

Higher National Unit Specification

General information

Unit title: Application of Methods to Support Vulnerable Girls and

Young Women (SCQF level 7)

Unit code: HT9A 34

Superclass: PR

Publication date: August 2017

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

This unit enables learners to understand methods to support vulnerable girls and young women. Learners will gain knowledge of self-harming behaviours and the development of the female brain. The unit will also enable learners to identify what works for girls and the management of relational aggression.

Outcomes

On successful completion of the unit, the learner will be able to:

- 1 Explain methods to support risk management.
- 2 Explain self-harming behaviours amongst adolescent girls and young women.
- 3 Explain the importance in understanding the role of female brain development in what works for girls and managing relational aggression.

Credit points and level

1 Higher National Unit credit at SCQF level 7 (8 SCQF credit points at SCQF level 7)

Higher National Unit Specification — General information

Unit title: Application of Methods to Support Vulnerable Girls and

Young Women (SCQF level 7)

Recommended entry to the unit

This unit is suitable for all professionals who work directly or indirectly with vulnerable and high risk girls and young women. Learners for this award should have effective communication and interpersonal skills. They should have well-established reflective practice skills and be able to self-analyse their own values and attitudes to vulnerable and high-risk girls and young women. They should be able to express the impact society's attitudes and values may have on direct service provision and the decisions made about interventions for vulnerable and high-risk girls/young women. This may be demonstrated by relevant qualifications at SCQF level 5 or above with relevant experience in a social services setting or other relevant setting that works directly or indirectly with vulnerable and high-risk girls/young women. SVQ level 3 in Health and Social Care, Early Education or a qualification relevant to their setting. It is also recommended that learners should have completed the online course at SCQF level 6 to give a sound knowledge base to some of the theories introduced in this unit. Once PDA level 7 has been successfully completed learners can progress to PDA level 8.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the support notes for this unit specification.

There is no automatic certification of Core Skills or Core Skill components in this unit.

Context for delivery

If this unit is delivered as part of a group award, it is recommended that it should be taught and assessed within the subject area of the group award to which it contributes.

Centres wishing to develop their own assessments should refer to the list of existing Assessment Support Packs (ASP's) available to download from SQA's website which provide assessment and marking guidelines that exemplify the national standard for achievement (http://www.sqa.org.uk/sqa/46233.2769.html).

Equality and inclusion

This unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit Specification: Statement of standards

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF level 7)

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for outcomes is assessed on a sample basis, the whole of the content listed in the knowledge and/or skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Explain methods to support risk management.

Knowledge and/or skills

- ♦ Social perceptions of girls and young women
- Criminogenic and non-criminogenic risks and needs
- Risk management with girls and young women
- Gendered pathways to crime
- Barriers to managing risk
- Risk management strategies

Outcome 2

Explain self-harming behaviours amongst adolescent girls and young women.

Knowledge and/or skills

- ♦ Self-harming behaviour
- Suicide ideation
- Causation for self-harming behaviour
- Self-harming and its links with mental health/wellbeing
- Responses to self-harming behaviour and terminology

Outcome 3

Explain the importance in understanding the role of female brain development in what works for girls and managing relational aggression.

Knowledge and/or skills

- ♦ Female brain development
- Trauma informed approaches
- ♦ Wellbeing
- Resilience

Higher National Unit Specification: Statement of standards (cont)

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF level 7)

Evidence requirements for this unit

Learners will need to provide evidence to demonstrate their knowledge and/or skills across all outcomes by showing that they can:

- 1 Provide an analysis of societal and personal values and judgements and how this impacts on managing risk.
- 2 Provide an analysis of risk and underlying needs and describe how you would manage this.
- 3 Explain the impact of trauma and how this should be included in assessments when managing risk.
- 4 Describe gendered pathways into crime and provide examples to support this.
- 5 Provide an analysis of young women's journey to secure care or custody, the impact of decision making processes and how this might have been prevented.
- 6 Identify potential barriers to managing risk and describe how they might be overcome.
- 7 Describe the most common type of self-harming amongst adolescent girls.
- 8 Provide an analysis of the causation for self-harming behaviour.
- 9 Identify two main reasons why girls may self-harm and describe the impact positively or negatively this may have on mental health/wellbeing.
- 10 Describe the links between self-harming and coping strategies.
- 11 Using recent research on self-harming behaviour, describe its relationship with suicide ideation, and mental health/wellbeing.
- 12 Provide examples of differing terminology used to self-harming behaviour.
- 13 Identify the differences between male and female development and the impact of such when considering specific interventions.
- 14 Describe two main changes in behaviour during adolescence and describe how and if these differences are based on gender.
- 15 Explain the importance of considering personal wellbeing in working with vulnerable girls and young women.
- 16 Describe in detail the role of relational aggression and the importance of considering this when working with this client group.
- 17 Explain the theory of resilience both in the individual they are working with and themselves.



Unit title: Application of Methods to Support Vulnerable Girls and

Young Women (SCQF Level 7)

Unit support notes are offered as guidance and are not mandatory.

While the exact time allocated to this unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this unit

Outcome 1

This outcome will assist learners to explore theories and methods in which to support risk management using a gender specific lens. Learning for this outcome will be enhanced by additional reading.

Learners should be given the opportunity to consider how personal moral and social values and attitudes impact on decision making when managing risk in females and to explore differences they perceive in how risk is managed from a gender perspective. Research informs that higher numbers of females have stronger associations with problems of abuse, victimisation and health; that female violent behaviour is frequently a response to perceived victimisation; and that girls are less likely to respond to restrictions, eg electronic monitoring, drug testing, and are more likely to abscond. Research also informs that females are disproportionately represented in the secure and prison estates. Only 5% of people in custody are female, however, in Scotland 2016, 36% of young people in secure care were female and a study conducted in Scottish prisons found that 71% of females came from Looked After backgrounds compared to 42% of males.

Learners should be introduced to the key points highlighted by research in how females are different from males when managing risk and should reflect on their own attitudes and beliefs in what the research is suggesting:

- Girls require a more individualised and gender specific assessment process as risk factors related to recidivism in females are more associated with poor parenting, dysfunctional family environment and absconding (CYCJ Practice Guidance for Working with Girls and Young Women, 2012)
- ♦ Girls' use of aggression is usually within the context of relationships and they will seek to hurt others through social means such as name calling or exclusion which are behaviours associated with relational aggression (Crick and Grotpeter, 1995; Rys and Bear, 1997).
- Girls and boys differ in the way they express and cope with their experiences. Girls are
 more likely to internalise their experiences which presents higher rates of depression,
 suicide ideation, self-harm, hopelessness, negative self-evaluation and eating disorders
 (Handwerk et al, 2006).

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

Learners should understand that risk management measures should be based on effective risk assessments and they should identify specific needs for treatment and/or interventions. Learners should also understand that offending is often a response to unmet need, that in such instances the distinction between risks and needs can be less clear, therefore potential risk factors need to be considered within a holistic case management plan. This outcome provides the links between effective risk assessments and appropriate case management plans and learners should understand the disadvantages of managing risk without a gendered approach.

'Tools assessing risk factors for offending calibrated around the evidence for male criminality tend to inflate the risk posed by females who are much more likely to be victims of abuse. With a 'scaled approach' of responding to risk, this can mean that females are more likely to receive stronger criminal justice interventions with associated increased risks of breach and so further punishments.' (beyondyouthjustice.com 2015)

Burman and Batchelor, 2015, describe young women as falling between 'two stools' and the lack of appropriate interventions to address the differing needs and pathways to offending between males and females. Learners should understand that interventions should address young women's' experiences and be mindful of the social realities from which females have come and to which they will return.

Learners will use their knowledge of relational and attachment theory from the unit Understanding Risks and Needs of Vulnerable Girls and Young to inform their practice.

'Risk management measures will be based upon and updated in response to current research evidence. Risk strategies, and the associated activities of monitoring, supervision, intervention and victim-safety planning will be tailored to the needs of the individual and should be proportionate to the level of risk, defensible and congruent to the remit of responsible agencies.' Framework for Risk Assessment Management and Evaluation (FRAME)

This outcome will draw on research carried out on self-harming behaviour but will also refer to the legislative framework that has self-harming as a criteria for deprivation of liberty.

Outcome 2

Explain self-harming behaviours amongst adolescent girls and young women.

Learners should consider how gender plays a part in self-harming behaviour during adolescence and this can be a main reason for admission to secure care. Girls are three times more likely than boys to be referred for secure care because of self-harming behaviour (Roesch-Marsh, 2013). In 2013, Scotland implemented a significant piece of legislation that is solely applicable to the Children's Hearing system, The Children Hearing (Scotland) Act 2011. This act introduced changes to the secure criteria that must be applied when considering authorisation for the placement of a young person in secure care. Learners should be able to specify the secure care criterion that refers to self-harming.

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

The Mental Health Foundation compiled a report, 'The Truth Hurts, 2006' following a National Inquiry into self-harming behaviour among young people, the focus of the report was on the use of 'cutting'. They acknowledged that self-harm comes in a variety of methods but focused on 'cutting' as this, unlike other forms, continues to be perceived as a 'taboo issue' that requires further discussion. Learners should read this report and appropriately use some of its content to inform writing on this subject.

Learners should access and read scholars research, journals and article on self-harm. Chandler, 2014, carried out a study on what she refers to as self-injury and she concluded that 'self-injury, at times, offered a way to regain control and-perhaps-to conquer chaos, if only temporarily' (p 113). Curtis, 2016 supports this concept that non-suicidal self-injury as 'a way of tangibly reclaiming ownership of their body'; this is particularity relevant in girls who self-injure and have been victims of sexual abuse (p 24).

Learners should familiarise themselves with the different terminology used to describe self-harm. Key researcher such as Chandler and Curtis provide some useful reading on this subject. The learner will find that some key messages from scholar often contradict each other when it comes to differentiating between self-harm and suicide ideation. Ferrer, et al., 2011, contradicts the findings of Chandler and Curtis. They draw a clear link between deliberate self-harm and suicidal ideation. The existence of contradictory finding could lead to confusion and elevated levels of concern amongst professionals; this elevated level of concern and confusion will undoubtedly lead to decisions being made out of fear, not on the basis of risk.

Learners should examine some of the key messages from researcher to professionals. For those professionals who work with girls and young woman who self-harm, there may be the 'temptation' to associate this type of behaviour with mental illness. By aligning it with mental illness the worker may find it easier to accept or understand the behaviour. Curtis (2016) provides some explanation why this might be the case. Her findings concluded that research into self-harming behaviour has consistently been from a clinical perspective and this has influenced the link drawn between self-harming and mental illness. However, caution must be applied to this way of thinking as not everyone who self-harms is mentally ill (Chandler, 2014. Curtis, 2016). In her 2016 research paper on self-harming among young women, Curtis, shares the views of 'many' participants who described being diagnosed with mental illness as 'senseless' as they considered their 'depression to be normal or appropriate reaction to abuse' (p 24).

The confidence to differentiate between self-harming behaviour that is an indicator of suicide ideation and self-harming behaviour that can be a key coping strategy is without doubt challenging for professionals as there are 'a number of commonalities such as underlying distress' (Curtis, 2016, p 18). Placing self-harming behaviour within a contextualised risk assessment framework may go some way in understanding the behaviour as a means reducing the high level of risk usually associated with it. It is important for the learner to consider why self-harming behaviour may be considered high-risk behaviour.

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

In understanding girls who self-harm it is crucial for the learner to read articles that have young girls participating in the research. Research carried out by the Scottish Care Institute for Excellence highlighted the issue of the impact the environment can have on children and young people by finding that those young people who self-harm are more likely to do this if they live in residential care or secure 'institutions' (2005). The irony of this should never be underestimated-in Scotland; we lock up girls for self-harming behaviour and place them in institutions where they are more likely to self-harm.

'It felt like a normal thing for me, but other people's reactions made it feel like a sick thing, a mental thing' (Young girl cited in Curtis, 2016, p 27)

'It's not really any different from smoking or drinking except it's not socially acceptable' (Young girl cited in Curtis, 2016, p 27)

The learner should take into consideration when meeting some of the evidence requirement, this issue about self-harming not being socially accepted and consider how this may influence decisions made about girls who present with self-harming behaviours.

Outcome 3

This outcome will assist learners to comprehend the differences gender brings when considering development and informed approaches. The learner will be required to have an understanding of the impact of trauma developmentally and in the long term in understanding effective approaches for girls and young women. Learners will be required to further their understanding of risk management theory and practice and the role of context in risk management planning with regards to 'what works' and should be able to display an understanding of how to integrate this into practice. Learners should begin to build on their knowledge base around attachment and trauma, giving particular focus to the impact on brain development. Additional reading will be necessary to successfully complete this outcome. Learners should be able to discuss a variety of studies around attachment, trauma and brain development. For example Bowlby (1960) who described infant mother attachment 'Infant-mother attachment has been conceived as related to separation anxiety, fear of the strange and strangers (see Morgan & Ricduti 1969; Schaffer 1966), and exploration (see Ainsworth 1967; Ainsworth & Wittig 1969). It is believed that the interrelationships between these behaviours throw light upon the biological function of infant-mother attachment; that they do is strongly suggested by field studies of ground-living nonhuman primates. Although comparable reports of human infants in their natural home environment are not yet forthcoming, interaction between attachment behaviour, exploration, separation anxiety, and fear of the strange may be observed in a controlled laboratory environment — the strange or unfamiliar situation'. Ainsworth, MDS & BELL, S.M. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one year olds in a strange situation. Child Development, 41, 49-67.

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

Learners should understand the construct of gender and describe the origin of gender norms, Boys and girls produce constructions of gender (masculinity and femininity) that 'fit' social norms in the peer group and in wider society. These include giving preference to and more time to particular behaviours, interests, and school subjects whilst shunning or avoiding others. These gendered behaviours are deep seated and children enact them without being consciously aware (Skelton, Francis and Valkanova 2007). Learners should consider 'What Works' in relation to female behaviour, eq:

- Build relationships
- ♦ Observe with ears as well as eyes
- Be emotionally available
- ♦ Create a climate where children feel able to access resources
- ♦ Reflect not react
- Understand behaviour as communication

Learners are also required to understand the impact of trauma specifically with regards to brain development, they should be able to reference studies and demonstrate a variety of research methods when considering this, for example *Romania's abandoned children: Deprivation, Brain Development and the struggle for Recovery.* Cambridge, MA: Harvard University Press. The implications of early experience for children's brain development, behaviour, and psychological functioning have long absorbed caregivers, researchers, and clinicians. The 1989 fall of Romania's Ceausescu regime left approximately 170,000 children in 700 overcrowded, impoverished institutions across Romania, and prompted the most comprehensive study to date on the effects of institutionalisation on children's well-being. 'Romania's Abandoned Children,' the authoritative account of this landmark study, documents the devastating toll paid by children who are deprived of responsive care, social interaction, stimulation, and psychological comfort.

Learners should initially demonstrate an understanding of the dearth of interventions specifically designed for girls and young women by exploring the theory of reframing programmes designed for boys. 'For years people have assumed that all you have to do to make a programme designed for boys suitable for girls is to paint the walls pink and take out the urinals'. (Chesney-Lind 2000).

Learners should understand the origin of female offending as being different from that of male offending and the impact gender has on reactions to female offending, this will encourage a deeper understanding of 'What Works' for girls. Female prison populations differ from their male counterparts in several significant ways. First of all, they are less likely to have committed a violent offence and more likely to have been convicted of a crime involving alcohol, other drugs, or property. Many property crimes are economically driven, often motivated by poverty and/or the abuse of alcohol and other drugs.

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

A 1994 study of California inmates showed that 71.9 percent of women had been convicted on a drug or property charge, versus 49.7 percent of men. Men also commit nearly twice the violent crimes that women do (Bloom et al 1994). Learners should be referred to evidence based interventions and treatment when considering 'What Works' for vulnerable girls and young women. or women who have been repeatedly convicted of committing lower level offences, their offending is often the result of significant underlying issues, such as drug or alcohol addiction and mental health problems, that could be better addressed in the community. Her Majesty's Inspectorate of Prisons (HMIP) reported in 2007 that 80 per cent of women in Corntonvale had mental health problems. In another study, 60 per cent of women prisoners said they had been under the influence of drugs at the time of offence'. Angiolini, E (2012) — Commission on Women Offenders: Final Report.

Guidance on approaches to delivery of this unit

It is recommended that learners work through this unit in groups in order to give and receive feedback. Group and individual presentations provide opportunities for learners to demonstrate their learning and increase their self-awareness. Self-directed learning, research and additional reading are also encouraged in order that learners recognise the importance of their own self-development.

It is recommended that the unit is delivered sequentially as detailed and that the unit requirements for the unit *Understanding risks and needs of vulnerable girls and young woman* are fully achieved before progressing to Unit 2 of PDA Promoting Effective Practice with Girls and Young Women.

No specific teaching qualification is required to deliver but it is recommended that trainers have successfully completed the Training for Trainers course and have demonstrated knowledge of relevant issues, policies and legislation.

A series of short films was produced to support this training and these should be used throughout the delivery of the programme as specified in the teaching materials.

Guidance on approaches to assessment of this unit

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Assessment for this unit can be carried out using different methods, essays, blogs, presentations/observation, case studies, film clip analysis, questions, reflective writing, group exercises. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further education.

An understanding of both theory and its relation to practice is required for all outcomes, therefore assessments must include both the requirement to discuss and reflect on issues and the opportunity to relate these to practice. In order to achieve this unit, learners must present sufficient evidence that they have met all the knowledge and skills requirements for each outcome.

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the evidence requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Opportunities for developing Core and other essential skills

Communication: Learners undertaking this qualification will be required to read, understand and evaluate a range of documentation, participate in group discussions, and deliver individual presentations. Learners will also be required to produce written assignments and reflective accounts.

Numeracy: Learners will be required to read, understand and interpret information from multiple data sources.

ICT: Learners will be required to research a range of online literature and documentation and produce assignments, reports and other materials necessary to the qualification.

Problem Solving: Learners will be required to problem solve through group exercises and discussions and to reflect, evaluate and integrate theory into practice.

Working with Others: Learners will be required to participate in group exercises and interact with training providers and other learners.

History of changes to unit

Version	Description of change	Date

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General information for learners

Unit title: Application of Methods to Support Vulnerable Girls and Young Women (SCQF Level 7)

This section will help you decide whether this is the unit for you by explaining what the unit is about, what you should know or be able to do before you start, what you will need to do during the unit and opportunities for further learning and employment.

This unit enables you to understand behaviours, risks and needs that are specific to girls and young women and to understand the role that gender has in the manifestation of particular behaviour, eg aggression. This unit will enable you to enhance your knowledge on issues affecting vulnerable and high risk girls and young women through the use of relevant research and you will consider what works with girls and the appropriate strategies that could be employed when engaging in building relationships.

This unit will also enable you to develop your understanding of gender specific issues pertinent to girls.

You will develop knowledge of theories and methods to support risk management using a gender specific lens. You will examine self-harming behaviours amongst adolescent girls and young women and you will examine the importance in understanding the importance of female brain development in understanding what works for girls in managing relational aggression.

Specialist skills and knowledge you will develop will be:

- Social perceptions of girls and young women
- Criminogenic and non-criminogenic risks and needs
- Risk management with girls and young women
- Gendered pathways to crime
- Barriers to managing risk
- Risk management strategies
- Self-harming behaviour
- Suicide ideation
- Causation for self-harming behaviour
- Self-harming and its links with mental health/wellbeing
- Response to self-harming behaviour and terminology
- ♦ Female brain development
- Trauma informed approaches
- Wellbeing
- Resilience

You will be assessed using a variety of assessment methods, ie essays, blogs, case studies, presentations/observation, reflective writing, questions, group work exercises.

This unit will contribute to your continuous professional development through standards required by the Scottish Social Services Council and the General Teaching Council.