager and Head of Risk Management Team should provide their name, the date of submitting the Statement of Assurance, and signatures.

¹³⁸ Most commonly this will be a year (for example 01/01/2023 to 01/01/2024) to align with the Lead Authority's requirement to report annually on the implementation of the Risk Management Plan. However there may be instances where it is a shorter period, e.g. review of serious incident, to accompany an amended RMP in response to significant change.

Glossary of Terms

This glossary contains a list of terms and their definitions which are critical to understanding risk assessment and management in the context of assessing and managing risk of serious harm.

Annual Implementation Report

Section 9(4) of the [Criminal Justice \(Scotland\) Act 2003](#) requires the Lead Authority to report annually to the RMA regarding the implementation of the Risk Management Plan. The purpose of the Annual Implementation Report is to enable the Lead Authority to report on the implementation of the Risk Management Plan. Annual reporting consists of the submission of a Lead Authority Statement of Assurance, the current updated Risk Management Plan and a Progress Record.

Community Integration Units

The purpose of Community Integration Units (CIUs) is to provide an opportunity for individuals to access the local community, where there is a rationale for it being of benefit to them on release. Potential benefits include, but are not limited to: helping adjust to the community environment, the opportunity to strengthen self-management and other skills, helping to maintain/establish links with community services potentially required post-release or which may contribute to well-being and risk management, and helping to maintain/build links with important support networks. Whilst typically for individuals serving short-term sentences, those sentenced to OLRs can also progress to community access at CIUs at the discretion of the RMT.

Contingency Measures

Contingency actions or measures should set out the planned and co-ordinated response to the appearance of early warning signs, or the weakening or breakdown of protective factors or risk management strategies. The aim is to prevent harmful outcomes and provide a proportionate response to signs of increased risk.

Early Warning Signs/Behaviours to Monitor

Early warning signs may be behaviours, events or circumstances which might suggest offending is imminent, risk management strategies are breaking down, or the plan requires review. Monitoring strategies can help identify early warning signs. If these are detected, they can provide an opportunity to intervene to prevent offending, or to implement contingency measures to protect possible victims. Early warning signs may not be present in every case.

Formulation

Formulation is the 'understanding' of a case. It should be proportionate and appropriate to the age and stage of the individual being assessed and to the specific circumstances of the case and task. It includes a hypothesis of how, why and when offending occurs. The purpose of formulation is to provide a narrative explanation of the causes of offending with the aim of identifying the most appropriate means of preventing further offending and encouraging rehabilitation. Formulation creates a bridge between risk assessment and risk management, and informs the identification of measures to prevent, reduce or interrupt future occurrences of seriously harmful behaviour.

Functions

The [Criminal Justice \(Scotland\) Act 2003](#) section 6(4) states that a Risk Management Plan can make provision for any person who might reasonably be expected to assist in the minimisation of risk to have functions in relation to the implementation of the Risk Management Plan. This includes, but is not limited to, local authorities, police, health and prison services.

In preparing a Risk Management Plan, the Lead Authority is required to consult with anyone on whom it is considering conferring functions and that person is required to provide reasonable assistance to the Lead Authority. Anyone undertaking such functions is to have regard to the standards, guidelines and guidance set by the RMA.

Lead Authority

The Lead Authority has responsibility for the risk management of the individual who is subject to an OLR. The Authority is the appropriate local authority when the individual is in the community, the Scottish Ministers when they are in custody and Hospital Managers when they are in secure care.

Multi Agency Public Protection Arrangements (MAPPA)

The legislation governing MAPPA places a statutory duty on the 'responsible authorities' in a local authority area to jointly establish arrangements for assessing and managing risk. MAPPA offers a co-ordinated approach to the management of those subject to Sex Offender Notification Requirements and restricted patients. From 31 March 2016 these arrangements were extended to include those who have been convicted of an offence if, by reason of that conviction, [they are] considered by the responsible authorities to be [persons] who may cause serious harm to the public at large.

The MAPPA national guidance (Scottish Government, 2022) is available at [Scottish Government Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance \(www.gov.scot\)](#).

Sections particularly relevant to these standards and guidelines are:

- Section 2 (The Responsible Authorities)
- Section 3 (The Duty to Cooperate)
- Section 4 (The Assessment and Management of Risk)
- Section 9 (MAPPA in Operation: Other Risk of Serious Harm Individuals)

Multi-agency

Multi-agency work is a form of collaboration which may involve: personnel from the prison, police, social work and health services (including forensic services); voluntary and third sector organisations and housing organisations. The aim is to ensure that the appropriate range of services are available to support holistic risk management.

Multi-disciplinary

Multi-disciplinary working involves personnel from a range of differing disciplines and professional backgrounds working collaboratively (to design and implement a Risk Management Plan). Multi-disciplinary working helps ensure the management and support of the individual is planned and delivered in line with current evidence and knowledge gathered from across multiple fields of learning and practice.

National Top End

The purpose of National Top End (NTE) is primarily to provide the opportunity for those serving life sentences (including those sentenced to an OLR) to prepare for release, have increased self-responsibility and be gradually tested in the community so they are better prepared and more likely to be successful when transferring to open conditions. NTE supports gradual community re-integration and gives the individual an opportunity to evidence reduction in risk.

Open Estate

Open Estate refers to any prison which is designated for the confinement of prisoners who are assigned low supervision level and who are eligible for temporary release in terms of Part 15 (Temporary Release) of [The Prisons and Young Offenders Institutions \(Scotland\) Rules 2011](#). Prisoners must meet criteria for progression before they can be considered for a move to less secure conditions. The purpose of the Open Estate is to provide an opportunity for individuals to have exposure to additional responsibilities associated with increased freedoms in the community and to allow the individual to further evidence reduction in their risk and demonstrate to the Parole Board they are suitable for release.

Order for Lifelong Restriction (OLR)

The OLR was introduced into legislation by Section 1 of the [Criminal Justice \(Scotland\) Act 2003](#). It provides for the lifelong management of individuals presenting a significant risk of violent and/or sexual offending. Where an OLR is imposed, the individual will be subject to a RMA approved Risk Management Plan whilst in custody, in secure care within the mental health system, or in the community for the rest of their life. The sentence will consist of a punishment part which must be served in custody before the individual can be considered for release. Release (or discharge) into the community will not be granted until the Parole Board for Scotland is satisfied that the risk that the individual would pose in the community is acceptable.

Parole

Parole is a system enabling individuals to be released on licence in the community under the supervision of a community based justice social worker. If an individual is released on parole, they can be recalled to prison at any time if they breach the terms of their licence. Parole is only granted where the Parole Board for Scotland is satisfied the risk presented by the individual can be managed in the community. The Parole Board (Scotland) Rules 2022 [are available here](#).

Parole Board for Scotland

The Parole Board for Scotland endeavours to ensure those prisoners who are no longer regarded as presenting a risk to the public safety may serve the remainder of their sentence in the community under the supervision of a community based Justice Social Worker. In OLR cases, it is the Parole Board for Scotland who will determine whether an individual can progress to management in the community.

Progression

During the course of their prison sentence, and in preparation for release, an individual may progress to less secure conditions such as a National Top End facility or Open Estate. If a prisoner meets criteria for progression, their case will be referred to a multi-agency, multi-disciplinary team chaired by the prison's Deputy Governor or Governor, who will consider whether the risk the prisoner presents can be safely managed in less secure conditions.

Protective Factors

Protective factors are circumstances, relationships or characteristics within a person, their environment or context that act to prevent, reduce or interrupt the occurrence of an episode of offending behaviour.

Risk Assessment Order (RAO)

After conviction, if a Judge considers at their own instance, or on the motion of the prosecutor, that an individual may meet the risk criteria, the Judge may make a Risk Assessment Order (RAO).

The High Court will then appoint a RMA accredited assessor to carry out a risk assessment and report back to the Court with a Risk Assessment Report (RAR). This report will assist the Judge in making the decision to impose an OLR or other sentence. The legislation does not allow for the individual to object to the making of an RAO. However the individual may challenge the RAR and may also commission a separate risk assessment.

In relation to individuals involved in offending, but deemed to have a mental health disorder, there is an alternative to the RAO. If the Court considers that an individual with a mental health disorder may meet the risk criteria, it can make an Interim Compulsion Order (ICO) and commission a RMA accredited assessor to compile a report.

Risk Assessment Report

A Risk Assessment Report (RAR) is the document prepared by a RMA accredited assessor to inform the High Court's judgement on whether an OLR should be imposed.

Risk Factor

Risk factors are aspects of the individual's personal, inter-personal and environmental context that cause, contribute to or increase the likelihood of the individual re-offending. They may include:

- Static risk factors – elements of an individual's past behaviour and its consequences that are historical and factual. These factors do not change with time.
- Stable dynamic risk factors – areas of an individual's circumstances that endure over a period of time and contribute to the risk of further offending, over months or years. These factors are amenable to change and, if changed, may be expected to reduce the likelihood or seriousness of further offending.
- Acute dynamic risk factors – areas that change quickly, perhaps over days or hours, and whose emergence indicates a period of critical risk in which serious offending is more likely than not to occur.

Risk Management Plan

A Risk Management Plan (RMP) will be prepared by the Lead Authority for every individual who is subject to an OLR or where an individual is assessed as posing a risk of serious harm and requires active and alert risk management. Therefore the same Risk Management Plan template is used in relation to the management of individuals subject to an OLR or level 2 or 3 MAPPA.

The Risk Management Plan sets out an assessment of risk, the measures to be taken for the minimisation of risk and how such measures are to be co-ordinated. The plan includes assessment and analysis of factors that may increase or prevent re-offending and gives recommendations for action. It should be developed through multi-agency and multi-disciplinary working.

Where a Risk Management Plan is for an individual sentenced to an OLR it will vary according to the stage of the OLR:

- Initial Risk Management Plan – This is the first Risk Management Plan prepared following sentencing. It will always be developed within a secure setting and is to be prepared by the Lead Authority and approved by the RMA within 9 months of the date on which the OLR was imposed.
- Updated Risk Management Plan – The Risk Management Plan should be updated to record the decision-making of the RMT, and to capture any minor changes which do not constitute a significant change to identified risk management strategies. Where a Risk Management Plan has been updated it should be submitted to the RMA along with the Progress Record to meet the requirements for annual reporting.
- Amended Risk Management Plan – Where a significant change has occurred and the Lead Authority has reviewed the plan and determined that the current plan is no longer suitable, it should amend the plan and submit it to the RMA for approval.

Risk Management Strategies

Measures to manage risk are made up of four primary risk management strategies: supervision, monitoring, intervention/treatment and victim safety planning. Each strategy may consist of a range of specific activities designed to target the identified risks and needs.

Risk Management Authority (RMA)

The RMA is an independent Non-Departmental Public Body (NDPB), established in 2005 by the [Criminal Justice \(Scotland\) Act 2003](#). Its duties focus on protecting the public by ensuring effective risk assessment and risk management practices are in place to reduce the risk of serious harm posed by violent and sexual offending. Within this remit, the RMA has specific responsibility to administer and oversee the risk assessment and management processes supporting the OLR sentence. This includes the accreditation of risk assessors to carry out duties on behalf of the High Court, and the approval of Risk Management Plans for those subject to an OLR.

RMA Direction

Under the [Criminal Justice \(Scotland\) Act 2003](#), the RMA has statutory powers to issue directions to a Lead Authority, and any other person having functions under the plan, as to the preparation of a revised plan or the implementation of the plan.

RMA Guidance

Under the [Criminal Justice \(Scotland\) Act 2003](#), the RMA has statutory powers to issue guidance (either generally or in a particular case) as to the preparation, implementation or review of any Risk Management Plan.

Risk of Serious Harm

The definition of risk of serious harm is as follows:

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

Significant Change

The [Criminal Justice \(Scotland\) 2003 Act](#) states that "where there has been, or there is likely to be, a significant change in the circumstances of the offender, the Lead Authority is to review the plan". It is for the Lead Authority to consider what a significant change may be in the context of an individual case, however, a significant change may include events such as:

- Transfer from one Lead Authority to another;
- Transfer to more/less secure conditions;
- Moves between one prison/secure setting and another;
- A change of address whilst in the community;
- Commission of a further offence;
- Relapse to substance misuse; and
- Physical/mental health changes.

Strengths

Strengths may be considered to be positive characteristics, relationships or circumstances that buffer risk/need factors, build resilience and promote pro-social behaviour and lifestyle. Strengths may be well-established features in an individual's life, or may be developed through support and intervention.

United Kingdom Border Agency (UKBA)

The United Kingdom Border Agency is a law enforcement agency with responsibility for overseeing immigration, asylum and removals within the UK.

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