

# Education and Lifelong Learning



The Scottish  
Government

## Evaluation of Intensive Support and Monitoring Services (ISMS) within the Children's Hearings System



# **EVALUATION OF INTENSIVE SUPPORT AND MONITORING SERVICES (ISMS) WITHIN THE CHILDREN'S HEARINGS SYSTEM**

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Scottish Government Social Research  
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## EXECUTIVE SUMMARY

### Context

This report is the final evaluation report on the two-year Intensive Support and Monitoring Services (ISMS) evaluation that DTZ was commissioned to undertake by the then Scottish Executive<sup>1</sup>.

ISMS was introduced by the Antisocial Behaviour, etc. (Scotland) Act 2004 and the Intensive Support and Monitoring (Scotland) Regulations 2005, and came into force in April 2005. It is currently at a phase 1 stage and has been rolled out in seven local authorities.

This report covers the period from October 2004 to the end of April 2007, which is two years on from the official starting date for ISMS in April 2005.

### Research specification

In its Research Specification, the Scottish Executive Education Department stated that it wished to commission an evaluation of the use of ISMS within the Children's Hearings System. This research was to evaluate the operation, the financial costs and long-term effectiveness of ISMS. The principal aims of the research were twofold

1. To evaluate the effectiveness of ISMS in reducing the offending behaviour of persistent young offenders, in responding to the needs of young people who are at risk of absconding, and/or who are likely to injure themselves or others, and improving the longer term outcomes for young people, for example returning to full-time education.
2. To assess the cost-effectiveness of ISMS in delivering successful outcomes especially for the children and young people, compared with alternative measures.

### Research method

We designed and employed a number of different research instruments to address the requirements of the research. The main stages of the research were as follows.

- *A policy and research review*
- *Interviews with other researchers working in the field* (to map all of the other relevant research activity and to attempt to reach collaborative working arrangements)
- *Interviews with the phase 1 LA areas on the implementation and operation of ISMS in their area* (ongoing feature of the evaluation over a three year period)

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<sup>1</sup> It should be noted that since this research was commissioned a new Scottish Government has been formed, which means that this report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy. The terms Scottish Government and Scottish Executive are both used within this report – Scottish Executive refers to pre-September 2007.

- *Feedback to and discussion with the Scottish Government and the Research Advisory Group (RAG)* (on a regular basis)
- *Interviews with main external providers on ISMS*
- *Mapping and baselining* (all the ISMS and research activity)
- *Survey of wider stakeholders*
- *Survey of Panel Members within the Children’s Hearings System*
- *Case studies of 21 individual ISMS and Intensive Support only cases*
- *Analysis of other outcome data* (held by Includem and Glasgow City Council)
- *Analysis of the cost of implementing and operating ISMS in each of the phase 1 LAs*
- *A final report* (that pulls together all of the data and attempts to triangulate the evidence to derive the main findings and conclusions of the research).

### **Evidence from the literature**

There is little to compare ISMS with in the literature because it is a unique intervention. However, there is some research evidence that suggests that elements of the package do work in terms of tackling offending behaviour, especially the intensive support element. The evidence on the effectiveness of tagging/electronic monitoring is more mixed, but leans towards limited or no impact on key criteria, such as reduced recidivism.

Work still has to be undertaken on ‘what works’ in establishing an evidence base for ISMS. In order to evaluate the effectiveness of the ISMS and intensive support service packages, some cognisance should be paid to another of the ‘what works’ principles: programme integrity. This principle states that effective interventions have clear aims and objectives that are delivered by appropriately trained, experienced and monitoring staff. In the absence of programme integrity, the interventions might result in a negative effect on risky behaviours, although there is no evidence that this is currently happening with ISMS.

### **Need for infrastructure and partnership arrangements**

A lot of effort has gone in to introducing ISMS in each of the phase 1 areas. However, putting all of the infrastructure in place to deliver this programme has proven to be a difficult exercise. It is a matter for debate whether all of the physical infrastructure is required for an effective ISMS programme, e.g. co-location, new offices, etc. All we can say is that the LA areas that either had or developed this physical infrastructure at an early stage seemed to implement the programme more quickly and effectively.

Effective partnership arrangements with all the delivery bodies would also seem to be required and much work has to be undertaken with other key stakeholders, particularly within the Children’s Hearings System to ensure that ISMS is known about and used appropriately.

Difficulties in achieving all of these requirements have led to delays in implementation of ISMS and a lack of throughput on ISMS cases.

Despite some difficulties, all areas have now implemented a multi-agency approach from referral straight through to post-MRC support, as well as extensive partnerships arrangements and protocols as multi-agency training. This is a genuine achievement in a period a little over two years.

### **Low number of ISMS cases**

There have been a low number of ISMS cases, much lower than initial estimates, but a low number of cases should not necessarily be seen as a failure. The estimates were not targets, but rather represented approximate throughput levels that the LAs believed that they could achieve. In some areas the estimates were not achieved because insufficient priority was given to the ISMS programme and/or because of ideological concerns about the nature of electronic monitoring. However, other areas clearly prioritised and approved of the programme. It does seem that the number of cases was over-estimated at the outset, but there have also been a larger number of intensive support only cases. Many of these cases were not suitable for ISMS because the intensive support that they received during the assessment phase rendered the MRC as no longer necessary. There were other problems in moving many cases on to an MRC, such as a lack of suitable accommodation or difficulties in the young person's family relationships.

### **Need for clearer guidance**

Clearer guidance is needed on whom ISMS should be targeted. The Scottish Executive is clear that ISMS is intended for those who meet Section 70(10) conditions<sup>2</sup> and, therefore, act as a disposal for a relatively small number of young people. It appears doubtful whether this guidance has been stuck to in all areas throughout the evaluation period, especially with the relatively high number of intensive support service cases in relation to ISMS cases. However, there does seem to be a case for using ISMS (or intensive support only) as a preventative measure for young people who may meet this criteria in the future.

### **Factors underpinning successful implementation of ISMS**

There appear to be a number of major factors that need to be in place before a programme such as ISMS can be successfully implemented. Any national roll-out of ISMS should take account of these factors.

1. A Programme Manager needs to be in place quickly to drive the programme forward. He should assemble and be supported by a core ISMS Team.
2. There needs to be high level management support for the programme within the LA.

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<sup>2</sup> The conditions are:

- (a) that the child, having previously absconded, is likely to abscond and, if s/he absconds, it is likely that his physical, mental or moral welfare will be at risk; and
- (b) that the child is likely to injure himself/herself or some other person.

3. Effective partnership arrangements need to be built early on, especially involving Education, Social Work, external providers and others as appropriate. The different agencies and workers need to be aware of their and other's roles and responsibilities.
4. There needs to be a supply of suitable accommodation for young people in an area. The lack of this in some areas has been a significant problem.
5. The programme needs to be marketed effectively, especially to the police, the Courts and the Children's Hearings System so that the disposals will actually be used. Its profile also needs raised in the wider community so that people are aware of it and what it is intended to do.
6. There needs to be an effective link-up with secure providers to ensure that those young people in secure are assessed for ISMS and that work (such as assessment work) is not being duplicated.
7. The case conference approach to assessment seems to be the best way in which to gather all of the opinions of the professional staff involved in a case and discuss and debate the issues surrounding a young person and what they need.
8. There needs to be flexibility in programme construction and delivery so that the needs of different types of young people are met.

### **Intensive Support external providers**

The main external Intensive Support providers are Includem (providing intensive support in five of the phase 1 LA areas) and NCH (providing intensive support in Highland). Serco provide the electronic monitoring service, having taken over from Reliance Monitoring Services.

What intensive support involves can vary depending on the needs of the young person and their circumstances. It usually involves providing support in the community, addressing offending behaviour and other problems the young person may have, and providing 24-hour crisis support.

### **Views of stakeholders and Panel Members**

Relationships between the core services delivering ISMS appear strong, but more work has to be done in integrating other services, notably Housing, Mental Health Services, Employment Services and Addictions Services.

Generally, there was strong support for the ISMS programme among the stakeholder group and Panel Members as a way of helping young people and their communities as well as offering a cost effective alternative to secure accommodation. Many of the key parts of the ISMS programme were perceived as effective, especially crisis response and Includem/NCH. Accommodation, employment services, mental health services and addictions services all scored relatively lowly in terms of perceptions of effectiveness.

In terms of perceived effectiveness, ISMS compares favourably, among the stakeholders and Panel Members, with alternative measures within the Children's Hearings System and the adult system. Among Panel Members, ISMS was generally considered as being more appropriate than secure accommodation for persistent offenders and for younger children. Secure accommodation was generally preferred for serious offenders and for cases where there was a risk of self harm or absconding.

### **Case study evidence**

The case study evidence showed that young people on ISMS seem to find it to be a better alternative to secure accommodation, but are not generally positive to the MRC.

ISMS appears to allow young people access to resources that could act as protective factors, and to receive interventions that serve to reduce risk. However, access to suitable housing and accommodation appears to be a problem in several cases.

Social workers and carers seem supportive of ISMS in helping to manage the young person in the community rather than a secure setting. There is some support for the electronic monitoring component in terms of encouraging compliance with conditions, but there was also some dissent found within interviews.

### **Costs of ISMS**

Funding and spending patterns varied sharply across the LAs. This is because they were delivering their own models of service and had different requirements in terms of provisions and resources.

Total expected costs were very similar to total actual costs in all of the LAs, but, given the much lower number of cases than initially anticipated, actual average costs per case were more than double the expected average costs nationally.

Rolling-out ISMS nationally is estimated to cost about £14 million<sup>3</sup>.

### **Overall conclusions**

Evidence from the case studies and local evaluation and monitoring work indicate that the ISMS and intensive support service programmes have been effective for a significant number of young people in terms of reduced offending, improved attendance rates on programmes, reducing absconding and reducing substance misuse. There is particularly wide support for the intensive support provision. There also appear to have been reported cost savings against the use of secure in some areas, and the views of professionals seem to be generally positive.

There is some evidence that the MRC works for young people whose problem behaviour is related to their peer group and for those who require rapid response to problems. It would also seem to have a positive impact in helping carers to assert rules.

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<sup>3</sup> This differs from our original estimate of £11 million in the research findings summary paper Insight 39. This is due to full cost information now being available on all seven phase 1 LAs.

## CHAPTER ONE INTRODUCTION

1.1 This report is the final evaluation report on the two-year Intensive Support and Monitoring Services (ISMS) evaluation that DTZ was commissioned to undertake by the then Scottish Executive.

1.2 ISMS is a new type of disposal within the Children's Hearings System that involves issuing a young person with a Movement Restriction Condition (MRC), by means of an electronic tag, for a set period of time to be accompanied by intensive support during their assessment for ISMS, while on the MRC and in a post-MRC phase for the same length of time that the young person was on the MRC. ISMS is currently being delivered in seven local authority (LA) areas in Scotland (the phase 1 local authorities): Dundee, East Dunbartonshire, Edinburgh, Glasgow, Highland, Moray and West Dunbartonshire.

1.3 In this three-year period, a considerable amount of information and data was collected, which is reflected in the final report. However, the Executive Summary acts as a very useful overview of our main findings and conclusions.

1.4 The report covers the period from October 2004 (when the phase 1 LAs were told by the Scottish Executive that they were to receive funding to implement ISMS) to the end of April 2007, which is two years on from the official starting date for ISMS in April 2005.

1.5 Given the length of this report and the amount of detail which it contains, the key arguments and conclusions are highlighted in **bold type**.

### Research specification

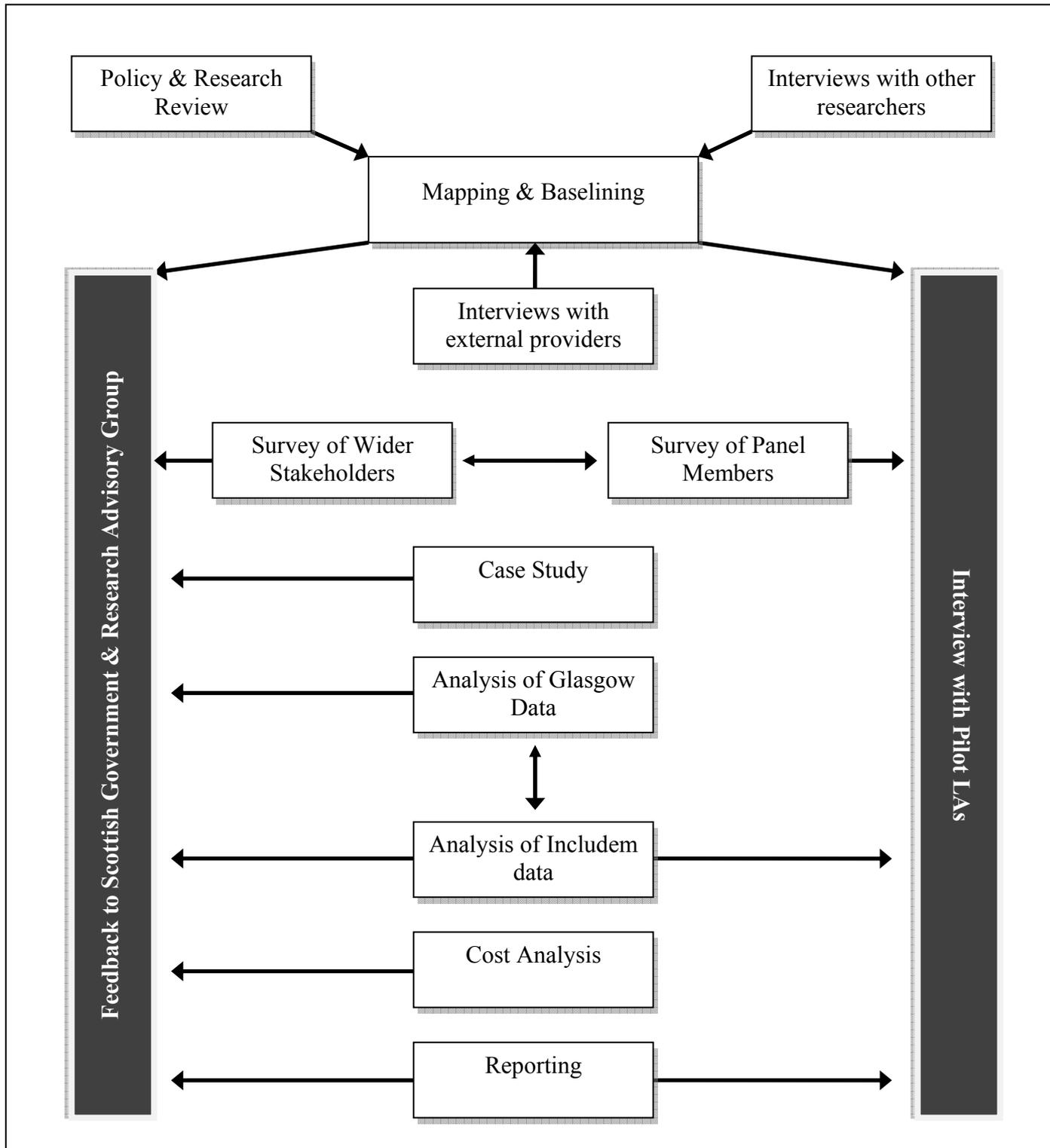
1.6 In its Research Specification, the Scottish Executive Education Department stated that it wished to commission an evaluation of the use of ISMS within the Children's Hearings System. This research was to evaluate the operation, the financial costs and long-term effectiveness of ISMS. The principal aims of the research were twofold

1. To evaluate the effectiveness of ISMS in reducing the offending behaviour of persistent young offenders, in responding to the needs of young people who are at risk of absconding, and/or who are likely to injure themselves or others, and improving the longer term outcomes for young people, for example returning to full-time education.
2. To assess the cost-effectiveness of ISMS in delivering successful outcomes especially for the children and young people, compared with alternative measures.

## Research method

1.7 We designed and employed a number of different research instruments to address the requirements of the research, which we have had to adapt as these requirements have shifted over the course of the research, which is to be expected in any complex evaluation of a major new initiative. Figure 1.1 below outlines the various stages of the research over the two-year period. The stages are then explained in more detail.

**Figure 1.1 Research method outline**



1.8 ***A policy and research review*** was conducted based on review of the relevant legislation, best practice elsewhere, the academic literature and other sources in order to help to understand the origins of ISMS and lessons that have been or could be learned from elsewhere.

1.9 ***Interviews with other researchers*** working in the field was undertaken to map all of the other relevant research activity and to attempt to reach collaborative working arrangements to share knowledge and avoid unnecessary duplication.

1.10 ***Interviews with the phase 1 LA areas on the implementation and operation of ISMS in their area***, has been an ongoing feature of the evaluation over the two years. . They have considered issues such as the area's motivation to participate, how they structured themselves to deliver ISMS, the assessment process, partnership working, service provision, costs and resources, their monitoring and evaluation arrangements, and details on outcome measures. These interviews led to the construction of profiles for the LAs that were revised during the course of the research and give the LAs the opportunity to explain why they chose to implement and operate ISMS in the way in which they did.

1.11 ***Feedback to the Scottish Executive and the Research Advisory Group (RAG)***. There were also regular meetings with the Scottish Executive and the wider Research Advisory Group (which included representatives from the Scottish Executive, the LAs, other researchers and SCRA). These meetings discussed the progress of the research and were a source of advice and guidance for the researchers. We also liaised with the LAs and the Scottish Executive in two national conferences on ISMS and one on secure accommodation that were held during the course of the research.

1.12 ***Interviews with main external providers on ISMS***. These providers are Includem, NCH, Reliance Monitoring Services and Serco. This was to gain a perspective of the roll-out of ISMS from the view of these key partners. These interviews were also repeated on a number of occasions over the period of the research.

1.13 ***Mapping and baselining***. The early stages of the research led to a mapping and baselining report that mapped all the ISMS and research activity to provide the Scottish Executive and the RAG with a full picture of the initial stages of the implementation of ISMS. It also confirmed the collaborative working arrangements that were to be put in place with other research teams as well as providing initial (baseline) data on ISMS performance.

1.14 ***Survey of wider stakeholders***. This was a postal survey of a number of individuals within a range of stakeholder groups, including social workers, teachers, addictions workers, etc., to understand their views and opinions of ISMS, and their involvement in the programme.

1.15 ***Survey of Panel Members within the Children's Hearings System***. This was another postal survey to understand the views and opinions of Panel Members, and their involvement with ISMS.

1.16 *Case studies of individual ISMS and Intensive Support only cases.* This involved collecting a range of data on ten ISMS cases throughout Scotland and ten intensive support only cases to act as a broad comparison group, and analysis of this data with a particular focus on outcomes.

1.17 *Other outcome data.* This involved analysis of self-report data held by Includem and from interview transcripts held by Glasgow City Council from their own internal evaluation of ISMS.

1.19 *An analysis of the cost of implementing and operating ISMS in each of the phase 1 LAs,* based on returns that each of the LAs made to the Scottish Executive.

1.20 *A final report* that pulls together all of the data and attempts to triangulate the evidence to derive the main findings and conclusions of the research.

1.21 This method has been successful in helping the research team to build a full picture of the available evidence on the implementation and operation of ISMS to date.

## **Report outline**

1.22 We have decided to report by research instrument rather than thematically. This is because the study method was designed so that information on all of the different aspects about ISMS implementation would be captured. This was a complex task and a number of research instruments were used for specific purposes, as highlighted above. The results from each of these instruments are outlined in each of the report sections, with the final section attempting to tie together and triangulate these varied findings into an extensive and referenced conclusions section that has robust and valid findings.

- **Section 2** provides details on the policy and research review.
- **Section 3** outlines the profile of ISMS implementation and operation in each LA
- **Section 4** profiles each of the main external providers
- **Section 5** presents results from the survey of wider stakeholders
- **Section 6** presents results from the survey of Panel Members
- **Section 7** analyses the results from the case study research
- **Section 8** analyses the results from the other outcome data sources
- **Section 9** produces the analysis of the costs of the programme
- **Section 10** produces the main findings and conclusions from the research.

1.23 Care is taken throughout this report to maintain the confidentiality of people who we spoke to and the files and records of the young people who we considered.

## **Acknowledgements**

1.24 This study has very much been a collaborative effort involving many other consultants and researchers who are working for DTZ as sub-consultants, or who are working on their own evaluations in this area and with whom we have established collaborative working partnerships to avoid duplication of efforts and unduly burdening study participants.

1.25 Firstly, we would like to thank Fiona Dill and her colleagues within the Scottish Government who have managed us on this project and were always readily available with advice and guidance.

1.26 We would like to thank Lorna Shaw and Elaine MacKinnon at Research Resource, who undertook the surveys of Panel Members and wider stakeholders as sub-consultants to us. Our other sub-consultants, Dr. Mark Penman (freelance researcher) and Dr. Kay Tisdall (University of Edinburgh), we would like to thank for their advice and work on the case studies and literature review.

1.27 We would like to thank Furzana Khan, Professor Malcolm Hill and Germana Vitrano, who work in association with the Glasgow Centre for Child and Society based at the Universities of Glasgow and Strathclyde, for their advice and guidance in developing the interview schedules and for their assistance with the young people, carers and Includem aspects of the consultation. We would like to thank Nina Vaswani, Research Officer (Youth Justice) in Glasgow Social Work Services, for her help and advice during the project and for making available the results from our own evaluation of ISMS in Glasgow. We would also like to thank Dr. Gillian Henderson and Alyson Evans from the Scottish Children's Reporters Administration (SCRA) for their help and advice and for making available to us their research on the use of MRCs in the Children's Hearing System.

1.28 In addition, we would like to thank Tim Chapman and Dr. Manzoor Khazi for making available material from the evaluations that they are conducting for the Moray Youth Justice Team, and Dr. Morag MacNeil, Dr. Bob Stradling from the UHI Millennium Institute and Alison Clark from Highland Council with whom we collaborated in undertaking the evaluation in Highland.

1.29 We would like to thank all the local authority ISMS teams and the other organisations that have assisted us during our research (SCRA, Includem, NCH, Reliance Monitoring Services and Serco).

1.30 Lastly, the continued advice and support of the ISMS Research Advisory Group is very much appreciated.

## CHAPTER TWO POLICY AND LITERATURE REVIEW

### Context

2.1 This section of the report explains the origins and development of the ISMS programme in Scotland.

### *Policy and legislation in Scotland*

2.2 Electronic monitoring of offenders aged 17 and over has been possible in Scotland since 1995 under the *Criminal Procedure (Scotland) Act 1995*. The nationwide roll-out of electronic monitoring took place in 2002, with the opening of a new state-of-the-art monitoring centre in East Kilbride as the network base for Reliance Monitoring Services, the company contracted to provide a Scotland-wide electronic monitoring service for offenders on Restriction of Liberty Orders (RLOs). The roll-out made RLOs available as a community disposal to courts across Scotland, following their piloting in Hamilton, Peterhead and Aberdeen, and provide for the use of electronic monitoring as a means of monitoring an offender's compliance with a court order.<sup>4</sup>

2.3 In *Putting our communities first, A Strategy for tackling Antisocial Behaviour* (2003), the Scottish Executive set out its proposal to introduce electronic monitoring in Scotland for young people dealt with in the Children's Hearings System. The document, intended as a platform for consultation, explained that electronic monitoring was likely to be appropriate for only a small number of children and young people, and that it will only be used to tackle 'serious issues'. The document outlined three specific circumstances when electronic monitoring may be appropriate to consider.

- As an alternative to placing some young people in secure accommodation, where a residential or community-based placement together with the control provided by monitoring may be more effective in tackling their behaviour.
- As part of the process of re-integrating a young person back into the community following a period in secure or residential accommodation.
- For breaching an Antisocial Behaviour Order (ASBO), since persistent involvement in such activities is likely to damage the interests and long-term welfare of the young person and suggest that they are in danger of having to be placed in secure accommodation at a later stage.

2.4 The extension of electronic monitoring to children and young people was provided for by Section 135 of the *Antisocial Behaviour etc (Scotland) Act 2004*, which amended Section 70 of the *Children (Scotland) Act 1995*. The amendment gave Children's Hearings in Scotland the power to impose a 'movement restriction condition' (MRC).

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<sup>4</sup> See <http://www.scotland.gov.uk/News/Releases/2002/04/1543> for details.

2.5 The criteria for ISMS was narrowed during the parliamentary stages of the Bill from that suggested in the original consultation. Before imposing such a restriction, a Children's Hearing must be satisfied that Section 70(10) conditions of the Children's Scotland Act 1995<sup>5</sup> are met (and that it is necessary to exercise the power concerned). The conditions are:

- (a) that the child, having previously absconded, is likely to abscond and, if s/he absconds, it is likely that his physical, mental or moral welfare will be at risk; and
- (b) that the child is likely to injure himself/herself or some other person.

2.6 A movement restriction condition is defined as:

- (a) restricting the child's movement in such way as may be specified in the supervision requirement; and
- (b) requiring the child to comply with such arrangements for monitoring compliance with the restriction mentioned in paragraph (a) above as may be so specified.

2.7 The 'arrangements' for monitoring compliance with the restriction can be regulated by Scottish Ministers and are provided for in the *Intensive Support and Monitoring (Scotland) Regulations 2005*, which came into force on 1 April 2005 (and were later updated in 2006 and 2008). The regulations specify that the arrangements will be electronic, with a transmitter device attached to the child. The restriction can concern the child's presence at or absence from the accommodation at which they are required to reside or any address or location that they are required not to enter.

2.8 The regulations further specify that they would be applied in the local government areas of the City of Edinburgh, Dundee City, East Dunbartonshire, Glasgow City, Highland, Moray and West Dunbartonshire (the phase 1 local authorities). This was to ensure that electronic monitoring would only take place where appropriate intensive support would be available. It has been the intention of Scottish Ministers that intensive support would be an essential component of any electronic monitoring programme.

2.9 A number of other specifications are contained in the regulations. These relate principally to the movement restriction care plan that is intended to accompany the MRC, requirements for supervision of the child, and the conditions that are to form part of the restriction.

### ***Guidance for phase 1 Local Authorities***

2.10 The specifications arising from the regulations, along with other specifications, e.g. for monitoring and evaluation, were made available to the phase 1 LAs by the Scottish Executive in guidance material entitled *Guidance for Implementation of Intensive Support and Monitoring Services in the Hearings System*.

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<sup>5</sup> The conditions for recommending ISMS are those specified under Section 70(10) of the *Children (Scotland) Act 1995*. These are also the conditions that have to be met for a Children's Hearing to ask for the child to be placed in secure accommodation as a supervision requirement.

2.11 An ISMS consists of:

A six week assessment period, after which:

- if a movement restriction condition is not suitable for the young person, a different type of intervention should be designed to support them, paid for from other LA funds; or
- if a movement restriction condition was appropriate, they would receive the ISMS package for up to six months from the ISMS funding.

2.12 They would then receive a period of intensive support after the MRC was ended, for broadly the same time as the MRC had been in place, i.e. if the MRC was for three months, they would receive a three month transition out. This would also come from ISMS funding.

2.13 Cases where intensive support is provided without the electronic monitoring element are known as intensive support service cases.

2.14 The guidance specifies that data that the phase 1 LAs are required to collect: monitoring data, which is primarily output data, and evaluative data, which mainly concerns results and outcomes.

#### *Risk assessment tools*

2.15 The guidelines specify that ASSET or Youth Level of Service / Case Management Inventory (YLS/CMI) risk assessment tools must be used in all assessments of a young person being considered for ISMS. This is picked up in the evaluative data, where one of the data fields is the percentage reduction in 'at risk' scores in ASSET and through the duration of the ISMS programme.

2.16 YLS/CMI was developed in Canada. It is a combined and integrated risk/needs assessment instrument for use with general populations of young offenders. Research studies in Canada have shown it to be a reliable predictor of a range of outcomes and in a small scale study undertaken in Kerelaw Secure Unit in Scotland, the YLS/CMI was found to be a reliable predictor of recidivism for young males and females as well as a predictor of the risk of future violent conduct by male youths (Marshall, Egan, English and Jones, 2006).

2.17 ASSET is a structured framework for assessing young people involved in the criminal justice system. The tool was developed for use by multi-disciplinary members of Youth Justice Teams in England and Wales with offenders aged between 10 and 17 years to help inform the decisions made by Youth Courts (Curtis, 2001, Penman, 2005). A Scottish version of the ASSET tool, which was adapted slightly to reflect the tool's use for young people within the Children's Hearings System, was used in pilot areas. The tool corresponds to the different legal stages and can therefore produce assessments at the pre-trial and bail states. Risk factors include age at first conviction; number of previous convictions; previous custodial sentences; living arrangements; family and personal relationships; statutory education; employment, training and further education; substance use; attitudes to offending; motivation to change; positive factors (see Baker, Jones, Merrington and Roberts, 2005). The accuracy of ASSET assessments were investigated by Baker et al (2002) using 24-month follow-up data from a sample of 2,233 young people with offending behaviours. Risk assessments were found to predict recidivism with this group with an accuracy of 69.4% overall. Accuracy was found to be maintained when predicting the frequency and seriousness of offences, and was also maintained in relation to less frequent populations such as female offenders, ethnic minorities, and younger offenders. A Scottish version of the ASSET tool, which was adapted slightly to reflect the tool's use for young people within the Children's Hearings System, was used in pilot areas.

2.18 We draw on ASSET and YLS/CMI results for the national evaluation of ISMS and to consider scores and changes in scores as appropriate, particularly in the case studies.

### **Changing policy environment**

2.19 There have been no changes to the basic provisions in the legislation, regulations and policy related to ISMS since coming into force. There has been an increase in secure accommodation places, which may have an impact on ISMS usage (this is discussed later in the report).

2.20 In June 2004, the Scottish Parliament passed the *Antisocial Behaviour etc. (Scotland) Act 2004*. The legislation included a number of strategies to tackle anti-social behaviour in addition to the provisions for electronic monitoring: police powers to disperse groups of more than two people in designated trouble spots; parenting orders; fixed penalty notices for offences such as littering, vandalism, drunken behaviour or consuming alcohol in a public place; and greater powers for councils to deal with private landlords who ignore anti-social tenants. It is important to acknowledge the simultaneous effect these might have on anti-social behaviour generally in Scotland.

2.21 More recently, following the Colyn Evans Enquiry (Fife Council, 2005), the Scottish Executive has produced a range of measures and proposals that are relevant to the risk management of young people who present with a risk of violent or sexual offending. The Youth Justice Improvement Programme (Scottish Executive, 2006a) stresses the need to ensure that high risk offenders' needs and risks are properly assessed in order to ensure that interventions (which should reflect 'what works' to a sufficiently high standard), such as ISMS, are used effectively. Similarly, the draft *Children's Services (Scotland) Bill* (Scottish Executive, 2006b) proposes that where agencies are concerned about the sexual or violent behaviour of a young person, they should produce plans with other agencies to meet needs and reduce their risk of re-offending. This includes the use of risk assessment tools such as YLS/CMI, ASSET and other tools specifically relevant to sexual or violent offending, where appropriate. Once criminogenic needs have been identified, agencies should provide good quality interventions to address offending behaviour and contingencies, as part of a risk management plan<sup>6</sup>. A range of 'best practice' recommendations for risk assessment and risk management produced by the Government have very recently been presented in the form of a self-assessment and quality assurance process (*Getting it Right for Children and Young People who Present a Risk of Serious Harm*, Scottish Government 2008). It should be noted however that this evaluation pre-dates this document.

### **Evaluative work**

2.22 **While there is an abundance of literature on electronic monitoring generally, there appears to be little available on the electronic monitoring of children** (and less still on the use of electronic monitoring in conjunction with intensive support). Works consulted are listed in Appendix 3 and we attempted to focus on those studies that could be considered as comparators.

2.23 The only other electronic monitoring programme we have uncovered is in England. (International programmes differ too much to be of use as a comparator). Results from evaluative work in England are described in the following sub-sections. We have also looked at evaluation results related to the pilot Restriction of Liberty Orders (RLOs) in Scotland since they involve young people. It should be noted that this other work considers offenders and not, as with ISMS, offenders and other young people at risk.

### ***Electronic monitoring in England***

2.24 The Criminal Justice Act 1991 saw curfew orders with electronic monitoring become available as a sentence. This was amended in 1994 and was used on a trial basis in 1995. According to the National Probation Service, offenders aged 16 years and over could be subjected to curfew order with electronic monitoring from December 1999 in England and Wales. This could be for a period up to six months for up to 12 hours a day. Section 43 of the Crime (Sentences) Act 1997 amended the Criminal Justice Act 1991 and, in February 2001, offenders from 10 to 15 years old could be placed on curfew orders for up to three months and up to 12 hours a day (Home Office 2005).

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<sup>6</sup> Ministers announced in the summer of 2007 that this area of youth justice is under review, therefore these proposals may not be implemented.

### *Electronic monitoring trial 1995-97*

2.25 Electronic monitoring was used on a trial basis in March 1995 in Norfolk, Manchester and Reading, and take-up was slow. The trial was extended to Greater Manchester and Berkshire. The first three months of the trials were assessed by the Home Office. 83 offenders were tagged by June 1996, aged from 16 to 77 years old. The curfew orders were mainly for offences such as theft, burglary and driving while disqualified. The results for the first year showed that the equipment was reliable and sentencers were satisfied with the fast detention of people who violated orders and the following enforcement action.

2.26 375 offenders were tagged in the second year of the study, from July 1996 to June 1997. Custodial sentences had been seriously considered for nearly two-thirds of those placed on curfew orders. Just 2% of those on the orders were 16 to 17 year olds. The profile of offences in year two were similar to those in year one of the study.

2.27 The curfew orders were successfully completed in 75% of cases in the first year and 82% in the second year (up to the time of the report in October 1997). The completion rate was particularly high in Norfolk, where 93% of offenders completed their orders successfully (Mortimer and May 1997).

### *Electronic monitoring trial 1998-2000*

2.28 The impact of the curfew orders given to 10 to 15 year olds was assessed for two pilot areas - Greater Manchester and Norfolk. 155 of these orders were made between March 1998 and February 2000 and the report shows that the take-up was low. It was suggested through interviews that the curfew was only suitable for a small number of children and young people with particular characteristics or problems. Most of the orders were for 14 to 15 year-olds and only ten of the cases were girls. Two orders were for more than ten offences, but the majority were for one or two offences, mostly for theft and handling offences, followed by burglary and violence. Most young offenders were under curfew for 10 to 12 hours a day, nearly all overnight. No curfews were made during school hours. Offenders were visited by two officers to monitor the curfews.

2.29 The research included interviews with 25 offenders and 28 families, and there was evidence to show that some of the offenders saw the tag as a 'trophy'. Others were unaffected by the tag, but this seemed to be dependent on the individual. In four of 13 cases that were receiving education, the electronic monitor caused problems for participation in sports and physical education lessons. For some others, the monitors caused injury, became loose or fell off. In two cases, there was a clear positive effect on education and behaviour. In six cases, it was observed that the families were brought closer due to the young person being at home more. It was also seen as a benefit by five families, who said that they knew where their children were. However, three families said they could not go out as they would have to leave the offender at home alone, and in one case the offender was unable to see some family members who lived at another address due to the curfew (Elliot et al 2000).

### *Tagging as condition of bail or remand*

2.30 From June 2002, tagging was available for 12 to 16 year-olds as a condition of bail throughout England and Wales. According to the Juvenile Offenders Unit, tagging of 17 year-olds on bail was available from July 2002. It was operational initially (from April 2002) in ten areas: Avon and Somerset, Greater Manchester, Lancashire, Merseyside, West Midlands, Nottinghamshire, Thames Valley, South Yorkshire, West Yorkshire, and Metropolitan London including the City of London. Shortly afterwards, it also became available in Northumbria. Tagging was seen as an alternative to custody (Juvenile Offenders Unit 2002).

2.31 A report from the Home Office (Cassidy et al, 2005) analysed electronic monitoring of juveniles on bail or remand in local authority accommodation. The study reviewed information from Youth Justice Board statistics, data from information systems of Youth Offending Teams, data from the electronic monitoring contractors, interviews with Youth Offending Teams' staff and juveniles on tagged bail and a literature review of relevant studies. Data was gathered from 28 Youth Offending Team areas (out of a possible 50). In these localities, a total of 315 people had been tagged from April 2002 and December 2003. The report highlighted that the majority (88%) of those tagged were male and two thirds of those tagged were 16 to 17 years of age. In these YOT areas, 31% of those tagged were involved in the Intensive Supervision and Support Programme (ISSP). Tagging was seen as an alternative to custody, but it was argued that many of the offenders would have probably been given conditional bail if they had not been tagged.

2.32 As part of Cassidy et al (2005), qualitative research was undertaken with 15 young people involved in the tagging programme. The young people involved believed that it reduced their re-offending rates, one interviewee commenting "*that it keeps you out of trouble*".

2.33 Other comments centred on the restrictive nature of tagging: limiting which activities young people could participate in (e.g. football and other sports) and when they could spend time with family members that they did not live with. There were mixed views on the reaction of others to the tag. Although some of the interviewees did not raise it as an issue, other young people highlighted that they felt stigmatised. One respondent indicated that they would prefer a custodial sentence if the time was shorter.

2.34 In addition to qualitative interviews with young people, the researchers interviewed Youth Offending Team staff. The report indicated that staff felt that young people's lives could be stabilised by the orders.

### *Evaluation of the National Roll-out of Curfew Orders*

2.35 The Evaluation of the National Roll-out of Curfew Orders by the Home Office (2002) discusses an evaluation of the use of the orders for the first 13 months of operation, from 1<sup>st</sup> December 1999 to 31<sup>st</sup> December 2000. It focused on five sample areas of Greater Manchester, Inner London, Kent, West Glamorgan and Merseyside. Take-up was lower than expected, but curfews were seen to be particularly suitable for young offenders as they often offended at night. Those tagged were aged between 16 and 72. They were under curfew for between two and 12 hours a day for up to six months for offences such as burglary and violence.

2.36 Interviews were undertaken with probation officers and 20 offenders from the four regions. All offenders that were interviewed were positive about the support they were receiving and few had any problems with the monitoring equipment, and those that did were resolved promptly. Most also thought they had enough support from family and friends, and some officers were also encouraging. However, many were unaware of the number and type of violations to the curfew that would result in breach action, and had no knowledge about changes in curfew restrictions. Most disliked wearing the tag and saw it as a stigma, but said that family relationships had benefited due to the stability produced by the curfew. For some, the curfew caused friction at home. 83% completed their curfew orders, often because of fear of custody, but two offenders who breached their orders thought it would have been easier to do a custodial sentence (Walter 2002).

### ***Electronic monitoring and intensive support in other contexts.***

#### *Intensive Supervision and Surveillance Programme*

2.37 In 2001, the Youth Justice Board introduced the Intensive Supervision and Surveillance Programme (ISSP) following research that suggested 3% of young offenders were responsible for 25% of all youth crime. This Programme is targeted at prolific young offenders (aged 10 to 17 years-old) and young people who commit serious crimes who are considered would benefit from early and intensive intervention. The ISSP entails the use of a monitoring system in the form of an electronic tag or telephone voice verification technology (where a 'voice print' of the young person is checked over the telephone in order to confirm that they are at home) and by ISSP staff visiting the young person to ensure compliance with the order. The minimum requirement of the ISSP conditions is for two surveillance checks each day, but this can be increased to 24-hour monitoring. The programme also emphasises structuring the participant's time while addressing criminogenic risk factors through a minimum of 25 hours contact time over a period of three months. After the three-month period of intensive support, this reduces to one hour per day for a further three months, without the surveillance element (YJB, 2004). The core elements of the intervention are education (particularly basic literacy and numeracy), addressing thinking skills deficits, tackling substance misuse issues and reparation to victims and/or the community. ISSP also includes interventions to address specific individual needs such as mental health issues and accommodation problems.

2.38 The Youth Justice Board's evaluation (2005) of the effectiveness of the ISSP reported a reduction in recidivism of 39%, however, similar reductions were observed in the control group that did not receive the ISSP. Within the two-year follow-up period, 91% of those in the ISSP group were also found to have been reconvicted on one or more occasions. The evaluation also found evidence that any impact ISSP had on different sub-samples of offender became less evident over the longer follow-up period, where significant results in the first year were no longer significant in the second year. Some of the more positive findings were found to be related to interventions following the withdrawal of ISSP: the use of Restorative Justice case conferences and increased participation on constructive leisure activities were found to significantly reduce recidivism levels. A 'net-widening effect' was indicated by the finding that there were individuals subject to ISSP conditions who might otherwise have been placed on other forms of less intensive community disposals. Lastly, the study also reported that issues such as substance abuse, mental health issues and accommodation problems were not being addressed effectively.

2.39 Following on from this 6-month programme, a 12-month ISSP was piloted in 11 ISSP schemes between 1<sup>st</sup> October 2004 and 30<sup>th</sup> September 2005. The Youth Justice Board set the following criteria for the 12-month ISSP (Youth Justice Board 2007).

- The 12-month ISSP was available for young offenders who were appearing in court, charged with or convicted of an offence who had previously been charged, warned or convicted of offences committed on four or more separate dates within the last 12 months and received at least one community or custodial penalty.
- In addition, young people could also qualify for ISSP if they were at risk of custody because the current charge or sentence related to an offence that was sufficiently serious that an adult could be sentenced to 14 years or more.

2.40 Over half the sample of people that were the subject of the Youth Justice Board's evaluation (2007) entered the 12-month programme via the 'serious only' route. Fewer than 20% entered through the 'persistence only' route. This differs notably from the 6-month sample, where the majority of cases entered via the 'persistence only' route. However, although the problems presented by the 12-month sample were in some cases very serious, *overall*, the number of problems, and how they related to the offending behaviour of the young person, were both less numerous and less serious than those in the 6-month sample, and, overall, the group presented with fewer risks associated with reconviction.

2.41 The young people on the 12-month ISSP had higher levels of non-compliance but a lower breach rate overall than the 6-month sample. Staff reported that the young people in the 12-month sample were more motivated to undertake the programme than their 6-month counterparts, but many of them lost momentum due to the extended length of the programme. The completion rate of the 12-month programme was, however, lower than the 6-month programme overall, with rates of 32% and 42% respectively. In the 12-month programme, the 'serious only' offenders were most likely to complete the programme, but their completion rate was only 42%. The relatively small group of young people who completed the programme demonstrated a reduction in their risks associated with re-offending. However, among the group who did not complete the programme, in the majority of cases they were assessed as having higher risks on exiting the programme. **The Youth Justice Board evaluation (2007) concludes that, given the low completion rates, if long-term intensive programmes are to work, they should be targeted at those individuals who need them most, i.e. the serious and persistent offenders.**

#### *Electronic Monitoring trial with adult offenders based in three English cities*

2.42 Similar levels of recidivism were reported in a research study published by the Home Office and conducted by Sugg, Moore and Howard (2001). This study details the evaluation of an Electronic Monitoring trial with adult offenders based in three English cities. Following a two-year follow-up, they found that the recidivism level was 73%, which again was comparable to the control group that had received other community disposals (curfews and community service). The study also identified that the level of compliance with the order was high, with 80% of offenders completing successfully.

### *Meta-analysis of electronic monitoring studies*

2.43 In the largest reviews of electronic monitoring to date, Renzema and Mayo-Wilson (2005) conducted a search of all of the available studies (from 1986 to 2002) on the subject and identified 351 research papers. The authors reviewed these articles and discussed the historical development of various forms of ‘tagging’ and the lack of good quality evaluation studies. Renzema and Mayo-Wilson then selected those studies that satisfied their criteria for inclusion (such as having assessed recidivism levels, having moderate to high risk offenders randomly assigned to electronic monitoring groups or a control group). Due to their requirements of rigorous methodologies, the resulting sample consisted of three studies that were then examined using the meta-analytical approach. The findings of this review were not positive and **the authors are of the view that the use of electronic monitoring as means of reducing crime is not supported by the existing data.** The authors concluded by stating that:

*“After 20 years, it is clear that EM has been almost desperately applied without adequate vision, planning, programme integration, staff training, and concurrent research. It has punished, perhaps more humanely and cheaply than otherwise possible, and it has been an element in the avoidance of prison crowding and prison construction, but it is not free and it is not without unintended effects.”*

2.44 One of the studies that was included in this meta-analysis was a Canadian study by Bonta, Wallace-Capretta and Rooney (2000). In this study, which has similarities to the ISMS package, members of the experimental group were electronically monitored for an average 71.4 days and were required to attend a cognitive behavioural therapy programme, which has good levels of integrity, for nine hours each week. The control group consisted of offenders released on probation without electronic monitoring and without the condition of revocation of their release for failing to attend the therapeutic programme. The authors reported that 53% of the unmonitored probationers completed the therapeutic programme, compared with 87% in the electronic monitoring and court ordered attendance group. This finding of increased compliance through ‘tagging’ appears to be reflected in the English study discussed earlier by Sugg et al (2001). Bonta et al (2000) also found that the combination of electronic monitoring with court ordered attendance on the programme was associated with significantly lower recidivism for the high risk offenders (32% recidivism compared with 51%). Consistent with ‘what works’ research generally, the same programme resulted in *higher* levels of recidivism for the low-risk offenders in the experimental group in comparison to the control group (32% recidivism versus 15% recidivism in the no-treatment group). This study highlights the need for interventions to be matched to those with greater levels of risk and that programmes with good levels of integrity, targeting criminogenic needs, can have positive outcomes in reducing recidivism.

2.45 In North America, the use of Intensive Supervision Probation/Parole (ISP) as a disposal has perceptions of being ‘tough’ and having a deterrent effect on further offending due to increased levels of monitoring. The use of electronic monitoring and frequent drug testing of probation clients in combination with regular unannounced home visits are common elements to ISP. This enhanced monitoring, however, is not also matched with commensurate levels of intervention to address risk and needs. The meta-analysis of ISP by, Gendreau et al (2000) found that only 18% of those on probation or parole had even a minimal amount of therapeutic intervention. This study also found that reductions in recidivism levels were found in only those offenders who were engaged in some form of treatment. The deterrent value of ‘tough’ community-based disposals was investigated further in a study by Petersilia and Turner (1993) who found no evidence that increased surveillance in the community deterred offenders from committing further crimes. Interestingly, this study found that offenders on ISP had relatively the same number of subsequent arrests, but the additional levels of supervision resulted in the increased probability that a ‘technical’ violation of conditions would be detected, resulting in an increased use of incarceration in this sample when compared to a similar group of offenders who were not as intensively monitored.

#### *Wraparound Milwaukee*

2.46 In relation to the provision of intensive support services, the Wraparound Milwaukee service has a number of similarities to the packages in place across Scotland (Kamradt, 2000). Wraparound Milwaukee is a multi-agency collaboration involving child welfare service (including a 24-hour crisis response team), education services, mental health services and the juvenile justice system that aims to provide intensive packages to families.

2.47 A recent evaluation (Wraparound Milwaukee Annual Report, 2002) reported that young people who were involved in Wraparound for a period of a year or more performed better in school, within their family homes and in the community after the provision of the service. At the community level, **the Wraparound programme was found to have had a positive impact with recidivism rates reducing, and continuing to reduce after a follow-up period of three years from programme completion.** One aspect of this reduction in offending was that, in 2002, the average number of young people that were placed in ‘restrictive’ residential treatment placements fell from 80 at the start of the year to 42 at the end of the year. Finally, Wraparound appears to offer a cost effective alternative to conventional interventions: the average monthly cost for Wraparound was reported to be \$4,350 in comparison to over \$7,300 for residential placements and over \$6,000 for juvenile correctional placements.

### *Intensive Probation Unit, Inverclyde*

2.48 Similarly, encouraging findings on the use of intensive interventions, without electronic monitoring, within Scotland are reported by Jamieson (2000) in relation to the Intensive Probation Unit (IPU) delivered by NCH in Inverclyde. The IPU is described as a community-based alternative to custody, aimed at 16 to 21 year-olds who are at a high risk of receiving a custodial sentence based on their seriousness and history of offending. The intervention was delivered through modular groupwork following the recommendations of effective practice. The interventions were aimed at addressing criminogenic needs such as violence and substance use. After a follow-up period, of around 18 months on average, it was found that there was a 24% reduction in convictions in the IPU group compared with the group that received custody. On the basis of these findings, **it appears that the provision of intensive support with a group of high risk offenders was successful in reducing recidivism in comparison to a similar group who were given custodial terms.**

### *Scotland Restriction of Liberty Orders*

2.49 A pilot scheme for the Restriction of Liberty Orders (RLOs) with electronic monitoring was introduced in three Sheriffs Courts (Aberdeen, Hamilton and Peterhead), starting in August 1998 and lasting for 14 months. The RLOs covered restrictions on persons from or to a place for up to 12 months. RLOs are dispensed through the adult justice system, although they may be given to young people under 16 years-old.

2.50 152 Orders were made on 142 people, with more than two-thirds of these for 12 hours a day. Some offenders did not receive Orders because they were considered to be unsuitable because of factors like family tensions, unsettled accommodation, or chaotic lifestyles (the latter frequently associated with drug use). A demographic analysis of those subject to an Order indicated that more than half (54%) were aged 16 to 20 years-old and a further 26% were aged 21 to 25 years-old. Of the 142 offenders, only 9 (6%) were female, and the majority of these were under 25 years-old. Of the 142 offenders subject to an Order, 63% had previously served a custodial sentence, 12% had previously been remanded in custody, while only 9% had no previous convictions.

2.51 Orders were imposed for a variety of reasons: from offences related to housebreaking (83% of orders in Aberdeen and 38% of orders in Hamilton), assault, breach of the peace or road traffic offences. The Orders varied in duration, with 32% of orders for three months and 26% for six months.

2.52 An evaluation (Lobley and Smith, 2000) of the scheme included qualitative interviews with Social Work Department staff, Sheriffs, court officials, offenders and their families. Sheriffs, court officials and social workers had mixed views on the types of offenders/offences that the Orders should be applied to, but the Orders were seen as being mainly used as an alternative for custody and most appropriate for those who would otherwise have been given a custodial or other community sentence.

2.53 Of the 35 offenders and 19 parents interviewed, many saw the RLO was a positive scheme, as they thought that if the scheme had not been in place the alternative would have been serving a custodial sentence. However, some felt they were not well informed about the equipment and others thought the length of orders imposed was excessive. Some families thought that the levels of responsibility that they were expected to have in ensuring the offender met the terms of the order was excessive. A small number of offenders said that the Orders would change their behaviour for the long-term, but others believed that it would have no impact and that more offending was possible.

2.54 The programme's success was measured by the number of Orders successfully completed. Completion of an Order was difficult to measure. The evaluation seemed to suggest that an Order was completed if it ran its full term. Measuring this was quite difficult, with some Orders being interrupted by or expiring during time in custody or other actions that the researchers believed were beyond the control of the offenders, e.g. eviction from home.

2.55 The success of the scheme is set in the context that many of the offenders still had dealings with the police during the term of the Order. Of the 103 Orders imposed from September 1998 to October 1999 that were completed, many only did so with interruptions: 35 had interruptions where monitoring did not take place (e.g. time in custody) and 43 were only completed after an action for breach of the Order had been initiated in the relevant court and a further 19 offenders received official warnings. Some 40 Orders failed (i.e. were breached or did not run their full term).

### ***Scotland Electronic Monitoring on Bail***

2.56 In April 2005, the piloting of electronic monitoring, without intensive support services, as a condition of bail was introduced across four Scottish courts through *The Criminal Procedure (Amendment) (Scotland) Act*. Findings of the first 16 months of this two-year pilot are reported in a study commissioned by the Scottish Executive (2007).

2.57 It was found that 94% of applicants for electronic monitoring on bail (EM bail Orders) were men who were on average 26 years-old. From the sample of 63 people who completed EM bail Orders, 52 were restrictions to an address (mostly for 12 hours overnight) and the Orders ranged from 5 days to 217 days (62 on average) in duration. It was also found that breach of bail proceedings were brought against 31 people and their electronic monitoring allowed for immediate detection of infringements. From the sample of 63 people on EM bail, 44 were found to have failed to comply with their Order on at least one occasion (failures included voluntary non-compliance, such as wilful damage to the monitoring equipment, and involuntary non-compliance, such as hospitalisation). It was also found that, of those who failed to comply, 36% did so within the first 10 days of their Order.

2.58 The use of EM bail was found to cost on average £4,123 compared to £5,096 for custodial remand. Due to the process of 'backdating' custodial terms to include the period spent remanded in custody, but not the period during which a person is released on EM bail conditions, it was found that EM bail was the more expensive disposal of the two (on average, £4,123 as opposed to £2,548 for custodial remand). The report concludes that, in legal and judicial terms, that the aims of the pilot are not significantly impacting upon the remand population and that EM bail does not improve public safety any more than standard bail.

### ***Hamilton Sheriff Youth Court Pilot***

2.59 In June 2003, a pilot Youth Court was developed in Hamilton Sheriff Court that was to target persistent offenders aged between 16 and 17 years-old. Where background information on activities of those aged 15 years-old warranted it, these young people could also be considered by the Court. These young offenders had to be resident in North or South Lanarkshire and had to have offended on three separate occasions in the past six months. The aim of the scheme was to try to reduce the numbers and seriousness of offences by these young people. A research team from the University of Stirling has been undertaking a two-year assessment of the pilot scheme, with an interim report (McIvor et al 2004) providing analysis of the operation of the scheme in its first six months.

2.60 At this point of the evaluation, interviews with Sheriffs indicated that they welcomed the electronically monitored curfews as a bail condition as an alternative to a custodial sentence. Sheriffs also commented that there was little evidence that the pilot Youth Court led to young people appearing in the Sheriff Court who would not otherwise have done so.

2.61 The evaluation of the Hamilton Youth Court from 2003 to 2005 (Scottish Executive 2005b) found that Sheriffs made infrequent use of electronically monitored bail. Over the evaluation period, it was found that 6% of young people referred to the Youth Court were subject to electronic monitoring on bail at some stage. Just over half the people (13 people on 18 separate occasions) were regarded as having failed to complete their period of electronic monitoring on bail because of a significant breach. A further two young people were recorded as having breached their curfew. The evaluation found that the most common reason recorded for non-completion and breaches was the withdrawal of consent for the tagging by the premises holder (9 occasions).

2.62 Over the evaluation period of 2003 to 2005, data was also collected on the use of Restriction of Liberty Order (RLO) disposals within the Youth Court. Overall, 47 young people (14%) had a RLO with electronic monitoring at some point. The vast majority of those subject to this disposal were male (46) and were under 18 years-old at their first appearance in court. The most common lengths of RLOs imposed were 3, 4 and 6 months (with one made for 9 months).

2.63 Interviews were conducted with some of the young people who had been subject to electronic monitoring on bail or as part of their sentence. It was reported that some of the interviewees who had been electronically monitored found the “temptation to breach the curfew - by meeting up with friends and drinking alcohol - too strong” and it was also found that others were “tempted to leave the house (especially to meet up with friends)”. The use of electronic monitoring as a means of avoiding a custodial disposal served as an incentive for many to adhere to their Orders. It was reported that some were “relatively positive” about being electronically monitored and indicated that it “helped them stay out of trouble by keeping them off the streets at night”.

2.64 The young people interviewed were reported as not having perceived the Youth Court as a ‘soft option’ and regarded it as having more ‘teeth’ than the Children’s Hearings System. In particular, their awareness of the Court’s power to give out a custodial sentence if they failed to comply with the conditions of a community-based disposal was regarded as important to this perception

2.65 Sheriffs and social workers interviewed were reported to regard electronic monitoring on bail as a useful alternative to a custodial remand. The study found social workers, however, did not consider it to be appropriate for young people “with chaotic living conditions who would have difficulty adhering to the terms of the monitoring arrangements”. The Sheriffs interviewed regarded lengthy monitoring periods as “unrealistic” and the study reported that one Sheriff suggested that electronic monitoring could provide an unnecessary stigma for some young people.

2.66 Overall, the evaluation indicated that the Hamilton Youth Court pilot worked well, with: clarity among the participating agencies as regards their respective roles; establishment of effective protocols for multi-agency working; rolling-up of charges under one complaint, which encourages plea-bargaining; a reduction in the number of trials and adjournments; provision of personnel assigned and dedicated to the Youth Court; and provision of a wide range of community programmes for young offenders. The more recent evaluation of both Hamilton’s and Airdrie’s Youth Courts (Scottish Executive, 2006) indicates, notwithstanding limitations in assessment, that they have been successful in meeting the objectives set for them (defined by the Youth Court Feasibility Group). In particular, the Youth Court’s fast track procedures, additional resources and reduction in number of trials were viewed positively and reported to be a, “model to be aspired to in all summary court business”. The evaluation however, raised the question whether or not a dedicated Youth Court is required. The authors argued that consideration should be given to the questions of whether the Youth Court should be more explicitly youth-focused, and for which young people the Youth Court is intended for in order to avoid “net-widening”.

## Summary of key findings

- ISMS was introduced by the Antisocial Behaviour, etc. Scotland Act 2004 and the Intensive Support and Monitoring (Scotland) Regulations 2005, and came into force in April 2005.
- ISMS is currently at a phase 1 stage and has been rolled out in seven local authorities.
- There is little to compare with ISMS in the literature because it is a unique intervention.
- However, there is some research evidence that suggests that elements of the package do work in terms of tackling offending behaviour, especially the intensive support element.
- The evidence on the effectiveness of tagging/electronic monitoring is more mixed.

## CHAPTER THREE LOCAL AUTHORITY PROFILES

### Introduction

3.1 A summary of the headline data on ISMS for each of the LAs is provided in Table 3.1 below, based on data supplied by the LAs. We also provide some headline statistics on intensive support service cases who are receiving intensive support without an MRC, but are nevertheless benefiting from some of the infrastructure that ISMS is funding. The data reflects the position at the end of April 2007 in each of the LA phase 1 areas (the agreed cut-off point for the evaluation).

3.2 Data on the ISMS cases is further broken down in Table 3.2 to detail the ISMS cases by area by sex and age profile and the length of time spent on ISMS and the MRC component. However, care is taken on reporting on cases by LA area to ensure that no individual young people are identified.

3.3 In the following sub-sections we provide much more detail on the implementation and delivery of ISMS in each of the phase 1 areas individually up to the end of our evaluation period. This information is summarised in Table 3.3, which attempts to compare implementation and operation of ISMS across each of the LAs. Care though does need to be taken in the interpretation of this table as each LA is implementing its own model of delivery and, as we will see, some of them are very different models from the others, making even broad comparisons quite difficult.

3.4 **The fact that, in effect, we have seven different models of delivery, all at different stages, does make it difficult to address ‘what works’ in the ISMS programme.** This is exacerbated by the fact that some of the phase 1 LAs have very few ISMS cases. However, we do fully explain the nature of each model and why it was chosen, as well as attempting to address the efficacy of each of the models and areas where good practice has emerged.

3.5 The main external provider of intensive support services is Includem in five of the seven phase 1 local authorities (Dundee, East Dunbartonshire, Edinburgh, Glasgow and West Dunbartonshire). Highland Council uses NCH, while Moray delivers these services through an in-house team. This support is complemented by other services such as education, social work, addiction services (where appropriate) and mental health services (where appropriate). The support services provided in all areas vary depending on the needs of the young person and their circumstances.

3.6 This section has been put together through regular liaison with the LAs and analysis of their data. Each of the profiles provided has been agreed with the LA prior to reporting. As such, this section gives the LAs ‘a voice’ to explain why they implemented ISMS the ways in which they did as well as the issues and problems around implementation and operation.

3.7 Analysis of the headline data in Table 3.1 highlights that **the number of ISMS cases has fallen somewhat short of estimates.** There were only 63 cases up to the end of April 2007, whereas something between 176 and 194 had been expected.

3.8 **However, there were considerably more assessments of ISMS (309), many of which converted to intensive support service rather than ISMS (179). All of the LA areas had considerably more intensive support service cases than ISMS with the exceptions of Glasgow and Moray. The reasons for this are explored in further detail for each of the areas, below, but, in general, there seem to be a number of main causes.**

- Many of these cases were not suitable for ISMS because the intensive support that they received during the assessment phase rendered the MRC as no longer necessary, as the young people no longer met the Section 70 (10) conditions.
- There were other problems in moving many cases on to a MRC, such as a lack of suitable accommodation or difficulties in the young person's family relationships.
- In some areas, the estimates were not achieved because insufficient priority was given to the implementation of the ISMS programme and/or because of ideological concerns about the nature of electronic monitoring, i.e. some professionals had a view that the MRC, including the electronic monitoring, for vulnerable young people was inappropriate and unduly punitive.

3.9 In terms of who is receiving ISMS, Table 3.2 provides a profile. The vast majority are male and over 15 years-old.<sup>7</sup> The average length of the ISMS programme across the LAs varies from 17 weeks to 38 weeks. The average length of an MRC varies from 8 weeks to 17 weeks. This is broadly in line with initial expectation that anticipated assessments of 6 weeks, with around 12 weeks on the MRC with intensive support and 12 weeks on post-MRC support. Individually though some programmes only last a week whereas others are continuing way after 60 weeks. The range for an MRC is also highly variable.

3.10 The rest of this chapter explores the reasons for some of these differences within and between the LA areas. At the end of each sub section that profiles each LA, we present our own view on how each area has performed in delivering ISMS. This represents our own view only and has not been agreed with the LAs.

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<sup>7</sup> The use of MRCs for older children was also found by SCRA (2007) in its research on the use of MRCs. 22 of its sample of 28 were 15 years and over.

**Table 3.1. Headline ISMS data (over a two-year period to 30 April 2007)**

|   | Dundee<br>July 05 | East<br>Dunbartonshire<br>May 05 | Edinburgh<br>April 05 | Glasgow<br>April 05 | Highland<br>April 05 | Moray<br>April 05 | West<br>Dunbartonshire<br>September 05 | Total |
|---|-------------------|----------------------------------|-----------------------|---------------------|----------------------|-------------------|--|-------|
| Month assessments began                     |                   |                                  |                       |                     |                      |                   |  |       |
| No. assessments                             | 50                | 12                               | 7                     | 111                 | 88                   | 11                | 30                                     | 309   |
| No. ongoing assessments                     | 1                 | 1                                | 4                     | 11                  | 0                    | 0                 | 0                                      | 17    |
| No. MRCs given                              | 11                | 3                                | 3 <sup>8</sup>        | 28                  | 2                    | 4                 | 12                                     | 63    |
| No. MRCs ongoing                            | 1                 | 0                                | 2                     | 5                   | 0                    | 0                 | 1                                      | 9     |
| No. intensive support service cases         | 27                | 17                               | 28                    | 16                  | 72                   | 1                 | 18                                     | 179   |
| No. intensive support service cases ongoing | 6                 | 3                                | 5                     | 9                   |                      | 0                 | 5                                      | 28    |
| No. estimated ISMS cases per year           | 10                | 6-9 (later revised to 5 – 6)     | 20                    | 30                  | 5-8                  | 6-8               | 12 (later revised to 6 – 8)            | 89-97 |

Source: Local Authorities

<sup>8</sup> The research summary findings paper, Insight 39, reported 2 cases, but we have established that there were 3.

**Table 3.2. Breakdown of ISMS data (over a two-year period to 30 April 2007)**

|                                      | Dundee  | East<br>Dunbartonshire | Edinburgh | Glasgow | Highland | Moray   | West<br>Dunbartonshire | Total  |
|--------------------------------------|---------|------------------------|-----------|---------|----------|---------|------------------------|--------|
| No. of ISMS cases                    | 11      | 3                      | 3         | 28      | 2        | 4       | 12                     | 63     |
| No. male                             | 10      | 2                      | 2         | 25      | 2        | 3       | 10                     | 54     |
| No. female                           | 1       | 1                      | 1         | 3       | 0        | 1       | 2                      | 9      |
| No. aged 12                          | 1       | 0                      | 0         | 0       | 0        | 0       | 0                      | 1      |
| No. aged 13                          | 2       | 0                      | 0         | 1       | 0        | 0       | 3                      | 6      |
| No. aged 14                          | 1       | 0                      | 2         | 4       | 0        | 3       | 2                      | 12     |
| No. aged 15                          | 7       | 1                      | 1         | 13      | 2        | 1       | 5                      | 30     |
| No aged 16+                          | 0       | 2                      | 0         | 10      | 0        | 0       | 2                      | 14     |
| Average length of programme (weeks)* | 38      | 34                     | 15        | 17      | 19       | 35      | 25                     | 26     |
| Range for programme (weeks)          | 10 - 64 | 17 - 43                | 4 - 29    | 1 - 51  | 6 - 32   | 11 - 56 | 7 - 60                 | 1 - 64 |
| Average length of MRC (weeks)*       | 13      | 17                     | 9         | 12      | 10       | 13      | 12                     | 12     |
| Range for MRC (weeks)                | 3 - 29  | 13 - 21                | 1-15      | 1 - 25  | 6 - 13   | 3 - 22  | 4 - 26                 | 1 - 29 |

**Notes to table**

\* For completed cases

Source: Local Authorities

**Table 3.3: Summary of phase 1 areas**

|                              | <b>East</b>  |  |  | <b>West</b>   |   |  |  |
|------------------------------|--|--|--|---|---|--|--|
|                              | <b>Dundee</b>  | <b>Dunbartonshire</b>  | <b>Edinburgh</b>   | <b>Glasgow</b>  | <b>Highland</b>   | <b>Moray</b>   | <b>Dunbartonshire</b>  |
| ISMS cases                   | <ul style="list-style-type: none"> <li>- Nearly all male</li> <li>- Nearly all 15 to 16 years-old</li> </ul>               | <ul style="list-style-type: none"> <li>- All cases 15 or 16 years-old</li> </ul>   | <ul style="list-style-type: none"> <li>- Only two cases to date, in the evaluation period</li> </ul>   | <ul style="list-style-type: none"> <li>- Nearly all male</li> <li>- Nearly all 15 to 16 years-old</li> </ul>  | <ul style="list-style-type: none"> <li>- Both cases male and 15 years-old</li> </ul>  | <ul style="list-style-type: none"> <li>- Most cases male</li> <li>- Younger age profile than elsewhere</li> </ul>  | <ul style="list-style-type: none"> <li>- Most cases male</li> <li>- More of a range of ages than elsewhere</li> </ul>                                      |
| Motivation for participation | <ul style="list-style-type: none"> <li>- A viable alternative to secure</li> <li>- Had existing support network</li> </ul> | <ul style="list-style-type: none"> <li>- To fill a service gap provision</li> <li>- Seen as a natural development in youth justice strategy</li> </ul> | <ul style="list-style-type: none"> <li>- An alternative to secure</li> </ul>   | <ul style="list-style-type: none"> <li>- Opportunity to test and shape service provision for vulnerable young people</li> <li>- An alternative to secure</li> <li>- Has experience in delivering these types of services</li> </ul> | <ul style="list-style-type: none"> <li>- Became available as LA was intensifying and reorganising its services in this area</li> <li>- Seen as a way of improving these services</li> </ul> | <ul style="list-style-type: none"> <li>- To learn from and influence the long-term use of ISMS</li> <li>- Seen as giving young people the level of support required</li> <li>- Had existing support network</li> </ul> | <ul style="list-style-type: none"> <li>- An alternative to secure</li> </ul>   |
| Delivery                     | <ul style="list-style-type: none"> <li>- Emphasis on getting infrastructure in place before throughput</li> </ul>          | <ul style="list-style-type: none"> <li>- Emphasis on getting infrastructure in place before throughput</li> </ul>                                      | <ul style="list-style-type: none"> <li>- LA reorganisation caused serious delays, but Programme Manager now in place and infrastructure for delivery has been put together</li> <li>- Intensive support (without the MRC) has been provided more widely</li> </ul> | <ul style="list-style-type: none"> <li>- Early stages involved getting the required partnership arrangements in place</li> <li>- Most referrals come through Social Work or Children's Hearings</li> </ul>                          | <ul style="list-style-type: none"> <li>- Intensive support (without the MRC) has been provided widely</li> <li>- Only available in parts of the LA area</li> </ul>                          | <ul style="list-style-type: none"> <li>- Delivered in-house by the Youth Justice team</li> </ul>   | <ul style="list-style-type: none"> <li>- Delivered by a core ISMS team</li> <li>- Emphasis on getting infrastructure in place before throughput</li> </ul> |

|                     | <b>East</b>   | <b>West</b>  |  |   |   |  |  |
|---------------------|---|--|--|---|---|--|--|
|                     | <p><b>Dundee</b></p> <ul style="list-style-type: none"> <li>- Multi-agency approach</li> <li>- Linked with secure care</li> <li>- Fast-track possible</li> <li>- Use of ASSET if offending is an issue</li> </ul>                     | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Multi-agency approach</li> <li>- Variety of assessment tools used</li> <li>- Relationship building with the young person</li> </ul>                              | <p><b>Edinburgh</b></p> <ul style="list-style-type: none"> <li>- Using the standard Children and Families assessment methods coupled in offending cases with ASSET</li> <li>- Process was redesigned by Programme Manager after appointment</li> </ul>         | <p><b>Glasgow</b></p> <ul style="list-style-type: none"> <li>- Multi-agency screening group</li> <li>- Case conference model for assessment involving all key agencies</li> </ul>       | <p><b>Highland</b></p> <ul style="list-style-type: none"> <li>- Multi-agency approach</li> <li>- Use of ASSET and Child in Need Assessment</li> </ul>   | <p><b>Moray</b></p> <ul style="list-style-type: none"> <li>- Involves a high level group including the Youth Justice Manager, the Support Services Manager and the Reporter</li> <li>- Thorough risk assessment process</li> </ul> | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Multi-agency approach</li> <li>- Variety of assessment tools used</li> <li>- Attempting to link in more with secure providers</li> </ul> |
| Assessment          | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Inter-agency procedures and protocols</li> <li>- Attempting to integrate with Youth Justice</li> <li>- Considering multi-agency training</li> </ul>             | <p><b>Edinburgh</b></p> <ul style="list-style-type: none"> <li>- Multi-agency Steering &amp; Implementation Group, linked to wider Children's Services Strategy Group</li> </ul>   | <p><b>Glasgow</b></p> <ul style="list-style-type: none"> <li>- Multi-agency Steering Group, linked to Youth Justice planning group</li> <li>- Information sessions organised with partners</li> <li>- Clearer specification of roles perhaps needed</li> </ul> | <p><b>Highland</b></p> <ul style="list-style-type: none"> <li>- Strategic development from the Youth Justice Strategy Group</li> <li>- Inter-agency procedures and protocols</li> </ul> | <p><b>Moray</b></p> <ul style="list-style-type: none"> <li>- Inter-agency procedures and protocols</li> <li>- Debate between agencies as to whom ISMS should be targeted at</li> <li>- A lot of training undertaken with Panel members</li> </ul> | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Inter-agency procedures and protocols</li> </ul>   |  |
| Partnership working | <p><b>Dundee</b></p> <ul style="list-style-type: none"> <li>- Inter-agency Steering Group and protocols</li> <li>- A written review has raised ISMS profile</li> </ul>  | <p><b>Edinburgh</b></p> <ul style="list-style-type: none"> <li>- Multi-agency Steering &amp; Implementation Group, linked to wider Children's Services Strategy Group</li> </ul>   | <p><b>Glasgow</b></p> <ul style="list-style-type: none"> <li>- Seven key programme elements</li> <li>- Includem provide the intensive support</li> <li>- Expanding education capacity</li> <li>- Shortage of</li> </ul>  | <p><b>Highland</b></p> <ul style="list-style-type: none"> <li>- Individual programmes delivered by NCH and a range of other services depending on needs</li> </ul>                      | <p><b>Moray</b></p> <ul style="list-style-type: none"> <li>- Tailored programmes</li> <li>- Emphasis on building relationships before moving young people into groupwork</li> <li>- Capacity issues given it is a small</li> </ul>                | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Includem provide the intensive support</li> <li>- A range of other services depending on need</li> </ul>   |  |
| Service provision   | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Programmes delivered by core ISMS staff, Includem, Intensive Family Support Service and others as required</li> <li>- Has education providers within</li> </ul> | <p><b>Edinburgh</b></p> <ul style="list-style-type: none"> <li>- Emphasis to be on delivering integrated social and education programmes on a multi-agency basis on a single site</li> <li>- Includem provide the intensive</li> </ul> | <p><b>Glasgow</b></p> <ul style="list-style-type: none"> <li>- Seven key programme elements</li> <li>- Includem provide the intensive support</li> <li>- Expanding education capacity</li> <li>- Shortage of</li> </ul>  | <p><b>Highland</b></p> <ul style="list-style-type: none"> <li>- Individual programmes delivered by NCH and a range of other services depending on needs</li> </ul>                      | <p><b>Moray</b></p> <ul style="list-style-type: none"> <li>- Tailored programmes</li> <li>- Emphasis on building relationships before moving young people into groupwork</li> <li>- Capacity issues given it is a small</li> </ul>                | <p><b>Dunbartonshire</b></p> <ul style="list-style-type: none"> <li>- Includem provide the intensive support</li> <li>- A range of other services depending on need</li> </ul>   |  |

|                         | <b>Dundee</b>  | <b>East<br/>Dunbartonshire</b>   | <b>Edinburgh</b>  | <b>Glasgow</b>  | <b>Highland</b>  | <b>Moray</b>  | <b>West<br/>Dunbartonshire</b>  |
|-------------------------|--|--|---|---|--|---|---|
|                         | <p>minimum</p> <ul style="list-style-type: none"> <li>- Has monitoring system and activity sheets completed each week</li> <li>- Gather data on offences from the police</li> <li>- Can log 'incidents of concern.'</li> </ul> | <p>the Team</p> <ul style="list-style-type: none"> <li>- Shortage of accommodation</li> </ul> <ul style="list-style-type: none"> <li>- Monitoring being carried out internally to meet Scottish Executive requirements, but no substantial activity</li> </ul> | <p>support</p> <ul style="list-style-type: none"> <li>- Monitoring being carried out internally to meet Scottish Executive requirements</li> <li>- Review all cases on a monthly basis</li> </ul> | <p>accommodation</p> <ul style="list-style-type: none"> <li>- Capacity issues in mental health</li> </ul> <ul style="list-style-type: none"> <li>- Monitoring being carried out internally to meet Scottish Executive requirements</li> <li>- Comprehensive evaluation being undertaken internally</li> </ul> | <p>Monitoring being undertaken by the Programme Manager. Will meet Scottish Executive requirements</p> <ul style="list-style-type: none"> <li>- Evaluation being undertaken by UHI Millennium Institute</li> </ul>       | <p>team covering a wide geographical area</p> <ul style="list-style-type: none"> <li>- Evaluations being undertaken of the Moray youth crime strategy and of the Youth Justice team</li> <li>- Monitoring data routinely collected. Meets Scottish Executive requirements</li> <li>- Gather data on offences from the police</li> <li>- A persistent young offender is tracked for up to 19 months</li> </ul> | <ul style="list-style-type: none"> <li>- Monitoring being carried out internally to meet Scottish Executive requirements, but no substantial activity.</li> </ul> |
| Monitoring & evaluation | <ul style="list-style-type: none"> <li>- Large fall in offending and ASSET scores of those on ISMS</li> <li>- Also some improvements in education</li> </ul>   | <ul style="list-style-type: none"> <li>- All cases are believed to have engaged well with the process and have changed behaviour and lifestyle</li> </ul>  | <ul style="list-style-type: none"> <li>- Systems being devised to measure changes in offending</li> </ul>   | <ul style="list-style-type: none"> <li>- Falls in offending and seriousness of offending</li> <li>- Fall in secure admissions</li> <li>- 80% compliance rate</li> </ul>   | <ul style="list-style-type: none"> <li>- Belief that the low number of ISMS cases is a result of the support offered from assessment</li> <li>- However, outcomes for the ISMS cases have not been successful</li> </ul> | <ul style="list-style-type: none"> <li>- Successful outcomes in two cases in terms of reduced re-offending and improved lifestyles</li> </ul>   | <ul style="list-style-type: none"> <li>- Aim is to reduce the number of young people in secure and indications that this is happening</li> </ul>                  |
| Success measures        |  |  |   |   |  |   |   |

## Dundee

### *Context*

3.11 Although Dundee City Council is geographically the smallest local authority in Scotland, the City is home to a population of 142,160 (2006 figures)<sup>9</sup>, making it the fourth largest city in Scotland (and representing 2.8% of the Scottish population). Of this population, 10,028 (7.1%) are between 12 and 17 years of age, with 4,914 females and 5,114 males. Dundee City is almost exclusively an urban area, with 99.5% of the population living in urban areas and 0.5% living in accessible rural areas. With 2,376 persons per sq km, the City is also one of the most densely populated local authority areas in Scotland<sup>10</sup>.

3.12 Deprivation in the City is higher than the Scottish average, with 21.8% of Dundee's data zones in the most deprived decile in the nation<sup>11</sup>. 18.6% of the local authority population is classed as income deprived<sup>12</sup> and some 16.9% of the working age population are deemed employment deprived in Dundee. This compares with 13.9% and 12.9% respectively in Scotland as a whole.

3.13 The deprivation is reflected in statistics from the education sector, with 2,891 primary school pupils and 1,646 secondary school pupils (29% and 21% of school roll respectively) entitled to free school meals in 2007<sup>13</sup>. According to Scottish Neighbourhood Statistics, educational attainment for teenagers is poorer than in Scotland as a whole, with 85.5% of the S4 roll in Dundee attaining SCQF level 3 or better in both English in Maths in 2005, compared to 91.0% of S4 pupils across Scotland. In Dundee City schools, there were a total of 2,272 exclusions from school for 2005/06, 1,927 of which were from secondary schools<sup>14</sup>. The exclusion rate for that year was 122 per 1,000 pupils and all exclusions were temporary.

3.14 The Scottish Neighbourhood Statistics indicate there were 15,593 recorded crimes in the city over 2005-06 (3.7% of the Scottish total) and more than 1,500 house breakings (again, 3.7% of the Scottish total).

3.15 The Scottish Executive indicates that Dundee had around 474 children being looked after in March 2006<sup>15</sup>, which represents 1.6% of the population under 19 years old in Dundee. Of these, 307 were looked after away from home, with 47 in residential care. 54% of care leavers beyond minimum school leaving age had at least one qualification at SCQF level 3 or above in Dundee in 2005/06.

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<sup>9</sup> Mid-2006 Population Estimates Scotland: <http://www.gro-scotland.gov.uk/files/05mype-cahb-booklet.pdf>

<sup>10</sup> Mid-2006 Population Estimates <http://www.gro-scotland.gov.uk/files1/stats/mid-2006-population-estimates-scotland/j852715.htm>

<sup>11</sup> Scottish Index of Multiple Deprivation 2006.  
<http://www.scotland.gov.uk/Topics/Statistics/SIMD/simd2006statcompend1overa>

<sup>12</sup> Scottish Index of Multiple Deprivation 2006.  
<http://www.scotland.gov.uk/Topics/Statistics/SIMD/simd2006statcompend2domai>

<sup>13</sup> School Meals in Scotland 2007. <http://www.scotland.gov.uk/Resource/Doc/178917/0050920.xls>

<sup>14</sup> Exclusions from Schools 2005/06. Published January 2007.

<http://www.scotland.gov.uk/Publications/2007/01/30100624/0>

<sup>15</sup> Looked After Children 2005/06 <http://www.scotland.gov.uk/Publications/2006/12/08105227/0>

## ***Data on cases***

### *ISMS cases*

3.16 The high level data on the ISMS cases is provided in Tables 3.1 and 3.2. There were eleven ISMS cases in total in Dundee, ten of which were male. It appears that males are more likely to receive ISMS in Dundee whereas females are more likely to receive secure accommodation if they appear at risk to themselves or from others, e.g. around sexual exploitation. The programme seems to have demonstrated its ability to tackle the behaviour of those that are a risk to others, e.g. young male offenders, but has not yet demonstrated this ability to extend beyond this to other cases. However, the ISMS Team argues that this position may be changing as they and other partners become more comfortable and confident about assessing and managing risk. The Team points out that recent referrals, from practitioners and from Children's Hearings, have largely been for those who are at risk to themselves through absconding and at risk from other people rather than solely for offending reasons. Three of these referrals are vulnerable females. The Team believes that the programme is therefore adapting to the needs and the risks of the young people meeting the Section 70(10) criteria.

3.17 The vast majority of cases are older children, with only four cases under 15 at the start of their ISMS programme. The curfew times are usually some time from 2100-2230 up to 0700 each day.

3.18 The average MRC in place was for 62 hours per week, or 9.5 hours per day (9.30pm to 7am). As stated earlier, the maximum MRC was 7pm to 7am (12 hours per day) and the minimum 9.30pm to 7am on weekend nights. Nine out of eleven young people on ISMS received a curfew seven nights per week.

3.19 However, there was a definite trend for those subject to ISMS towards the end of this evaluation period whereby, if possible, the curfew was reduced and used on less than seven days per week. This variation in this use of the curfew reflects the attempts of those working with the young people to be more creative in the use of the MRC and impose the restriction around key offending times such as weekends, rather than imposing a blanket approach.

### *Intensive support service cases*

3.20 There have also been 27 intensive support service cases. As ISMS has progressed, the rate of young people receiving ISMS has dropped (eight cases in the first year and three in the second), while the rate of those receiving intensive support only has accelerated. This, the ISMS Team puts down to more timely, preventative work being undertaken with young people before they start meeting section 70(10) criteria, meaning that an MRC is not needed for these cases and neither do they require the same level of intensity of support as may have been required without this early intervention.

3.21 However, despite this higher number of intensive support service cases, the ISMS Team in Dundee state that they remain fully committed to implementing ISMS for cases where it is felt to be required and deemed appropriate.

### ***Motivation for participation***

3.22 The motivation behind submitting the bid and implementing ISMS was two-fold. Firstly, Dundee (like other LAs), was using high numbers of secure places for young people either putting themselves and/or others at risk. ISMS was therefore seen as a viable alternative to the need for a secure placement. Secondly, Dundee had an existing support network of teams covering issues such as youth justice, supported education, supporting families, etc. What these existing supports did not have was the ability to implement the services on an intensive level and ISMS was seen as a catalyst to do this. ISMS was intended to build on this already existing foundation of support networks in Dundee.

### ***Delivery***

3.23 The Council admits to a cautious approach to the implementation of ISMS. Its bid was submitted in September 2004 and approved the following December. Committee arrangements for Council approval, e.g. commitments to posts and services, were made in January 2005 and recruitment started in February. Interviews for the ISMS Programme Manager position occurred in April 2005, with the Programme Manager starting in June 2005. The first ISMS assessments began in July 2005.

3.24 The Council argued that they had learned from their involvement in the Fast track Children's Hearings pilot<sup>16</sup> that people and an infrastructure had to be in place before a programme could get properly underway. It believed that this happened in the Youth Courts pilot elsewhere and that it worked more successfully as a result.

### ***Funding***

3.25 There was some uncertainty about funding before ISMS could be rolled-out in Dundee. The terms of the funding only came through in June 2005. The confirmation of funding meant all aspects of the infrastructure could be put in place, but by that time this had caused some delays with the implementation timetable. Continued doubts over funding has made the programme difficult to resource.

### ***Delivery against expectations***

3.26 In its original proposal, the Council estimated that about ten children a year would be placed on ISMS and another ten would be assessed with no disposal made. It has come close to meeting its original estimate for ISMS cases in the first year and exceeded its overall assessments estimate. However, as explained earlier, there has been a reduction in the number of ISMS cases in 2006-07. This reduction has not been reflected in an increase in secure places being used in Dundee. Secure places used by Dundee continue to fall.

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<sup>16</sup> Scottish Executive, "Fast Track Children's Hearing Pilot: final report of the evaluation of the Pilot". March 2005. <http://www.scotland.gov.uk/Resource/Doc/54357/0013029.pdf>

### *Role of the Programme Manager*

3.27 In our stakeholder survey, a number of stakeholders suggested that while they were supportive of the Programme Manager and his efforts in establishing the programme, they also felt he was too closely involved in cases so that the cases (and by extension the programme) was too heavily dependent on him. The Programme Manager accepted this criticism and said that over early 2007, he has scaled down his level of involvement. A social worker (with a residential background) has been tasked with undertaking a lot of the coordination and core planning activity, including attendance at Children's Hearings. The role of the ISMS Social Worker is to carry out a real hands on, specific and time-limited therapeutic work (e.g. anger management, consequential thinking) as well as family work, parental work and/or sibling work alongside the case-holding social worker. It is her role, together with the social worker, to help co-ordinate and plan the supports that continue to be in a position to manage the risks presented. A number of students have also been taken on to assist the ISMS Social Worker.

### ***Referral and assessment***

#### *Multi-agency approach*

3.28 There is a multi-agency approach to assessment in Dundee. To identify suitable cases for ISMS, there are multi-agency screening meetings, involving the ISMS Programme Manager, of young people in residential placements and other secure environments. Young people meeting the criteria for secure care are also subject to an ISMS assessment and this ensures that high tariff young people (who meet Section 70 (10) conditions) are being reviewed for suitability for ISMS on a regular basis. Panel Members have become more proactive in the process, e.g. asking for a Hearing to be continued for ISMS to be considered.

3.29 Work is also going on with other teams, such as the ASBOs Team, to examine cases where there may be crossover, e.g. in asking the ASBOs Team to hold off on an application for an ASBO for a young person until the ISMS Team has had a chance to look at the case.

3.30 The ISMS Team believes that the process from referral to assessment could become more streamlined. There is an attempt to move towards a single shared assessment and an acceptance of GIRFEC<sup>17</sup> principles, but the system needs to become more integrated to do this properly and that means building trust across agencies, which is happening but still has some way to go.

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<sup>17</sup> GIRFEC stands for Getting It Right for Every Child. It is a programme of work produced by the then Scottish Executive for reform of children's services based on a wide consultation phase. At its heart, it is about ensuring that every child in Scotland gets the help it needs, reducing the bureaucracy that gets in the way of protecting children and taking action to protect others from children's behaviour where necessary. <http://www.scotland.gov.uk/Resource/Doc/131460/0031397.pdf>

### *Nature of assessments*

3.31 The assessments are intensive, particularly as the young person has to engage with support during the assessment period. The young person can, however, be fast-tracked through the process, e.g. if assessments have been undertaken in the past. It is possible that assessments can be postponed, e.g. to see how the young person reacts in a foster care setting. Assessments can also be discontinued, e.g. if a parent refuses for the young person's tag to confine him/her to the house. ASSET is used if offending is an issue in the young person's circumstances.

3.32 On average, an assessment is taking around 4.5 weeks in Dundee, with a range of 4 days to 62 days. The length of the assessment depends on how confident the team is that they can manage the risk. This seems to demonstrate a flexibility in assessment approach that does not happen in other areas (where assessment tends to be more systematic).

### ***Partnership working***

#### *Inter-agency approach*

3.33 There is an inter-agency Steering Group for ISMS in Dundee that reviews the implementation of ISMS on a bi-monthly basis. The LA believes that the effectiveness of managing to sustain a multi-disciplinary approach across agencies and disciplines and a shared corporate responsibility in ISMS cases is a major factor underpinning what it considers to be a successful programme.

3.34 Inter-agency protocols for a number of agencies (including Social Work, Education and Includem) have been devised by the ISMS Programme Manager. In doing this, the first ISMS cases were reviewed so that the expectations of the various agencies were refined and all of the agencies are effectively linked in to carry out the programme.

#### *Linkages with Education*

3.35 The Council believes that linking in Education and giving them funding in return for guaranteed services has been important in guaranteeing Education's participation from an early stage. Education has the resources to deliver what is required for ISMS. Each young person subject to ISMS is guaranteed a full-time and flexible education that fits their needs and stage/style of learning, as well as playing a fundamental part of the overall plan to manage the risks presented.

#### *Role of feedback*

3.36 Dundee City Council believes that ISMS started receiving positive feedback from the Children's Hearings System and from social workers when they began to see evidence of positive outcomes from the programme and the awareness of ISMS increased. Gradually, the monitoring element became seen as being appropriate for some young people. The ISMS Programme Manager provided a written review of ISMS that raised its awareness among social workers and their teams, across all levels including senior managers. This, it is argued, led to greater confidence in ISMS and more appropriate case referrals.

### *Linkages with the Courts*

3.37 The ISMS Team has also attempted to build-up the credibility of ISMS with the Courts in an attempt to get older young people referred back to the Children's Hearings System so that they can be considered for ISMS.

### *Joined-up reviews*

3.38 The young people on ISMS are also reviewed by Looked After Children (LAC) Review officers on a monthly basis. The young people, their families, Social Work, Education, Health, Includem and other supports all play a part in this review system.

3.39 If needed, the care plans for young people subject to ISMS are formally reviewed by the ISMS core team on a weekly basis, whereby the care plan is amended accordingly. The Programme Manager and/or the ISMS Social Worker meets the Includem Senior Project Worker on a weekly basis to review each active ISMS and intensive support service case to see how the intensive supports need to be amended with the changing circumstances.

### ***Service provision***

#### *Education*

3.40 The Programme Manager sees full-time education to be a critical part of the ISMS programme. If the young person has an existing mainstream education place at assessment, the Programme Manager will decide, in consultation with the young person, their family and their school, whether this can be sustained with or without added ISMS support. If the young person does not have an existing mainstream education placement at assessment or a school place is not sustainable, the ISMS education worker will seek a full-time placement in a supported off-site environment. Education is the main element of an ISMS programme and is around 30 hours per week for those on the programme.

#### *Includem*

3.41 Includem is the main external services provider. Includem started work with the Council in October 2004 and brought a new kind of service to Dundee. The first three months was an induction with the Council. They started work in the city in January 2005 and a number of young people have received intensive support since then.

3.42 All young people receiving ISMS are supported by Includem (the level of support provided by Includem is dependent on their changing level of risk and need).

3.43 Includem provides tailored support, including structured work covering offending and related issues; social, life and survival skills; addresses social exclusion; provides social and leisure activity to develop relationships; provides structured work with young people and families; and provides structured work with key support workers.

3.44 Throughout the assessment period, Includem will meet the young person and his/her family on approximately four occasions per week. This level of contact continues if the young person is given ISMS and they will receive approximately ten hours of support from Includem each week, which continues on to the throughcare part of the programme that is now for double the length of time that the young person was on ISMS to build on the progress that a young person has made on the programme and to continue to work with them when they turn 16. The Programme Manager has purposely set Includem support at this level so that he has the flexibility to increase contacts during periods of lapse or relapse (as well as reduce contacts if the young person's circumstances begin to settle) and to allow the flexibility to increase other contacts on other core elements of support. This level of support from Includem is typically less than in the other phase 1 LAs in which Includem operates. This has caused some tension between the ISMS Team and Includem, but this has been discussed openly between the parties and is being managed.

#### *Social Work*

3.45 All young people receiving ISMS are also supported by Social Work. Social Work is also integrated into the programme in support, planning and delivery and a social worker sees the young person and their parents once a week to discuss their care and support and how their care plan needs to develop.

#### *Housing*

3.46 Accommodation has been a problem in Dundee. The LA said that more young people would have been made subject to ISMS and retained in their community if they had suitable accommodation, but some young people assessed had no family or carer in Dundee. The LA believes that additional carer type placements would allow ISMS to apply to more young people.

#### *Other resources*

3.47 There are also a number of other resources – health; alcohol and substance misuse; reparation and empathy development; education, training and careers; family work; social and leisure activities; and intensive support by NCH for 16 to 17 year-olds returning home from secure care or custody.

3.48 Some of the young people on the programme have received drug and alcohol counselling (approximately four hours a week) and a small number have received support from Child Psychiatry. The programme has used SACRO for some mediation work and most young people have linked into the community education department to secure appropriate community-based activities.

### *Matching supports with needs*

3.49 The Programme Manager stated that in his first ISMS case, he believed that he overloaded the young person with support and this indirectly led him to breach his curfew. He thought then that the intensity of the programme was unsustainable. **He now tries to ensure that the level of supports and intervention match the level of risks presented**, e.g. if circumstances are settled, the level of intensity is less if the young person and his/her family are experiencing a crisis. This is intended to provide a level of stability for the young person and their family to start to resolve their problems over a longer period of time. With the doubling of the throughcare period, the average length of time of the programme from point of assessment to point of full exit is nine months.

### *Monitoring and evaluation*

3.50 The ISMS programme in Dundee has developed and changed focus since becoming operational following ongoing review, examination and evaluation of the processes and levels of intervention and controls required on the programme. This process of evaluation and change is intended to continue throughout the lifetime of the programme.

3.51 The ISMS Team input information on all ISMS cases from initial assessment and update regularly. There is also historical data on those receiving intensive support.

3.52 There are activity sheets completed each week on what has been provided, including resources and costs.

3.53 There are protocols with the Police and the ISMS Team is informed of the number and nature of offences by the young person as part of their assessment. These are activated in the LAC system after ISMS is granted, and there are regular meetings with various agencies to update on progress.

3.54 There is also the corporate system that can provide information on those on secure, Young Persons' Units (YPU), etc.

3.55 To gain a full picture of the young person pre- and post-ISMS, the ISMS Team can log 'incidents of concern', e.g. type and nature of offence, care issues and absconding.

### *Success measures*

#### *An alternative to secure accommodation*

3.56 **The Council believes that ISMS is contributing to cost savings and good practice because ISMS is helping children to stay in the community rather than the high costs of keeping them in secure accommodation.** There has been a reduction in the number of secure admissions, in the average length of stay and in the occupancy rates within secure accommodation. The number of secure admissions (into The Elms Secure Unit and to external providers) has usually been running in the high twenties for the previous four years, but dropped to 15 cases in 2006-07. This fall has been for both sexes, but it has been particularly pronounced for males.

3.57 This reduction was an expressed aim of the Council that it seems to be achieving. It suggests that ISMS is seen as being aimed at high tariff children involved in risk-taking behaviour who otherwise may be in secure accommodation. The combination of the possibility of lower costs and more successful outcomes is seen as very positive in Dundee.

#### *Impact on offending*

3.58 **The ISMS Team report significant falls in offending behaviour before and after ISMS.**<sup>18</sup> The reduction in offending of ISMS cases six months pre-assessment and six months post-assessment was 70%. 12 months pre-assessment and 12 months post assessment (for cases where there is information available), the fall was 52%. These large falls were experienced for a number of categories of crime, including acts of dishonesty, serious offences and antisocial offences. In two cases, the young person was subject to secure Place of Safety Order after a period of non-compliance, but returned to ISMS after a temporary spell (13 days and 21 days respectively). In another case, a young person was placed in secure on their throughcare phase for one day. Secure accommodation is therefore being used in conjunction with ISMS to manage young people at times when their behaviour is becoming riskier. This, again, demonstrates the flexibility of approach in Dundee. It also demonstrates that the falls in offending rates had little to do with the use of secure accommodation during ISMS.

3.59 **The reduction in offending behaviour traits is also demonstrated** by the reduction in ASSET scores. For those on ISMS, the average ASSET score was 29 at assessment, 20 on coming off the MRC and 20 on ISMS exit (after the throughcare phase).

#### *Attendance rates*

3.60 **Education attendance has also improved for ISMS cases, with a 66% attendance rate after ISMS compared to a 37% rate before it.**

#### *Constraints*

3.61 **The Team believes that ISMS does work, but it is difficult to get favourable outcomes in cases where problems are more entrenched. Another difficulty is that many of the young people coming off the MRC are 16 and resources are not as available to help them afterwards, although the Team does try to help where it can.**

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<sup>18</sup> Based on police data analysed by the ISMS Team and reported to this evaluation.

### *Reasons for success*

#### **3.62 The Programme Manager is of the view that ISMS has been a significant success in Dundee for a number of reasons.**

- **The MRC** – young people are saying that the MRC enables them to avoid their peer group and parents believe that it acts as a temporary means to control the whereabouts of their children that allows the ISMS team to work with the young people and their parents to provide them with the skills with which to impose this control when the MRC ends.
- **Education** – as a means of bringing structure and direction to a young person's life.
- **ISMS being an alternative to secure** – so that the young people have the responsibility and commitment to make the programme work.
- **The crisis hotline run by Includem** – parents say that during periods of hostility, the helpline is very useful to express concerns about behaviours and discuss methods to resolve the hostility with the potential of Includem visiting to support.
- **The flexibility of Includem support** – being able to increase or decrease contact hours depending on changing circumstances.
- **Feedback from Serco on non-compliance** – which assists the ISMS Team in terms of risk assessment and management.
- **The temporary crisis accommodation facility** – which can ease tensions at a young person's home and allow the ISMS Team to continue to work with the young person and their parents to help to get the programme back on track.

### *Evaluator's view*

3.63 Dundee has been one of the better performing areas in implementing ISMS. It has been helped by a Programme Manager taking full responsibility for delivering and driving the programme from an early stage. However, there are dangers in a Programme Manager taking on too much of a 'hands-on' role. This has been recognised and more authority has been delegated recently.

3.64 There was a steady throughput of cases in the first year, but the number of cases has been dropping off since. It appears that the LA is now using intensive support only and more preventative measures more, but is still supportive of ISMS where appropriate.

3.65 The ISMS Team have done well to collect outcome data on cases, which have demonstrated the strengths of the programme.

## East Dunbartonshire

### *Context*

3.66 East Dunbartonshire is the 20<sup>th</sup> largest local authority in Scotland, with a population of 105,460 in 2006<sup>19</sup>, which represents 2.1% of Scotland's population. Of this, there are 8,948 (8.5%) people between 12 and 17 years-old, of which 4,249 are female and 4,699 are male. East Dunbartonshire is defined predominantly as an urban area, with 59% of the population living in large urban areas, 27% living in other urban areas, 7% living in accessible small towns and 7% living in accessible rural areas<sup>20</sup>.

3.67 Deprivation in the area is lower than the Scottish average, with only 1.6% of the local authorities' data zones in the most deprived decile of data zones in Scotland on the Scottish Index of Multiple Deprivation in 2006. Approximately, 7820 (7.3% of the population) are deemed income deprived and some 8.1% of the working age population are deemed employment deprived in East Dunbartonshire. This compares with 13.9% and 12.9% respectively in Scotland as a whole<sup>21</sup>.

3.68 The relatively low levels of deprivation are reflected in statistics from the education sector, with only 8% of primary and secondary pupils entitled to free school meals in 2007. Educational attainment for teenagers is better than in Scotland as a whole, with 96.6% of the S4 cohort attaining SCQF level 3 or greater in both English and Maths in 2005 compared to 91% for Scotland as a whole. In local authority schools, there were a total of 710 exclusions from schools, which represents 1.7% of the Scottish total. The exclusion rate is equal to 40 per 1,000 pupils and, of the total, 708 were temporary<sup>22</sup>.

3.69 The Scottish Neighbourhood Statistics indicate there were 4,622 crimes recorded by police in the local authority area (around 1% of the Scottish total) and 426 house breakings (1.4% of the Scottish total) in 2005/06. Alcohol addiction and gangs are particular problems in the area.

3.70 The Scottish Executive indicates that East Dunbartonshire had around 113 children being looked after in March 2005 (approximately 5 per 1,000 children aged 0 – 17), of which 55% were boys and 77% were under 16. 23 were being looked after in residential care. 63% of those aged 16 and 17 leaving care in 2005/06 had at least one SCQF at level 3 or above, and 38% of this group attained English and Maths at SCQF level 3.

### *Data on ISMS cases*

3.71 As in Dundee, the focus has been more on older children, with all cases aged 15 years and older (two males and one female). The LA did expect to have younger cases as there were younger cases that met the Section 70(10) criteria. All of the MRCs were for between 13 and 21 weeks.

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<sup>19</sup> General Register of Scotland 2006 mid-year estimates

<sup>20</sup> Scottish Executive Urban Rural Classification, 2005/06 <http://www.scotland.gov.uk/Resource/Doc/933/0034463.pdf>

<sup>21</sup> Source: Scottish Index of Multiple Deprivation 2006

<http://www.scotland.gov.uk/Topics/Statistics/SIMD/simd2006statcompend2domai>

<sup>22</sup> Exclusions from Schools 2005/06. Published January 2007.

<http://www.scotland.gov.uk/Resource/Doc/164454/0044803.pdf>

3.72 East Dunbartonshire has now had 17 intensive support service cases (without an MRC), including five early intervention cases<sup>23</sup>. These cases are between 14 and 17 years-old and were mostly females.

### ***Motivation for participation***

3.73 East Dunbartonshire's interest in ISMS stems, in part, from the LA having identified a gap in its provision of services to children. A review of the needs of children and young people meeting Section 70(10) conditions, the most vulnerable young people, has shown that resources for services in the areas of education and skills had been exhausted. ISMS, which offered an opportunity to partly to address this, was therefore incorporated into the LA's Youth Justice Strategy.

3.74 In addition, the LA viewed ISMS as a natural development in the direction of youth strategy nationally and some of its key partners, Includem and West Dunbartonshire Council, were also going to be participating.

3.75 Nevertheless, there is a concern within the authority that there still remains a gap in the provision of services for children and young people who do not quite meet Section 70(10) conditions, as well as for children and young people who do meet the conditions but where the benefit would be in the provision of intensive support rather than electronic monitoring. The latter are typically children and young people at risk of harming themselves or of being harmed (as opposed to being involved in offending) and for whom an electronic tag might cause unnecessary and additional stress.

### ***Delivery***

3.76 In the early months of the programme, much of the activity consisted of resolving staffing issues and developing policies, systems and procedures. This activity is now complete and ISMS have been available as a means of disposal in East Dunbartonshire since May 2005.

3.77 The post of Programme Co-ordinator was been created for the day-to-day management of the programme and has been staffed on a permanent basis since late 2005.

**3.78 The ISMS team in East Dunbartonshire won the Scottish Social Services Council (SSSC) Care Accolades Award in 2007 in the category of 'initiatives that promote integrated working which improve services', as well as winning the overall title.**

### ***Multi-agency approach***

3.79 A Joint Authority Multi-Agency Steering Group covering East and West Dunbartonshire was set up to oversee the strategic direction of the programme and advise the areas' respective youth justice organisations. In East Dunbartonshire, this is the Youth Issues Strategy Group. Recently, both LAs have begun to develop their own local strategies and this is viewed as a natural progression.

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<sup>23</sup> Early intervention cases are those which did not at the time meet secure criteria but, without intervention, would be likely to, therefore avoiding the escalation of risk factors.

3.80 Overall responsibility for the programme within the LA rests with the Social Work Children & Young People Fieldwork Manager, the lead officer for Youth Justice. In addition to her regular lines of reporting, she reports directly to the Youth Issues Strategy Group and to the Multi-Agency Steering Group.

### ***Assessment***

3.81 ISMS is considered in all cases that meet the Section 70(10) criteria, however, the most common reasons for it being unsuitable are for vulnerable girls who may not be safe in their home (in these cases an MRC will not prevent absconding, but will cause additional stress for the young person). Other young people often do not have home environments that are able to support an MRC, although the LA is considering providing training for a small group of ISMS foster carers to address this issue.

### ***Screening***

3.82 Screening is carried out by the existing Authority Liaison Group, which meets regularly and brings together senior managers in Social Work, Education and Integrated Children's Services and the Principal Psychologist. This group also carries out secure screening.

### ***Assessment methods***

3.83 After screening, the young person attends the ISMS base and a variety of assessment methods are used, e.g. forensic assessment tools such as SAVRY (assesses risk of violent behaviour), the BarOn scale (provides an emotional intelligence rating) and SPSI (a social problem solving scale). These assessments are carried out by trainee forensic psychologists. In addition, the ISMS team uses YLS and the Adolescent Wellbeing Scale. These assessments indicate the areas on which the young person's care plan should concentrate as well as providing baseline measures and considering change.

3.84 The assessment also involves relationship building with the young person and their carers and getting their input into the process. Teen-Talk sessions<sup>24</sup> are held to do this. The Programme Manager believes that more could be done, however, to extend the involvement of the young people and their carers in the assessment process.

### ***Reporting***

3.85 A report is produced by the ISMS Programme Manager after the assessment that goes to the Children's Hearing. At the last Hearing, a joint report was produced with Social Work (previously independent reports were produced). Feedback from the Panel was favourable and doing this for subsequent assessments is being considered.

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<sup>24</sup> Teen-Talk is a comprehensive resource for working with young people that includes assessment sessions and issue-based work sessions. It is young person focused and gets the young people to express their own views, seek their solutions for solving problems, etc.

### *Length of assessment*

3.86 It is felt that 21 days is not enough for a full ISMS assessment and that the period should be extended to 6-8 weeks<sup>25</sup>. The Hearing can agree to return for a further review at an agreed time to allow the assessment to be completed.

### *Partnership working*

3.87 East Dunbartonshire has agreed procedures and protocols with all its partners (police, Includem, Reliance, Education, Mental Health, etc). One of the focuses of ISMS in East Dunbartonshire is to integrate it with Youth Justice in general.

3.88 There has been multi-agency joint training, and joint service delivery for offending children, in the Step Out programme, which is a cognitive behavioural programme that works with young people in gangs with the aim of reducing gang violence. Gangs are a particular problem in the LA area. The ISMS and Youth Justice teams also jointly provided Panel Member training, which combined a session in the ISMS base and another session off-site.

### *Service provision*

3.89 Individual ISMS programmes are delivered by ISMS core staff, Includem, the Intensive Family Support service (internal council service) and various other partner organisations as required.

3.90 There has been a learning curve in the introduction of ISMS, however, systems have been developed and put into place. Relationships with Includem, Education and the police are strong, but there is work to do to develop the relationships with Housing and Mental Health Services. The relationship with the monitoring provider was thought to be better when Reliance delivered this service than with Serco, which is not considered as responsive and less child-centred.

### *Education*

3.91 The LA does much of the teaching itself and the ISMS Team includes two teachers and an auxiliary. Where the educational needs of ISMS children cannot be met by the ISMS Team, the Team either undergoes the relevant training (e.g. one Team member is now trained to deliver careers guidance) or develops linkages with other providers, such as colleges and schools (e.g. an ECDL course with Cumbernauld College). Given that the ISMS cases have been older than expected, this has been particularly important.

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<sup>25</sup> The ISMS Team in East Dunbartonshire is of the view that Children's Hearings Legislation does not allow for an assessment order other than for 21 days. Scottish Government guidance does state that an ISMS assessment should be for six weeks, but there may be some confusion here about whether ISMS is an actual 'order' or the attachment of an MRC as a supervision requirement (with intensive support having to be automatically provided).

## *Housing*

3.92 **There is a shortage of supported and affordable accommodation in East Dunbartonshire.** This has resulted, so far, in one person not being recommended for ISMS given the need under the programme for local accommodation, and it may affect numbers of recommendations in the future. Some other programmes within the LA are similarly affected. Support from Includem has helped to improve the situation, but it remains critical. Developing links with through care housing services and foster parent training mentioned above are the main steps being taken to improve this.

3.93 Establishing residential respite services within the area is being considered locally and jointly with West Dunbartonshire, but this may not prove possible within the budget approved by the Scottish Executive. For the moment, the LA has the option of using Includem's facilities in Beith and at Faifley.

## *Preventative work*

3.94 In an effort to integrate the ISMS programme with the rest of the LA's social services provision, the ISMS Team is working cooperatively with the Youth Justice Team. Activity has focused on preventative work with children and young people to help prevent the escalation of problem behaviour.

## ***Monitoring and evaluation***

3.95 Monitoring and evaluation is being carried out internally by the ISMS Team, which has set-up a database that captures the monitoring and evaluative data required by the Scottish Executive. No substantial monitoring or evaluation activities beyond this are undertaken, although the Council has collected a certain amount of data that might provide further evidence of changes in behaviour, e.g. interviews with young people on covering outcomes and reflections. There has, however, only been limited analysis of this information.

3.96 The ISMS team received early assistance from the Council's Performance and Development Division in identifying sources for the data. Some of the data will be drawn from the CareFirst Social Work System, which East Dunbartonshire subscribes to and which captures information on all children receiving social services (e.g. age, gender and history of cases). Additional fields have been added to CareFirst to accommodate some of the additional data required under the ISMS programme. An ISMS database is being developed to collect detailed data, but IT problems have held back its development. Much of the data for the database (e.g. grounds for referral, school attendance and engagement with substance abuse services) will need to be drawn from a variety of sources, such as minutes of Steering Group meetings, the Strathclyde Educational Establishment Management Information System and, importantly, the Case Workers.

3.97 East Dunbartonshire has developed a list of indicators for predicting whether a child will meet Section 70(10) criteria. The list is based on existing research on children and young people that ended up in secure accommodation. The LA will use the indicators to correlate characteristics of children and young people receiving ISMS.

### *Success measures*

3.98 The ISMS Team believes that ISMS has been effective. Two of the three cases have performed particularly well.

3.99 **Since ISMS and intensive support services have been offered in the LA, there has been a reduction in the amount of secure accommodation time purchased and at least two young people have had an alternative to a Young Offenders Institution following a breach of bail conditions.** Although the numbers are small, the outcomes for young people who have had ISMS as bail conditions or as an alternative to YOI are reported by the ISMS Team to have been similar to other young people on ISMS in terms of reducing offending, reducing substance misuse, etc.

3.100 More widely for ISMS and intensive support service cases, measures of success, such as risk assessment scores, assessment of emotional intelligence and periods of absconson, have generally shown improvement and rate and risk of offending have been reduced without exception.

3.101 There is a worry that by the time young people reach the point of being considered for ISMS, it is already too late for some of them. Parental capacity to support a young person on ISMS is seen as critical to success. There have been attempts to engage with parents, with some success, but some parents remain unwilling to accept support.

### *Evaluator's view*

3.102 The East Dunbartonshire team has worked hard to get all the arrangements in place to deliver ISMS from an early stage. The integration of services to deliver ISMS has been particularly good and has been commended.

3.103 However, there has been a clear lack of throughput of ISMS cases. It appears that there is greater preference for using intensive support only as there are concerns about using electronic monitoring, especially for cases where intensive support is needed but the young person is not a risk to others.

## **Edinburgh**

### *Context*

3.104 In terms of population, The City of Edinburgh is the 2<sup>nd</sup> largest local authority in Scotland, with a population of 463,510 (9% of the Scottish total), of which 28,450 (6.1%) are between 12 and 17 years-old. Edinburgh City is defined as dense urban area, with 96% of the population living in large urban areas, 3% living in accessible small towns and 1% living in accessible rural areas.

3.105 There are proportionally fewer people affected by deprivation in the city than in Scotland overall, with 8.4% of the city's data zones in the most deprived decile of data zones in Scotland on the Scottish Index of Multiple Deprivation in 2006. Approximately, 11.4% of the population are deemed income deprived and some 9.6% of the working age population are deemed employment deprived in Edinburgh. This compares with 13.9% and 12.9% respectively in Scotland as a whole.

3.106 Having said this, the numbers indicated above highlight that deprivation is a problem for a sizeable minority in the city. This is reflected in statistics from the education sector, with 21% and 16% of primary and secondary school pupils respectively entitled to free school meals in 2007. According to Scottish Neighbourhood Statistics, educational attainment for teenagers is marginally better than in Scotland as a whole, with 91.1% of the S4 cohort in 2004 attaining SCQF level 3 or above in Maths and English, compared to 91.0% of the Scottish total. In the schools within the Edinburgh City LA, there were a total of 2,244 exclusions from school (a rate of 48 per 1,000 pupils), 2,180 of which were temporary exclusions.

3.107 The Scottish Neighbourhood Statistics indicate there were 49,848 crimes recorded by the police for 2005/06 (11.9% of the Scottish total) and 4,786 housebreakings (15.3% of the Scottish total).

3.108 The Scottish Executive indicates that Edinburgh had 1,196 children being looked after in March 2005 (1.4% of children aged 0 – 18), of which 54% were boys and 91% were aged under 16 years. 126 were being looked after in residential care. Some 51% of those aged 16 and 17 leaving care (2005/06) had at least 1 SCQF level 3 or above, with 33% attaining English and Maths at SCQF level 3.

#### ***Data on ISMS cases***

3.109 The young person does need to be 15.5 years-old or younger at the start of the programme as it can last up to two years (none of the other areas had this stipulation).

3.110 During this evaluation period, there were only two ISMS cases in Edinburgh, one of which only lasted a short period of time. There were 28 intensive support only cases.

#### ***Motivation for participation***

3.111 Edinburgh was keen to take part in phase 1 of ISMS to try out the new provision, which was seen as a useful alternative to secure accommodation. The intervention is seen as potentially being able to engage young people in the community, especially through the intensive support element. This is seen as crucial as the Secure Outcomes research<sup>26</sup> suggests that there are a significant number of young people in secure accommodation who could be sustained in the community. While there was some agnosticism around the effectiveness of the electronic monitoring element, because of the lack of firm evidence of its impact, there was significant support for the use of the intensive support element.

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<sup>26</sup>Universities of Stirling, Strathclyde and Glasgow, "Evaluation of Secure Accommodation." Scottish Executive: Edinburgh. June 2004. <http://www.scotland.gov.uk/Publications/2005/04/EvalSCIntR2>

## ***Delivery***

### *Problems in implementation*

3.112 The team that was originally involved in drawing together the bid for ISMS and implementing the early phases of the programme, was transferred to a new lead as part of wider youth justice responsibility. The formation of a new Department of Children and Families, incorporating the Education Department and Children and Families from within Social Work, involved considerable organisational upheaval, which affected the pace of development of ISMS. The simultaneous reorganisation of the departments of Finance and Human Resources also led to vacancies in staff dealing with ISMS. The centralisation of the Human Resources Department meant that it took many months to acquire a grading for the Programme Manager. There were additional problems around recruiting key staff for much the same reason.

3.113 **It took until April 2006 for an ISMS Programme Manager to be in post.** Having an ISMS co-ordinator in post was the intention from the start, but the timescale slipped due to recruitment processes and the high workload of those involved in planning ISMS.

3.114 Having promoted ISMS at the early stage, the LA did not promote the programme actively again until the Programme Manager was in place, as there was no one to coordinate and drive it on a day-to-day basis.

3.115 The LA emphasised that this was a new initiative that challenged aspects of the Children's Hearings System and traditional Social Work methods. It believes that some recognition should have been given for the time it would take for Panel Members and professional staff to understand fully the nature of the programme and to buy-in to its development. The way the programme was rolled-out seemed to be suggesting that LAs would get "*cash for tags*" and it took some time to break down the resistance to this. Not having a Programme Manager in place to tackle some of these issues hindered the LA from being able to do this.

### *Role of Programme Manager*

3.116 The Programme Manager appointed already had considerable experience of service development within the youth justice and integrated children services environment and was familiar with the ISMS processes and its challenges. His main priorities on appointment were to refocus the partnership and to assess the relative strengths and weaknesses of the existing programme. This resulted in a process of service redesign that involved staff at different levels across the partnership, which ultimately led to an amended model, better integrated with existing Children and Families services, and one which the whole partnership could accept. Moreover, the re-modelled service was carefully set within the context of Scottish Executive guidance on ISMS (which meant that the focus was on high tariff cases). It is believed that a multi-agency approach to assessment, incorporating intensive support, enables greater stability for the young person at the very start of the process and leads to a more coherent understanding of need and ongoing care planning. Another feature of the new model was the establishment of an ISMS base from which to deliver a range of integrated programmes for young people and their families, both within the centre and on an outreach basis (rather than the dispersed services model that was previously followed). The LA began operating the redesigned model in late 2006.

### *Progress in Year 2.*

3.117 The original bid was on the basis of 20 young people a year on the programme, including 10 on the full ISMS package at any one time. The LA advised that a lot of issues were not clear at that point. From the time funding was released until December 2006, there was only one MRC, although Includem had provided the external intensive support element for over 20 young people. From January 2007 to April 2007, there were a further two MRCs and it is noted that a further two are pending, with a further three assessments in progress. Because Edinburgh has a joint approach to the screening of secure care and ISMS places, the Council emphasises that all of these young people would have been placed in secure or residential school otherwise.

3.118 ISMS is now delivered by a multi-agency team at a co-located site for many, although not all, of its services at 'The Brae'. It officially opened in December 2006 and provides an integrated social, health and education service within and beyond the premises, and can operate from 8am to 10pm seven days per week, including public holidays.

3.119 The numbers on ISMS is expected to continue to increase as the Council now has its systems in place, but there are some difficulties around the rules guiding implementation, for example, the Section 70(10) conditions are a high hurdle to jump and many young people who might benefit from intensive support do not meet Section 70(10) conditions.

3.120 One of the obvious attractions of the ISMS programme, in the Council's view, is the scale of resources that are available to tackle the problems of young people who are at a critical phase. The key support that is now additionally available is the intensive support element. While the Scottish Executive insisted on the intensive support element being linked to electronic monitoring, Edinburgh thought that more flexibility would be useful. The allocation of funding from the Scottish Executive notes that the funding is on the basis of Edinburgh's bid and Edinburgh believes that it is important to assess each case carefully on an individual basis for suitability of ISMS or intensive support on its own. There is no longer significant resistance from staff to ISMS (or to the MRC itself), but each case is being weighed up individually to assess suitability.

### *Funding issues*

3.121 One consequence of the staff vacancies was a large underspend in the first year of operation. Some of this funding went into support services for particularly vulnerable/crisis young people and some of it went into teaching. The LA also put in place supervision groups for young people so that they have somewhere to go. The LA says that it has funded the programme itself for 2006-07, but has put a claim into the Scottish Executive that it expects to be met. However, the Executive is withholding funding for 2007-08 until the issue of funding for 2005-06 has been resolved and so Edinburgh is currently having to find funding from its own resources. **This, the LA states, has implications for the programme continuing.** The Department has some budgetary problems and this could lead to cuts in services. Some of the voluntary providers, in particular, are carrying a significant risk in continuing to deliver services.

## ***Referral and assessment***

### *Start of the process*

3.122 The process starts with a referral to the Joint Secure and ISMS Referral Group and, if a young person meets the Section 70(10) criteria, an Assessment Planning Meeting (APM) is held to establish who does what, why, and when within the assessment process, which culminates with a multi-agency Assessment Conference 4-8 weeks later. The Assessment Conference identifies the wider needs of the young person and his or her family and Action Plan is agreed. Following this, a draft ISMS Care Plan is drawing up and these are incorporated into the Practice Team social worker's report to the Hearing.

### *Joint approach*

3.123 There is a joint referral and assessment system with secure care. Additionally, every young person in secure care is screened for ISMS on a fortnightly basis by the Joint Secure and ISMS Referral Group. This provides a safe and effective route out of secure care and, currently, two young people in secure care are attending ISMS services on an outreach basis as part of the ISMS assessment process. Greater integration between secure services and ISMS is taking place. The LA is developing joint administrative systems between the services and early plans are in place to share resources. Already, the ISMS service has a worker seconded from secure care services and ISMS staff have had experiential placements within the secure care centres. There is a belief within Edinburgh that, *"integration is what creates fundamental change"*, although there was also a recognition that this requires time to bring about.

### *Assessment issues*

3.124 The new assessment process has been in place since the autumn of 2006. The LA believes that the lack of a proper and detailed assessment process was the main reason for the very low number of cases initially, although all the young people who received intensive support services were reviewed for suitability for ISMS.

3.125 However, the ISMS Partnership admits that it can be uncomfortable for professional social workers to be seen as *"driving the tag"* as it is quite alien to those who believe in a 'social welfare' model. Therefore, in assessment for ISMS, the Partnership has considered whether the MRC can complement the intensive support provision. **ISMS is strictly targeted at those young people who meet Section 70(10) criteria, however, the Partnership feel that they can be seen as, *"ruthless and not child centred"* if they withdraw services from those young people who do not meet the criteria but who have engaged well with support.** Under the guidance, they could have continued to provide intensive support to these cases but from their own funding.

### ***Partnership working***

3.126 Time has been spent in reconfiguring the ISMS service and this was achieved by October 2007. This period included supporting and reviewing 32 existing cases under the previous ISMS arrangements and developing a new integrated team, involving Social Work, Youth Justice, Education, the police, key local and national voluntary organisations and others. There is now a multi-agency ISMS Steering and Implementation Group that provides strategic oversight to the development of the service within the context of the wider integrated children's services agenda, including youth justice and community safety. It consists of the following stakeholders: Children and Families (Social Work, Education, Secure Care Services, Youth Justice, and Community Education), SCRA, Chair of the Children's Panel, Lothian and Border's Police, NHS Lothian (including CAMHS), 6VT, Includem, NCH, Emergency Social Work Service, and Serco.

3.127 There is also a link to the wider Children's Services Strategy Group, the Youth Justice Strategy Group, and the service is firmly located within the Children's Hearings System. The LA advises that links to other bodies, such as Housing, Leisure Services, are in the planning stages.

### ***Care planning arrangements***

3.128 To ensure the ISMS care plan is not developed in isolation of the wider care needs of the young person, Edinburgh has integrated the ISMS care planning arrangements with the LAC Review system. This also ensures independent scrutiny of the plans and provides a greater degree of accountability for all the services involved. The LAC process begins with an initial LAC meeting soon after the supervision requirement is imposed and, thereafter, a review will be held monthly. Meetings will be chaired by a Review Officer from Children and Families and will consider progress in relation to the overall care plan.

3.129 To avoid drift with the care plan, the ISMS Partnership has developed a Core Support Group system, which involves the key people in a young person's care plan, including the young person and his/her family/carers. These weekly meetings drive through the work agreed upon at the LAC review, and are unique to the Edinburgh ISMS model.

3.130 Prior to each subsequent Children's Hearing, a LAC review is held and this helps to shape the social worker's recommendation, therefore maintaining multi-agency ownership of the care plan and decision making. This is to ensure a multi-agency perspective on issues associated with non-compliance of the MRC.

### *Training and development*

3.131 Multi-agency training was conducted around ISMS at an early stage involving staff and Panel Members. A broad spectrum of people was trained, such as a number of staff from different LA departments and the voluntary sector. The training focused on key staff and managers, but later branched out to involve staff from all the partner bodies involved in the programme. However, with the redesign of the service, the Partnership has provided training on the new model to various professional groups, at both practitioner and managerial level, including social workers, teachers, health staff, youth justice staff, voluntary sector, Reporters, police officers, residential staff. Moreover, in collaboration with Queen Margaret University and the new chairperson of the Children's Panel, training has been delivered to over 170 Panel Members. Overall, the LA believes that response to the new model has been very positive and formal evaluation from Queen Margaret University regarding Panel Member training has been excellent.

3.132 Following a comprehensive training needs analysis exercise, this Sub-Group, practitioners and managers involved in the first tier service delivery of ISMS have undergone various training including ASSET, Child Protection Awareness, Groupwork, team/service development, and others to enhance their operating practices. The specialist Includem, 6VT and NCH practitioners have been involved in every training experience. This training and professional development strategy is funded by the ISMS Partnership.

3.133 A multi-agency training and staff development sub-group of the ISMS Steering and Implementation Group has been formed to identify the training and development needs of the various professionals involved in the ISMS service and is led by a manager from the voluntary sector. A training and professional needs analysis exercise was completed in early 2007. From this, an agreed training and development strategy is being developed and funded by the Partnership.

### *Partnership difficulties*

3.134 There is an issue with Serco only contractually able to come out up until 2200 hours (otherwise it would be disruptive to young people and their families). The LA also states that it has to chase-up fax notification of breaches and Includem is not being notified about non-compliance systematically by Serco either. There is also a belief that Serco do not attend as many partnership meetings as Reliance used to do. Serco have created new LA liaison posts to help to tackle this.

3.135 Uncertainty over funding has had consequences for effective partnership working, e.g. the ISMS Team has not been able to recruit a mental health worker. Operating the programme has relied on a lot of goodwill from partner agencies, which have tried to make services available despite the uncertainties over funding.

### *Shared services*

3.136 Edinburgh ISMS could be used to provide services to other LAs if ISMS was rolled out nationally, e.g. to other Lothians councils. Shared service provision is already provided for secure accommodation.

### ***Service provision***

3.137 The ISMS Partnership has implemented an agreed four-phase model that includes transition arrangements and associated service provision.

3.138 Those organisations funded by ISMS have agreed to pool resources, integrate their practices and create a streamlined service with operational management arrangements to reflect this. A central plank of the partnership's approach is the development of a 'one stop' service centre where young people and their families have access to a range of meaningful education, social and personal development programmes and resources, delivered by an integrated team of workers and managers from different agencies; and operating under an agreed one-tier management system and a shared set of working methods, practices and policies. This base is accessible from 0800 to 2200 hours, 52 weeks of the year.

3.139 Young people and their families/carers also have access to a 24-hour helpline provided by the Partnership, delivered by Includem. Where necessary, immediate access to a dedicated Crisis Centre is provided. This Centre is located in central Edinburgh, and support to the young person is provided by Children and Families, Includem and 6VT. A specialist Crisis Worker from Children and Families is available to ensure the rehabilitation plan is coherent and links with the wider care planning arrangements established through the LAC Review system.

3.140 The Programme Manager does not believe that programmes such as this can operate in "a box" and guards against policies and practices that separate youth justice issues and services from Scotland's unique Children's Hearings System. There is an admission that there is still a need for people providing different types of service to work across boundaries.

### *Education*

3.141 Education support is provided in integrated form, alongside social and education programmes, and delivered on a multi-agency basis. A range of teaching is now provided that is tailor-made for each new case. Four teachers have now been appointed. The Partnership acknowledges that breaking down professional barriers is an ongoing process in Edinburgh, but is confident that it will continue to make progress as long as the key agencies involved in the service remain true to the model, are transparent in their approaches, and are willing to sacrifice self interest for the benefit of vulnerable young people, their families, and communities.

### *Evenings and weekends*

3.142 In Edinburgh, the critical times to deliver services are seen as evenings and weekends. Includem and 6VT provide most of this and there is an acknowledgement that statutory services, and other voluntary organisations, need to do more in this area.

### *Relapse Prevention*

3.143 **In addition to intensive support at assessment, ISMS provision and post-MRC support, the Edinburgh programme also involves a Maintenance or Relapse Prevention phase after the programme.** This phase provides ongoing support on a maintenance basis, i.e. one or two contacts per week, possibly more where ongoing specialist work is being progressed. For some young people, contact might be less and the aim here is to be involved to a degree where agencies can monitor progress and respond quickly and appropriately to significant problems that are re-emerging. The minimum time a young person can be expected to be on the Maintenance/Relapse element of the programme is the equivalent of 50% of the total time already spent on the programme, beginning at the date of the Joint Secure and ISMS Referral Group meeting. LAC Reviews will continue to provide the quality assurance element of the care planning and ensure that a meaningful exit strategy is in place before the young person moves on to less intensive services. Reviews will be on a three-monthly basis and planning meetings involving the family and professionals will take place every month.

### *Other issues*

3.144 The ISMS Partnership is looking at gaining accreditation for young people's efforts, e.g. certificates that could be acquired.

3.145 Supporting families and carers is seen as a crucial feature of the service and a number of the agencies are seen as doing good work in this area. However, the Partnership believed this needs to be built upon.

### ***Monitoring and evaluation***

3.146 The Council and its planning partners have stated their commitment to evidence-based approaches and Best Value and have circulated guidance to the various agencies involved in the delivery of the ISMS service with regard to collection of information and the purpose to which this information will be used. It has also established a Performance Management sub-group, led by Lothian and Borders Police, to develop data collection systems to evidence and report on the following quality outcomes.

- Reduction in offending
- Improvement in school attendance/training course/employment
- Improved educational attainment
- Improved behaviour at school
- Reduced level of absconding from care placement or home
- Reduction in episodes of drug and/or alcohol misuse
- Reports from family about improved behaviour/relationships
- Reports from young person about improved relationships at home/school/peers
- Evidence of improved mental health
- Evidence of improved physical health/fitness
- Reduction in missing person's reports
- Reduction in referrals to Reporter on welfare/protection/offending grounds

- Improved attendance for important appointments
- Reduced number of arrests/police warnings
- Reduced level of placement disruption (care or education)
- Improved participation in structured leisure/recreational activities.

3.147 There is weekly monitoring and evaluation of ISMS and intensive support service cases from point of referral to exit. This process considers performance of the young person over seven key themes and their associated performance indicators.

3.148 The intention is to have all ISMS cases formally reviewed within the LAC reviewing system on a monthly basis and the minutes of all meetings to state the views of the young people and their families or carers. This is intended to provide accurate reporting from service users. Recruitment of a LAC Review Officer has been hindered by the uncertainty of the funding for Edinburgh. Some cases are being reviewed, but this element of the service is not fully operational.

### ***Success measures***

3.149 The LA states that the data available on the young people who have undertaken the intensive assessment phase suggests that the approach that Edinburgh is adopting is having a positive impact upon their lives. **There are reported to have been significant reductions in levels of absconding, substance misuse, offending and truancy.** It is anticipated that the full implementation of ISMS (including the MRC element) will reduce further the level of risk these young people face and the amount of chaos created within the community.

### ***An alternative to secure accommodation***

3.150 Although there are no firm figures, the Programme Manager believes that the impact on secure accommodation of ISMS has been positive. Secure normally has greater levels of demand than can be supplied, but secure now seems able to respond better and quicker to bringing in young people when it is required. The level of external secure places being purchased by Edinburgh appears to have fallen. The LA is even now considering Edinburgh being a net buyer (instead of seller) of secure services. More accurate information is currently being sought to establish the size of this impact through capturing data on secure places.

3.151 The ISMS Partnership believes that all ISMS cases would have gone to secure accommodation without ISMS provision. The demand for secure places previously meant that many young people went back home on secure orders without any support until such times as a secure place became available. ISMS provides a route back to the community and two cases are currently subject to this process.

### ***Evaluator's view***

3.152 ISMS in Edinburgh was very slow to get started properly and much of Year 1 could be seen as a 'write off' despite the throughput of intensive support service cases.

3.153 Year 2 has been considerably better and the LA now seems to have all the facilities and arrangements in place to run an effective programme. However, it must be able to resolve funding difficulties in order to be able to do this.

## **Glasgow<sup>27</sup>**

### ***Context***

3.154 The City of Glasgow is the largest local authority in Scotland, with a population of 580,690 (11.3% of the Scottish total) in 2006<sup>28</sup>. Of this population, a total of 39,774 (6.8%) are between 12 and 17 years-old. According to the Scottish Executive's definition of geographic areas, Glasgow City is urban, with 99.8% of the population living in large urban areas and 0.2% living in accessible rural areas.

3.155 There are significantly more people affected by deprivation in the city than in Scotland overall, with around 39% of the city's datazones in the most deprived decile in Scotland on the Scottish Index of Multiple Deprivation in 2006. 24.7% of the population are deemed income deprived and some 76,250 people (20.2% of the working age population) are deemed employment deprived in Glasgow. This compares with 13.9% and 12.9% respectively in Scotland as a whole. While these figures suggest more deprivation than Scotland as whole, there has been an improvement on 2004 Scottish Index of Multiple Deprivation figures for Glasgow.

3.156 This concentration of deprivation is reflected in statistics from the education sector, with 38% and 31% of primary and secondary school pupils respectively, entitled to free school meals. Educational attainment for teenagers is significantly poorer than in Scotland as a whole, with 85.8% of the S4 cohort in 2005 gaining SCQF level 3 or above in English and Maths, compared to 91.0% of the Scottish total. In the Glasgow City LA area there was a total of 7,377 exclusions from primary and secondary schools (7,250 of which temporary and at a rate of 106 per 1,000 pupils) in 2005/06<sup>29</sup>.

3.157 The Scottish Neighbourhood Statistics indicate there were 75,870 crimes recorded by police in 2005/06, which is 18.2% of the Scottish total. There were 4,894 housebreakings recorded by police, which represents 15.6% of the Scottish total.

3.158 The Scottish Executive indicates that Glasgow had 2,565 children being looked after in March 2006 (2.1% of children aged 0 – 17). 56% of which were boys and 86% were under the age of 16. 268 were being looked after in residential care. 45% of those aged 16 and 17 leaving care had some form of qualifications (52% of those who were looked after away from home), with 31% of this age group having English and Maths at SCQF level 3 in 2005 (39% of those who were looked after away from home).

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<sup>27</sup> This section of the report draws on details from Glasgow City Council's own evaluation of ISMS in its area. See N. Vaswani, *ISMS: experiences from the first two years of operations in Glasgow: full report*. Glasgow Social Work Services. July 2007.

<sup>28</sup> Mid-2006 Population Estimates Scotland

<sup>29</sup> Exclusions from Schools 2004/05. Published January 2007

### ***Data on ISMS cases***

3.159 There have been a total of 28 ISMS cases in Glasgow by the end of April 2007. Three cases have been females. Again, the majority are older young people, with only four cases under 15 years-old. The curfew hours vary, but are normally for 12 hours from evening to early morning.

3.160 There have been clear similarities between the young people that have been subject to an MRC. Common issues suggest a chaotic family background, with domestic violence, poverty, substance misuse of parents/carers and poor parenting skills. Not surprisingly, most young people were referred to social work at a young age (average age of 8) for a variety of welfare needs.

### ***Motivation for participation***

3.161 Glasgow City Council welcomed the opportunity to be involved in ISMS because it provided a real opportunity to test and shape service provision for some of the city's most vulnerable young people, especially given Glasgow's particularly concentrated problems in crime, deprivation and social exclusion.

3.162 Glasgow also has a breadth of experience in providing intensive and community-based services and, it believed, it had the necessary expertise to be an ISMS phase 1 area.

3.163 A reduction in the use of secure and residential placements for young people has been a long-standing policy and ISMS offered of an alternative to secure care. Glasgow also has a history of evidence-based practice and has embraced the 'what works' agenda. Evidence it considered showed that interventions delivered in a community setting facilitate learning and transference to the young person's everyday life.

### ***Referral and assessment***

#### ***Referrals***

3.164 Although there are a number of referral routes into the service, most referrals have been generated by Social Work or the Children's Hearings System. Referrals to the service have increased steadily as the capacity has expanded.

#### ***Multi-agency approach***

3.165 Requests for ISMS are made to the ISMS Team. Assessments are carried out following a multi-agency case conference model. A pre-existing multi-agency secure accommodation screening group screens the internal referrals before the assessment process begins helping to ensure appropriate targeting of the ISMS resource.

3.166 Policies and procedures regarding ISMS are developing in line with experience. A multi-agency case conference approach to ISMS assessment has been agreed by all agencies as being an effective mechanism for planning and agreeing interventions. For example, it has helped to give clarity and direction on the care plan and whether ISMS is needed. The ISMS teams have also regularly provided resources and advice for caseworkers and cases that do not progress to an MRC.

3.167 The emphasis in assessment is ensuring that resources and interventions meet the assessed needs. From a partnership perspective, attention has been paid to ensuring a consensus approach to intervention, thus respecting and giving regard to differing agency of professional perspectives. The Programme Manager believes that this is achieved in all cases. Where there is disagreement that cannot be resolved, this would be reflected in the report to the Children's Hearing.

3.168 For ISMS, Glasgow targets young people displaying high levels of risk who would probably otherwise be in secure accommodation. There has been engagement with secure accommodation and many of the young people discharged from secure over the year have had an ISMS assessment, with the vast majority of these cases going on to a full ISMS programme. However, some frustration continues to be expressed by the ISMS team about the number of young people on bail curfews that are being processed by the Courts. Policing and Court practices mean that bail curfews are being sought with little or no consideration of interventions like ISMS.

#### *Length of assessments*

3.169 Assessments are taking an average of 6.6 weeks to complete, higher than the four weeks anticipated. This could be down to a number of factors, including the challenges of the assessment process (e.g. the chaotic offending has in many cases led to periods of remand for young people, arranging Hearings and ensuring all aspects of the assessment are completed) as well as other problems such as the young person absconding during assessment.

#### *Assessment issues*

3.170 According to the ISMS Team, there are a number of factors that need to be taken into account in making decisions on the need for an MRC. It is not simply about assessment scores, but also other factors, such as the young person's family situation and accommodation. The number of recommendations for ISMS has been greater than the number of actual cases. The fact that these have not been converted into full ISMS cases is due to a number of factors, including the young person ending up in custody (as previous offences catch-up with them) or the young person showing improvements during assessment (to give the MRC in such a situation could be seen as punitive).

#### *Delivery*

3.171 The Glasgow service was in a position to accept referrals for ISMS assessment from 5<sup>th</sup> April 2005. At this stage, the ISMS project team had been established, the youth justice staff had been briefed and trained, and Includem were in a position to provide support and crisis/respite care. Guidelines for the service's operation were in place and, together with Glasgow's pre-existing framework of services and partnerships to deliver intensive support, these provided the Council with sufficient assurance to start the service.

### *ISMS Team*

3.172 The ISMS Team consists of four qualified social workers, three practice team leaders (all senior social workers) and eight FTE social care workers. One of the practice team leaders will run the Education Base. There are also possibilities of seconding other members to the team as and when required. This level of staffing is greater than was planned in the original submission to run the programme.

3.173 The ISMS Team was established to access and co-ordinate most of the support and other inputs for the young people. There has been organisational change in Glasgow since the implementation of ISMS, with the establishment of community and health care partnerships. There has been some changes to the planning of children's services in Glasgow, however, Youth Justice is one of five distinct planning groups.

3.174 There has been a recent change in the ISMS Programme Manager, but the programme is continuing as before.

### *Shared offices*

3.175 The ISMS Project Team moved into new offices in the south of Glasgow in February 2006, together with the education, forensic mental health service and a city-wide vocational service. Includem is based in a separate location nearby.

### *Relapse Prevention*

3.176 **The LA would like to also deliver a 'step down' service post-aftercare to give the young people the maintenance and relapse prevention that 'what works' suggests is needed.** It is trying to link-in with area-based resources and Includem to provide some type of service, but it is struggling to meet this out of existing resources.

### *Other issues*

3.177 The service continues to evolve. Project elements are being implemented in a phased and planned way, and practice and procedures will continue to be developed and adapted in response to the experience gained from handling the early referrals.

3.178 The implementation process has generally followed the programme as envisaged in the Council's original service proposal. The LA believes that the top-level management commitment to ISMS in Glasgow has been a feature in its success.

3.179 Glasgow is interested in providing shared services to neighbouring LAs if ISMS is rolled-out wider.

### ***Partnership working***

3.180 The overall responsibility for the development and operation of the ISMS previously lay with the multi-agency Youth Justice Forum, which was a part of the Children Services planning framework. A specific ISMS Steering Group has been established as a sub group of the Youth Justice Forum to take a more day to day oversight of the project's development.

3.181 Interagency/departmental working arrangements are being strengthened. Information sessions have been held with Children's Reporters and Panels and the profile of ISMS is being raised with the Strathclyde police force. The ISMS project team are also represented on the Glasgow ASB strategy group.

### ***Raising awareness***

3.182 Emphasis has been placed on raising awareness about ISMS within the youth justice service, where the media's focused attention on the punitive elements was detracting attention from the intensive support and welfare side. Briefing notes, training and road shows have all been used to inform and enlighten. Participation in the ISMS process (assessment and care management) has provided the opportunity to put this knowledge into practice and this has been thought to be a valuable learning experience. The LA is still actively marketing the programme and this is a significant communications task. It also monitors rates of assessments and ISMS cases in different parts of the city.

### ***Addressing difficulties***

3.183 Results from the local consultation suggest that the partnership approach to service delivery is also effective and that relationships and communication between agencies is good, with clear definition and understanding of each other's roles. However, not all agencies have drawn up clear service specifications about their roles and responsibilities in relation to ISMS and there have been occasions when there has been debate between agencies, e.g. ISMS social work and Youth Justice social work, and Social Work and Includem. The ISMS procedures manual has been developed to address this. The LA believes that these matters have improved over time and processes have been tightened up. Weekly meetings between those involved in cases helps to set responsibilities.

3.184 The relationship with Serco has improved. Serco is represented on the ISMS Steering Group and it has also appointed liaison officers, who have been actively engaged on ISMS cases. There were allegedly issues of Serco workers disrupting households by calling too late at night and their inexperience of dealing with young people, but the LA is now more satisfied with their performance. The LA is providing advance information to Serco on recommendation of ISMS to forewarn them of important issues on a case and to assist their advance planning.

3.185 However, there are areas where more work is needed. **Despite attempts to boost its profile, there still appears to be a low level of knowledge about ISMS among Sheriffs, the Procurator Fiscal's Office and the police.**<sup>30</sup> Various meetings and events have been run to tackle this, but some poor practice continues in some parts of the city, e.g. use of bail curfews for the young people. The LA is exploring promoting ISMS as an alternative to remand as an extension of bail conditions. Persistent Offenders Forums, which are planned, will also help to share practice and knowledge on cases.

### *Service provision*

3.186 The current needs of the young people show some similarities, with all young people having addictions issues. Education is also an issue, with all having high levels of non-attendance at some point and none of the young people in mainstream education at the time of referral. Offending is a common issue, with all young people picking up charges and nearly all of the young people who were made subject to an MRC were, or had previously been, persistent offenders (five or more episodes of offending in a six-month period).

3.187 There are seven key elements in the Glasgow ISMS model.<sup>31</sup>

1. Social Work Youth Justice Teams, who provide case management (these workers are trained and in place).
2. The ISMS Project Team are responsible for co-ordinating assessments, accessing services and providing some limited direct work.
3. Includem, providing direct care, out of hours and crisis/respice care.
4. Educational/vocational training provision that will emphasise individual approaches to learning (their recruitment process has started). A specialist education resource was established at the ISMS base in April 2006.
5. Forensic Child and Adolescent Mental Health Services (FCAMHS) - this service is being enhanced to offer specialist services or will procure more appropriate services from other city services.
6. Youth addiction services – support and intervention are guaranteed for up to five hours per week.
7. Restorative justice interventions – where these are considered appropriate.

3.188 ISMS delivery has focused on case management to fit complex packages around the needs of individual children in a tailor-made way. This is thought to have worked very well.

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<sup>30</sup> This is more fully detailed in Vaswani (2007)

<sup>31</sup> For full details, see N. Vaswani, *ISMS: experiences from the first two years of operations in Glasgow: full report*. Glasgow Social Work Services. July 2007.

### *Average weekly interventions*

3.189 The average weekly interventions by agency at the start of an ISMS programme were<sup>32</sup>:

|               |            |
|---------------|------------|
| Education     | 13.2 hours |
| Includem      | 10.2 hours |
| ISMS team     | 1.8 hours  |
| FCAHMS        | 0.2 hours  |
| Addictions    | 0.7 hours  |
| Social worker | 0.5 hours  |
| Other         | 1.1 hours  |

3.190 The average total weekly intervention is 27.7 hours. The average MRC is for 70 hours per week.<sup>33</sup>

### *Housing*

3.191 **Particular difficulties have been identified with this group of young people in terms of housing and accommodation**, especially for those aged 16 plus. This is important because the evidence suggests that ISMS works best in a stable base. The Programme Manager has highlighted this in a number of forums, senior management in Social Work are aware of this and it is regarded as an area of priority. The lack of appropriate accommodation is compounded by the lack of services who are willing to take on young people on an ISMS programme (e.g. for practical or operational reasons). The most supported accommodation for young people who have high level needs is shared accommodation and consideration is required as to whether this model of accommodation is the most effective. Glasgow Social Work Services is developing plans to house young people in small flats in communities with workers. A service is being piloted along with the local Housing Authority to provide wraparound accommodation services for young people leaving care in the city.

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<sup>32</sup> This includes data from 13 ISS cases, which are deemed as 'ISMS Orders' in Glasgow as they went to a Hearing that gave them this, but there is no MRC attached to the Order. Where, we are using this figures for this group of cases, this is stipulated in a footnote, otherwise it should be assumed that we are dealing with ISMS cases that include the MRC element.

<sup>33</sup> N. Vaswani, *ISMS: experiences from the first two years of operations in Glasgow: full report*. Glasgow Social Work Services. July 2007.

### *Education and training*

3.192 Education is a major concern as exclusion can lead to poorer opportunities and offending behaviour and none of the young people on ISMS were in mainstream education at the time of referral. Existing daycare provision has often been used for ISMS cases to date, but the high needs and risks of the young people has meant that this has been a challenge and it has become clear that there is a need to fit education provision with the needs of young people on ISMS. An educational adviser and professional officer are linked to the Education Base and an educational curriculum has been running since September 2006. This is about providing holistic learning on an individual basis, with tailor-made programmes covering a range of subjects in a comfortable environment. Attendance rates for the young people participating in this part of the programme have been very good.

3.193 Other education opportunities utilised include the Enhanced Vocational Inclusion Partnership (EVIP) and a course at Clydebank College that is delivered by a tutor from the College with an additional coach from Social Work. This will be of particular relevance to the older children on ISMS. However, the ISMS team recognises that there has been a shortfall in appropriate training, employment and educational opportunities in the last year and they are looking to rectify this.

### *Services targeted for improvement*

3.194 The Forensic Child and Adolescent Mental Health Service (FCAHMS) has had some recruitment problems that have now been resolved, but there are still issues here around its capacity to deliver given the demands of this service. The ISMS Team also believes that its addictions services need improvement. There is a case for further investment here as the ISMS cases tend to need a much more intensive intervention. Both of these services are thought to be functioning well, but need more consistency in terms of provision.

### ***Monitoring and evaluation***

3.195 The ISMS Team is co-ordinating the monitoring and evaluation arrangements and has produced two reports, one on the first year evaluation of ISMS in Glasgow and the second on the second year. **This is the most comprehensive of the evaluations being done by any of the individual phase 1 LAs** and the findings from these reports have been included throughout this profile of ISMS in Glasgow.<sup>34</sup> The data on the success measures below are taken from this report.

3.196 The future focus on monitoring and evaluative work will be on tracking the longer term outcomes of the cases.

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<sup>34</sup> N. Vaswani, *ISMS: experiences from the first two years of operations in Glasgow: full report*. Glasgow Social Work Services. July 2007.

### *Success measures<sup>35</sup>*

3.197 Glasgow believes that one of the successes of ISMS is that the young person receives direct support once the assessment begins and does not have to wait until the outcome of the assessment. This early work can often divert a young person away from needing a full ISMS programme, so the success of the programme cannot just be seen in terms of the numbers of ISMS cases affecting positive outcomes, but in the number of positive outcomes for those assessed.

### *Offending*

3.198 **The reduction in the frequency of offending prior and post ISMS in Glasgow, up to the end of March 2007, was 28%** (more modest than the Dundee figure above, although, as already highlighted, these figures only give a partial picture). **There was also a 14% fall in the seriousness of offending** based on the scale developed by the Youth Justice Board and Oxford University, and an 8% reduction in YLS risk assessment scores.

3.199 At the end of March 2007, the majority of young people on ISMS<sup>36</sup> (63%) were still classified as persistent offenders (at least five episodes of offending in a six-month period), but this was a drop from 93% at the beginning of the programme. It would not have been possible for many of the young people to stop being a persistent offender as six months had not passed since the start of the programme.

### *Non-compliance and attendance rates*

3.200 **The rate of technical non-compliance with the MRC was low.** When minor incidents are excluded, this reduces to one in five (or an 81% compliance rate), which is high and better than the team expected. Attendance rates for those on ISMS were also high, at 67% of timetable interventions.

### *Other measures*

3.201 All staff consulted in the internal evaluation by Glasgow Social Work Services at the end of the Glasgow evaluation of ISMS thought that the programme had reduced young people's level of risk (to themselves and/or others).

3.202 **The LA also believes that the success of ISMS has had wider consequences and the LA has used the lessons learned from ISMS to redesign service processes and delivery for young people and children across the LA.** It wants to integrate children's services across the city, with a staged model for interventions and involving multi-agency screening, assessment and service delivery. ISMS is not a stand-alone service, but a very important building block in this whole system. These linkages greatly improve the value-for-money of the ISMS programme, the LA states, and there is a belief that the model works.

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<sup>35</sup> Data throughout this sub section from N. Vaswani, *ISMS: experiences from the first two years of operations in Glasgow: full report*. Glasgow Social Work Services. July 2007.

<sup>36</sup> As above, this includes 13 ISS cases.

### ***Evaluator's view***

3.203 Glasgow has successfully introduced ISMS, with a steady throughput of cases and integration of services into the wider children and young people's network.

3.204 Of particular commendation is its own monitoring and evaluation work, which has allowed the performance of the programme to be assessed and lessons to be learned and implemented.

3.205 Glasgow is open about the remaining difficulties that it faces, e.g. in raising the awareness of Sheriffs and the police, but it is actively working on solutions to these.

## **Highland**

### ***Context***

3.206 In terms of population, Highland Council is the 7<sup>th</sup> largest local authority in Scotland, with a population of 215,310<sup>37</sup>, which represents 4.2% of Scotland's total population. 16,536 (7.7%) of the Highland local authority population were between 12 and 17 years-old at the same count. Highland is predominantly a rural area, with 21% of the population living in other urban areas, 4% living in accessible small towns, 24% living in remote small towns, 11% living in accessible rural areas and 39% living in remote rural areas.

3.207 With only 2.7% of the local authority's data zones in the most deprived decile in Scotland, the area is relatively less affected by concentrations of deprivation than Scotland overall, according to the Scottish Index of Multiple Deprivation in 2006. Having said that, a sizeable minority of the population is deprived in one or more aspect. 11.3% of the population are deemed income deprived and some 13,555 people (10.6% of the working age population) are deemed employment deprived in Highland. This compares with 13.9% and 12.9% respectively in Scotland as a whole.

3.208 Statistics from the education sector indicate that around 13% of primary school pupils and 10% of secondary school pupils are entitled to free school meals. Educational attainment for teenagers is better than in Scotland as a whole, with 93.4% of the S4 cohort gaining an SCQF level 3 or above in both Maths and English in 2004, compared to 91.0% for Scotland as a whole. In Highland local authority schools in 2005/06, there were 767 exclusions from school, which equates to a rate of 24 per 1,000 pupils. All but one of these exclusions were temporary.

3.209 The Scottish Neighbourhood Statistics indicate there were 12,854 crimes recorded by the police in the Highland local authority, which is 3.1% of the Scottish total. There were 381 housebreakings, which represents 1.2% of the Scottish total in 2005/06.

3.210 The Scottish Executive indicates that Highland had 454 children being looked after in March 2006 (1.0% of children aged 0 - 18). 55% were boys and 86% were under the age of 16 years, while 126 were being looked after in residential care. No information on the qualifications of looked after children in Highland is available, due to small numbers of children.

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<sup>37</sup> According to GROS 2006 mid-year estimates.

### ***Data on ISMS/intensive support service cases***

3.211 There have been two ISMS cases, both male, both 15 years-old at the beginning of the programme. The 72 intensive support service cases tended to be younger (an average age of just over 14). The bulk of intensive support only cases were again male (52), but there were still a sizable number of females (20).

### ***Motivation for participation***

3.212 ISMS became available at a time when the Council was intensifying and reorganising its range of support services for looked after children at critical times. The ISMS/intensive support service packages were seen as ways in which the Council could improve its services for these young people.

3.213 Residential places (especially secure places) are a problem in Highland and many young people have to travel considerable distances to take-up a place. This makes it very difficult to return them to the community, as they cannot make day visits. ISMS/intensive support service is key in a strategy to reduce the number of young people leaving Highland for these reasons.

### ***Delivery***

3.214 The Council offers intensive support services where children and young people require intensive support but where, after assessment, do not meet Section 70(10) conditions or are not suitable for an MRC.

3.215 Intensive support programmes have been available since January 2005 and the provision of electronic monitoring since April 2005. Because of geographical constraints, ISMS is only available in the Caithness, Inner Moray Firth and Greater Fort William areas. This is also the case with the intensive support service. Most of the cases are concentrated in the Inner Moray Firth areas and cases in the two more remote areas covered by ISMS/intensive support service have proved problematic.

3.216 Strategic development of ISMS rests with the Youth Justice Strategy Group. The Group works to ensure that ISMS is developed in a way that is consistent with the strategies for youth justice in the Highland area. It reports to the Joint Committee on Young People, the governance body for youth crime in the Highlands.

3.217 The Programme Manager works closely with NCH, which is sub-contracted by the Council to deliver the intensive support services.

### ***Assessment***

3.218 While 88 children and young people have been considered, only two have been recommended for ISMS. The LA considers that this results mainly from the apparent success of intensive support services to date in diverting children and young people from further offending following the assessment phase where intensive support is provided from the start. Other reasons put forward by the Council are the Section 70(10) threshold, a concern that the children/young people may not respect conditions associated with electronic monitoring, and uncertainty about the effectiveness of the provisions for those most at risk where the issues are the risk of the young person harming themselves rather than engaging in offending behaviour. It is considered that electronic monitoring may not always be a helpful option in these cases.

3.219 Consideration of ISMS is carried out by an inter-agency Children's Services Forum and subsequent screening and application of ASSET (along with a Child in Need Assessment where offending has not been an issue) by the Joint Committee's Residential Placement Group and Youth Action Team Workers respectively.

### ***Partnership working***

3.220 There are partnership arrangements formally in place (e.g. contracts and protocols) with all the agencies involved in delivering ISMS and intensive support services.

### ***Service provision***

3.221 Individual ISMS programmes are delivered by NCH and a range of other service providers according to the needs of the child or young person. The Social Work Standby Service is the first point of contact outside of normal working hours with an on call service available to support staff and for those young people who are undergoing programme work on either intensive support services or ISMS.

### ***Mental health support***

3.222 There is also mental health support built into the programme for young people who are presenting particular difficulties and who might need that intervention. This service offers advice and guidance to staff who are supporting young people and also a fast track consultancy for young people who may be in crisis and find the programme unsustainable without this intervention.

### ***Residential unit***

3.223 A residential unit that can be used for short 'time out' periods has proved a valuable part of the ISMS programme, and there are hopes to improve the facilities offered (particularly around staff accommodation). So far, this service has been used on 18 occasions, just over half of these have been for intensive support service cases and the remainder were for young people with no statutory order.

### ***Monitoring and evaluation***

3.224 Responsibility for the monitoring of ISMS rests with the Programme Manager, who reports to the Youth Justice Strategy Group. In doing so, it is intended that she will draw from data collected and maintained by the senior social worker from local youth action teams and that this data will correspond to the monitoring and evaluative data specified by the Scottish Government in its guidance material. Some of the data is maintained electronically within the Council's youth justice database. Other data has to be collected separately.

#### *UHI evaluation*

3.225 In addition to these monitoring arrangements, **the Council has contracted the UHI Millennium Institute to evaluate the delivery of the programme.** The evaluation, which is to focus on outcomes and processes associated with integrated service delivery, is part of a broader evaluation the Institute is doing for the Council on the integration of its services for children and families. Again, however, there has been no formal reporting yet specifically on ISMS, although extensive case study research has been carried out.<sup>38</sup> A report has been prepared on community reactions to young offenders.

3.226 As a separate exercise, NHS Highland is carrying out a study of young offenders and their mental health.

#### ***Success measures***

3.227 The two ISMS cases so far in Highland have presented a number of difficult challenges due to the rurality of the area and difficulties in compliance.

**3.228 Intensive support service cases are considered to have been successful in terms of changing behaviour and early intervention is favoured by the Council and NCH.**

#### ***Evaluator's view***

3.229 Although there have been two ISMS cases, Highland has largely delivered intensive support only. It appears that this is because of the difficulties of electronic monitoring in a large and remote region and ethical/ideological objections to tagging.

3.230 Like Glasgow, it is to be commended in attempting to evaluate its service delivery proactively, but the lessons learned are not as clear yet.

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<sup>38</sup> Information on aims and research methodology is detailed in, "*Specification for the External Evaluation of Highland Integrated Services for Children and Families*", prepared by Dr. Bob Stradling and Dr. Morag MacNeil in 2003.

## **Moray**

### ***Context***

3.231 Moray Council is a one of the smaller local authorities, with a population of 89,030 (1.7% of Scotland's population) in 2006<sup>39</sup>. Of this, 7,126 (8.0%) are between 12 and 17 years-old. The area is defined as a rural local authority by the Scottish Executive, with 24% of the population living in urban areas, 30% living in accessible rural areas, 18% living in accessible rural towns, 14% living in remote small towns and 14% living in remote rural areas.

3.232 There are significantly fewer people affected by deprivation in the area than in Scotland overall, with none of the area's data zones in the most deprived decile of data zones in Scotland on the Scottish Index of Multiple Deprivation in 2006. However, a sizeable minority of the population are deprived in one aspect or another. Approximately, 9.3% of the population are deemed income deprived and some 9% of the working age population are deemed employment deprived. This compares with 13.9% and 12.9% respectively in Scotland as a whole.

3.233 Statistics from the education sector indicate that around 10% of primary pupils and 9% of secondary pupils on the school roll are entitled to free school meals. Educational attainment for teenagers is marginally better than in Scotland as a whole with 91.7% of S4 pupils gaining SCQF level 3 or above in Maths and English, compared to 91.0% of Scotland as a whole. Schools in Moray had 491 cases of exclusion from school in 2005/06, of which 485 were temporary. The exclusion rate overall is equal to 36 per 1,000 pupils<sup>40</sup>.

3.234 The Scottish Neighbourhood Statistics indicate there were 5,655 crimes recorded by the police in the Moray local authority area, which is 1.4% of the Scottish total. There were 351 recorded housebreakings, which represents 1.1% of the Scottish total.

3.235 The Scottish Executive indicates that Moray had 191 children being looked after in March 2006 (0.9% of children aged 0-18). 59% of these were boys and 81% were aged under 16. Of the children being looked after, 21 were in residential care. 44% of those looked after away from home (aged 16-17) left care in 2005-06 with at least 1 qualification at SCQF level 3 or above. 33% had Maths and English at SCQF level 3 or above.

### ***Data on ISMS/intensive support service cases***

3.236 Three of the four ISMS cases have been male and the ages of the young people have, on average, been younger than elsewhere (three 14 year-olds and a 15 year-old).

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<sup>39</sup> According to GROS 2006 mid-year estimates.

<sup>40</sup> Exclusions from Schools 2005/06. Published January 2007

### *Motivation for participation*

3.237 Moray decided to participate in phase 1 of ISMS to learn from and influence the eventual use of ISMS, and to enable it to provide a more comprehensive service to vulnerable young people. Despite reservations of using electronic tags on young people, ISMS was seen as a tool that could have value in some cases and, therefore, be in the young person's and the community's interests.

3.238 ISMS was also seen as a way of giving young people the level of support that they needed and many of the features required for ISMS were already in place in the area. There are also a relatively high number of persistent and serious young offenders in Moray. Police figures estimate that there were 878 young offenders in Moray in 2002-3, 116 of which were persistent offenders (five or more episodes of offending in a six-month period).<sup>41</sup>

### *Delivery*

3.239 The Youth Justice Team in Moray delivers ISMS in-house. The core Team consists of a Coordinator, a Senior Social Worker, two Social Workers, five Project Workers and a Team Secretary. A forensic psychologist and 4-5 regular sessional workers support this team.

### *Initial plan*

3.240 The LA anticipated that there would be flexibility to use ISMS to meet needs. This may or may not have meant using electronic equipment to monitor movement. It was felt that this was not made clear by the Scottish Executive at the time the proposal was submitted that an electronic tag had to be part of the ISMS and this was only clarified after their proposal was accepted.

3.241 The LA began work on implementing ISMS in September 2004, with funding received in January 2005. The MRC was not available until mid-May 2005, but the intensive support element was available earlier. The original proposal for delivering ISMS is being stuck to, any variation would be consented with the Scottish Government in discussion.

3.242 The initial plan recognised that only a small number of young people in the area would meet the ISMS criteria. Moray anticipated providing intensive support to 6-8 young people each year.

### *Difficulties in delivery*

3.243 However, **the Team has found ISMS difficult to deliver given the demands of the programme and the other work commitments that members of the Team have had.** With hindsight, they may have used the ISMS funding differently, especially in hiring new staff to deliver the programme.

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<sup>41</sup> These are police estimates based on the number of actual offences. It does differ from data provided by SCRA and the Scottish Executive, which counts persistent offenders based on the number of referrals to the Children's Hearings System in the Scottish Youth Justice Performance Update report 2004-05. Referrals can 'roll up' a number of offences in one referral, hence the discrepancy between the figures.

[http://www.scra.gov.uk/documents/Scottish\\_Youth\\_Justice\\_Annual\\_Update\\_Report\\_v00h1.pdf](http://www.scra.gov.uk/documents/Scottish_Youth_Justice_Annual_Update_Report_v00h1.pdf).

### *Viewing of the electronic monitoring element*

3.244 In general terms, the professional (operational) network had reservations about the electronic monitoring element and some people believed that the tagging of young offenders was ethically wrong. The Youth Justice Strategy Group had concerns, but wished to ascertain the benefits and utilisation of the approach and the Council committee (through accepting the Moray proposal without comment) can be seen to have been supportive.

3.245 As time progressed, the Youth Justice Team and the young people themselves became more supportive of the MRC. This is because it is seen as removing the need for constant monitoring and close supervision of the young people and they can now have some time to themselves. It also allows them to avoid their peer group/gang and not 'lose face', and for prompt warnings of crisis situations. The perceptions of staff are that parents of those on ISMS tend to be ambivalent about the MRC, finding it personally upsetting and intrusive while acknowledging that the whole package has helped to keep their child at home. There are circumstances in which a MRC is inappropriate, e.g. because of family problems. A young person's problems can also be very complicated and an MRC cannot solve, for example, difficult family problems.

### ***Referral and assessment***

3.246 Referrals to the Youth Justice Team usually come from Social Work or the police.

### *High-level assessment group*

3.247 The system in Moray is for the assessment phase to be agreed by a high-level group in the Council including the Youth Justice Manager, Support Services Manager and Reporter. This reflects the seriousness of ISMS as a disposal and making sure only these young people who may require an MRC are assessed for it. If this group does not agree to go to assessment, then the assessment does not occur. **This has prevented a number of potential assessments from going ahead.**

### *Risk assessment*

3.248 In the assessment of a young person for ISMS, a forensic psychologist undertakes a risk assessment. The assessment is about identifying risk situations and putting in place protective factors to reduce the risk. This assessment is tailored depending on the nature of the offence. Typically though, it will involve conducting or reviewing ASSET and other assessments (e.g. psychometric tests), reviewing other service provision, interviewing the young person up to three times and interviewing other parties (such as school, parents, care workers). ASEBA, a multi-informant assessment tool, is used. Cases to be considered for ISMS will have to score highly on risk factors, i.e. being a risk of serious harm to others or to themselves. It is not just about offending history. The initial risk assessment is just a snapshot and needs to be reviewed regularly.

3.249 It is accepted that the risk assessment process needs to be monitored and evaluated, but this is only likely to happen two to three years hence as there are too few cases just now.

### *Assessment period*

3.250 The assessment period was initially for four weeks, but this was felt to be too short and has been increased to six weeks. An ISMS programme of three months is also felt as being too short to affect change. Instead, the Team favour a programme of around six months.

### *Partnership working*

3.251 There is a multi-agency approach to ISMS in Moray, with processes written down so that each agency knows its and others' roles. This has maximised co-operation and minimised problems. There has been effective working between the Youth Justice Team and Education and the Police and the Reporter to identify, assess and provide support services to young people. Child and Family Psychiatry do not prioritise ISMS because of their workload, but the Youth Justice team has a Community Psychiatric Nurse on its staff. There is also a multi-agency Youth Offenders Review Group that discusses cases and has improved transparency and accountability across the system.

### *Targeting of ISMS*

3.252 The detailed assessments and ISMS programme for the young person are presented to a senior management group, which takes advice from the Reporter before making a decision. The Moray Youth Justice Team said that it has been trying to implement ISMS "to the letter" issued in the guidance. However, it still believes that the guidance as to whom ISMS should be targeted at is still not that clear. This has caused "heated debates" between Youth Justice, Childcare and Reporters in the area. This has been the main problem in reaching the estimated number of assessments and ISMS cases in Moray: Youth Justice thinks that the section 70(10) criteria may be met, but the Reporter disagrees. This is complicated because whether the young person meets the criteria can change over time (there is a need for them to show persistent behaviour of the type that meets section 70(10) criteria). Unless the Reporter agrees, the case does not go to assessment. The Reporter in Moray believes that their views are based on existing case law of young people who meet section 70(10) conditions.

3.253 Agencies and individuals interpret the guidelines differently. Some see ISMS as a last resort/high tariff measure while others would use it before the young person reached this position. **Clear guidance from the Scottish Executive on this was thought to be necessary.** There is a belief in Youth Justice that its ISMS communications strategy did not work from the outset and sufficient buy-in was not secured from key stakeholders. The continual evolution of the programme made it difficult to explain the concept of the programme. A lack of meetings with the Scottish Executive and other phase 1 areas restricted the ability to share experiences nationally and made it difficult for the team to address problems and dilemmas, although the recent use of professional advisers by the Scottish Executive has helped.

### *Education*

3.254 There is a good relationship with Education, but there are some practical difficulties in terms of implementing the service (see next section).

### *Training*

3.255 A lot of training was done with Panel Members when ISMS was introduced. This was thought to be important in effective targeting of ISMS resources. Reporters are believed to have engaged positively, but the Youth Justice team believes that other professionals and volunteers involved have struggled with the concept of ISMS.

### *Service provision*

3.256 The programme is tailor-made, with the nature of the services provided dependent on the needs of the young person, identified at the assessment, and adapted as the young person and their needs develop. However, all of the young people receive an education programme, individually tailored to their needs. Practical work experience is built-in as part of the education programme. Other aspects of the programme may include life skills, practical skills, emotional and mental health, physical health, activities, cognitive behavioural programmes, restorative justice, reparative work, family work, victim awareness and drug and alcohol work. These are delivered individually or in small groups. There is a 24-hour support service for young people on ISMS.

### *Gradual engagement*

3.257 There is a need seen for some flexibility at the beginning of the programme and the emphasis has been on gradually engaging the young people with the programme, e.g. through steadily increasing their hours in education and changing their lifestyle so that they can begin to attend earlier sessions. This, the Youth Justice Team believes, has been successful. Young people initially start on the full intensive support programme, which is gradually decreased in line with their increasing ability to cope and exercise self-control.

3.258 There is concentration initially in building relationships with the young people individually and then moving them into groupwork. The programmes used are partly adapted from external sources and partly internal. 'Time to Grow' underpins the approach. It has an anger management strand and these programmes have elements of peer groups resolving their own difficulties.

### *Education*

3.259 Education is mainly provided through full-time education/social education programme and is tailored to individual needs. A special school makes available facilities, e.g. in evenings, holidays and weekends. The Education Department was brought on board quickly and this allowed the Youth Justice Team to access their facilities. The ASDAN<sup>42</sup> Award Programme is used to improve educational and vocational opportunities. The Programme has different levels depending on abilities and needs, with one scheme being of university recognised entry level. The young person, therefore, has a wide range of choice as to the most suitable programme. However, there have also been problems with Education and pulling together a package that can last 25 hours per week. The last ISMS case only had six hours of education per week.

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<sup>42</sup> Award Scheme Development and Accreditation Network, an approved body offering programmes and qualifications to develop key skills and life skills.

### *Housing*

3.260 Accommodation support is seen as critical to the programme's success. The Youth Justice team has used ISMS funding to accommodate a young person on ISMS in a holiday cottage that was staffed throughout. This was felt to be the most appropriate accommodation available at the time.

### *Other services*

3.261 Moray Outfit is a charity that provides outdoor activities and it is also part of the programme. It provides activity based outdoor education that lead to recognised qualifications for the individual and contribute to the ASDAN award. In addition to this contribution to the individual education programme for the young person, Outfit will also work with whole family teaching them new ways of enjoying the environment that Moray offers, through a range of activities.

### *Capacity issues*

3.262 **The Youth Justice Team accepts that there are capacity issues for the service**, e.g. if there is more than one ISMS case in different parts of the local authority at any one time. The need for at least two people on call at any one time to deal with multiple cases stretches the team's resources.

3.263 A problem is that Serco is only contractually able to come out up to 2200 hours for tag violation. On one occasion, this forced the Youth Justice team to act as 'human tags' for a young person who had removed their tag.

3.264 There has been a large increase in demand for youth justice services in Moray since the introduction of ISMS. ISMS cases are getting the support because of the funding, but this has meant other cases and preventative work receiving less support when there is more than one ISMS case running concurrently.

3.265 To run an in-house service that integrates several functions lends itself to being overstretched compared to a stand-alone service that only performs one task. The budget for ISMS is seen as being "*just enough*".

### ***Monitoring and evaluation***

3.266 Evaluations are being conducted by Tim Chapman (CTC Associates) and Dr. Mansoor Kazi (formerly of the University of Buffalo the State University of New York). The latter set up the SPSS database, which brings together all of the monitoring and evaluation strands.

### *Evaluations*

3.267 Tim Chapman's work is a review of the Moray youth crime strategy. It scrutinises the quality of service offered in terms of meeting targets and meeting the needs of the young people and their families by gaining their views. There is also some tracking work done with the young people after the support is provided.

3.268 Manzoor's Kazi's work is an evaluation of the first three years of the Moray Youth Justice Team. It focuses on the effectiveness of support programmes.

**3.269 Results from the evaluation activity has helped the Youth Justice team to recognise that peer pressure and substance misuse are the main factors underpinning youth offending.** This highlighted the dangers of introducing these young people to each other, so has helped to change practices.

### *Monitoring data*

3.270 Information is regularly updated on the database and it meets the monitoring requirements set by the Scottish Executive.

3.271 Moray has a system in place working with the police to track the offences of particular children accurately.

3.272 Persistent offenders are defined as those with five episodes of offending in the previous six months. ASSET is used to assess all young people referred to the Team and gives us an indication of the risk of future offending. The Team track a persistent young offender for up to 24 months after he/she finishes with them. They are aiming to instigate a system that routinely considers offending histories for all their current and former clients after 12 and 24 months. This will begin to answer questions about the validity of the risk assessments in the longer-term.

3.273 The management of data receives technical support from the University of Buffalo and Dr. Kazi visits three times a year. A Realist Evaluation team has been established under the leadership of the childcare Quality Assurance Manager to manage data analysis more effectively locally. It should allow better interrogation of data over time.

### *Success measures*

3.274 The Youth Justice Team remains very supportive of ISMS. It believes that it provides the ability to fast-track provision for high priority cases. It also is supportive of its in-house model for delivery as this is seen as improving communication and readiness and helps the team to "*get ownership of a case.*"

3.275 The Youth Justice Team believes that the lack of use of ISMS has hindered its implementation in terms of its profile with the wider stakeholders and Panel Members. It needs more 'good news' stories to tell to demonstrate that ISMS can be effective.

### *Outcomes of cases*

3.276 Of the four ISMS cases, two could be seen as having successful outcomes in terms of reduced offending and the young people beginning to get some control over their lives, e.g. through education. The two other cases could not sustain the monitoring restriction and went to a secure unit after a short time on the programme.

### *Offending*

3.277 The Youth Justice Team believes that because of the nature of the area (rural with small urban communities), there is a high detection rate of crime in Moray. This makes it very difficult for the Youth Justice Team to reduce the number of persistent offenders (five or more episodes of offending in a six month period). Its focus, instead, is on reducing offending. In addition to (and related to) the high detection rate, there is the issue of preventing progression to the persistent status. The tasks of picking-up young people with three episodes of offending was agreed with Moray Youth Action (MYA) in the restructuring of the work of the Youth Justice Team to allow the incorporation of ISMS. The number of young people 'eligible' for the MYA service outstrips its capacity to meet this demand. Hence, some young people become 'persistent' without preventative measures being initiated. For those young people worked with at MYA or the Youth Justice Team, it is believed that there is clear evidence that this impacts on offending.

### *Evaluator's view*

3.278 The Moray Youth Justice Team has been enthusiastic about the possibilities that ISMS funding brings to their services and has attempted to deliver the programme as outlined in its initial proposal.

3.279 However, the Team seems to have under-estimated the staff and resources required to implement the programme. There is nothing wrong with an in-house model per se, but it does need to be adequately resourced in order to be delivered effectively.

3.280 There are difficulties between the partners in terms of who ISMS should be targeted at. It would appear that only much clearer guidance from the Scottish Government is likely to be able to resolve this.

## **West Dunbartonshire**

### *Context*

3.281 West Dunbartonshire is the 10<sup>th</sup> smallest local authority in Scotland, with a population of 91,240 in 2006<sup>43</sup>, which represents 1.8% of the Scottish population. Of this, 7,164 people (7.9%) are between 12 and 17 years-old. It is an urban area, with 50% of the population living in large urban areas, 49% living in other urban areas and 1% living in accessible rural areas.

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<sup>43</sup> According to GROS 2006 mid-year estimates.

3.282 Deprivation in the area is higher than the Scottish average, with 14.4% of the local authority's data zones in the most deprived decile of data zones in Scotland on the Scottish Index of Multiple Deprivation in 2006. Approximately, 19.6% of the population are deemed income deprived and some 17% of the working age population are deemed employment deprived in West Dunbartonshire. This compares with 13.9% and 12.9% respectively in Scotland as a whole.

3.283 This deprivation is reflected in statistics from the education sector, with 25% of primary and 20% of secondary school pupils on the school roll entitled to free school meals<sup>44</sup>. Scottish Neighbourhood Statistics indicate that educational attainment for teenagers is very slightly higher than the Scottish average, with 91.4% of S4 pupils attaining SCQF level 3 or above in English and Maths in 2004, compared to 91.0% of the Scottish total. In local authority schools, there were 2,146 exclusions from schools in 2005/06, all of which were temporary. This equates to a rate of 105 per 1,000 pupils<sup>45</sup>.

3.284 The Scottish Neighbourhood Statistics indicate there were 9,101 crimes recorded by the police in 2005/06, which is 2.2% of the Scottish total. There were 607 recorded housebreakings, which was 1.9% of the total for Scotland.

3.285 The Scottish Executive indicates that West Dunbartonshire had 350 children being looked after in March 2006 (1.7% of children aged 0-17). Of these, 60% were boys and 91% were under the age of 16 years. 56 were being looked after in residential care. Some 59% of those aged 16 and 17 leaving care in 2004-05 had at least one qualification at SCQF level 3 or above. Of those who were looked after away from home, 67% of those aged 16 or 17 and leaving care in 2005/06 attained at least one SCQF level 3 or above, with 48% of this group (32% of all looked after children) gaining this level of qualification in both Maths and English.

#### ***Data on ISMS cases***

3.286 There have been 12 ISMS cases in West Dunbartonshire. Most of the cases have been male, although two females have received ISMS. The ages of the cases vary more than elsewhere (13-16 years-old).

#### ***Motivation for participation***

3.287 West Dunbartonshire's stakeholders were generally keen to take part, seeing ISMS (and especially the intensive support element) as a possible intervention to prevent some of the young people from going into secure accommodation.

3.288 ISMS also appeared to fit well with ongoing work between the LA and Includem. West Dunbartonshire worked jointly with East Dunbartonshire, facilitated by existing arrangements for joint working such as a joint Criminal Justice Partnership.

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<sup>44</sup> School Meals in Scotland 2006

<sup>45</sup> Exclusions from Schools 2005/06. Published January 2007

## ***Delivery***

3.289 An ISMS Co-ordinator is driving forward ISMS, coordinating with social work area teams and residential units. Protocols of interaction have been finalised (with all agencies within the Youth Justice Forum) and all relevant staff and panel members have received the necessary training.

3.290 The delivery of the service is co-ordinated by the ISMS Council Staff Team and Includem's dedicated ISMS team. Referrals are filtered in relation to assessment. Where appropriate, they are secure screened prior to any imposition of an MRC. Core council staff includes the ISMS Co-ordinator, the Assistant Coordinator (who has a social work background), another social worker who carries cases, support staff (family support and admin support) and one teacher. Delivery of the service is determined by the ISMS Co-ordinator, involving others as appropriate. However, all full ISMS assessments are multi-agency.

### *Delays in implementation*

3.291 There were delays in getting the team into place that delayed implementation and the team only started in September 2005 assessing young people for suitability for the ISMS intervention. Part of the recruitment difficulty has arisen because ISMS is only at phase 1 and people needed reassurances about permanency and possible redeployment if necessary.

3.292 **ISMS took time to 'bed in' in the area**, but it needed time to start-up and expectations needed to be adjusted.

### *Training and awareness*

3.293 Implementation has also been intensive in terms of training staff and informing everyone about the programme. This includes making sure that staff recognise that intensive support is only appropriate for those young people fulfilling Section 70(10) conditions.

## ***Assessment***

### *Early phase*

3.294 A number of young people were referred to ISMS initially, but, quite often, were referred back to other parts of services because they did not meet the Section 70(10) criteria. This was perhaps a symptom of initial enthusiasm for the programme following introductory training.

### *Multi-agency approach*

3.295 Where assessments are requested, the ISMS Co-ordinator determines the nature of the referral. Assessment planning meetings identify the focus of the assessment, key issues and delegation of tasks for fuller assessment. Assessment includes all agencies known to the family. Assessments are divided up for staff to pursue, involving all of the key agencies.

### *Nature of assessments*

3.296 YLS is used for offenders. Other assessment tools used are Richter scale and Teen Talk.

3.297 All assessments include:

- review of case file;
- historical chronology;
- identification and exploration of key issues;
- analysis of family background;
- assessment of suitability for intensive supports;
- assessment of suitability for MRC;
- assessment as to meeting legal criteria for secure;
- view of secure screening; and
- full risk assessment as to danger to self and others.

3.298 Assessments often include using the council ISMS base to assess educational needs where the client has no school place. This can occasionally cause blockages in places.

### *Flexibility*

3.299 Refinements have been made to allow the assessment process to be undertaken in the appropriate timescale. Often the assessment period can be critical in the decision to use an MRC as the assessment intervention itself has, on occasion, been enough to stabilise the young person. Sometimes, the assessment period is extended to demonstrate level of cooperation and prevent the necessity of an MRC if appropriate.

### *Integration with secure*

3.300 There are attempts to integrate ISMS more with secure accommodation (before and after admission). The LA is working with secure providers, but agrees that more work needs to be done to link with ISMS. There has been some progress, but some secure providers remain unwilling to build on existing assessments or to allow young people to receive intensive support services while in secure accommodation. It is hoped that this might be part of a strategy to get young people, especially girls, out of secure accommodation using short length MRCs.

### *Partnership working*

3.301 Protocols are in place to ensure all intensive support and MRC clients are given extra priority across departments and agencies. All agencies are believed to contribute well to the assessment and delivery processes.

3.302 A summary of some of these partnership arrangements is provided below.

- **Includem.** Is fully involved in all appropriate referrals and progressing joint assessments with family sessions and direct family intervention. Co-working family support night for parents and carers. The Includem and ISMS teams will be imminently located in the same building.
- **Joint Education Social Work Committee.** Involves senior managers from Education and Social Work. Tracks and authorises residential school placements and alternative to mainstream placements. All young people discussed at secure screening are presented to this meeting.
- **Case Progression Meetings.** Fortnightly meetings that include: area Reporter; Inspector community safety police; Education Department; Social Work area team leaders; Restorative Justice Co-ordinator; Youth Justice Co-ordinator; ISMS Co-ordinator; Groupwork and family support team seniors. At alternate meetings, the ISMS programme is a standing business agenda item. Includem is also involved in this monthly meeting to review and evaluate ISMS programme.
- **Youth Justice/Restorative Justice.** Regular communication on cases. Currently considering how best to use restorative justice programmes within the ISMS base.
- **Pulse Plus.** £12,000 from the police via community safety partnership to offer art and cultural activities on Friday evenings for ISMS clients.
- **Skillseekers.** Post 16 years-old, young people can use time at the ISMS base to legitimise skillseekers placement and payment.
- **Careers.** Fast response for key worker allocation.
- **Police.** Help in compiling offending profiles. Examination of crime reports in order to complete full profile and risk assessment.
- **Children's Reporters.** Assist in the assessment process by discussing history of referrals and outcomes. Offer ongoing advice on legal matters.
- **Access to 'C'Tec.** Can integrate ISMS clients into alternative provision where appropriate. Voluntary providers of training (vocational and non vocational) on practical subjects.

3.303 Some issues in FCAMHS provision were identified. There has been significant change within the health boards that served the area, and one has recently subsumed the other. This makes it difficult to create and maintain links.

### ***Service provision***

#### *Includem*

3.304 The external intensive support element is provided by Includem, building on services provided by Includem prior to ISMS, such as the Home Team working with around 15 families (25 children) at any one time, the core offending team working with 6-8 young people, and crisis intervention services for two or three young people. Includem's additional services have been in place since December 2004 and have picked up a number of young people, providing intensive support (25 hours per week) and crisis support to high tariff, persistent young offenders. Includem is sometimes augmented by ISMS day unit.

### *Other services*

3.305 Other services are referred to in the above section.

### *Other issues*

3.306 **Accommodation for the ISMS Team is felt to be too small to provide a full programme,** however, the accommodation is well-situated and of a high standard. Increasing use of external education providers, such as 'C'Tec, has helped to mitigate space constraints. It is also clear that demand is variable and it would be difficult to justify accommodation large enough to cope easily with peak periods.

3.307 There were some concerns over communications with Serco, but these have been resolved and the LA considers that it gets a good service from Serco.

3.308 **The aftercare period is felt to be insufficient and this has been extended in some cases.** Generally, it is felt that the aftercare period needs to be longer than the period of the MRC, with support being gradually reduced.

### ***Monitoring and evaluation***

3.309 The monthly meetings on Case Progression (referred to in Partnership Working, above) is the main way of monitoring what is happening on the cases and the programme in general. There are also regular discussions with senior management and cooperation with external auditors, but the ISMS Team would welcome some advice and assistance on how best to do this. They would like to capture data on attendance and achievement.

3.310 An important consideration will be the influence of the assessment process on the behaviour of young people. There are some indications that the process alone can result in positive outcomes, for example in reducing absconding.

### ***Success measures***

#### *Offending*

3.311 The ISMS Co-ordinator believes that there has been a substantial reduction in offending among those on the ISMS/ intensive support service programmes and it is preventing the necessity for ASBOs. However, this has taken place against a backdrop of increasing persistent offending rates overall (five or more episodes of offending in a six month period), perhaps caused by increased police activity to clamp down on minor offences like drinking in the streets, driving quad bikes in residential areas, etc.

### *Alternative to secure*

3.312 The overall attention to anti-social behaviour and the increase in secure accommodation bed spaces makes it difficult to assess the reduction in secure numbers, i.e. due to the strategy to tackle antisocial behaviour and an increase in the available number of secure places, it is difficult in isolation to say how ISMS is working to provide an alternative to secure as these other factors may have impacted on that. However, on occasion, secure accommodation has been used only for the short-term.

3.313 In the long-run, the ISMS Co-ordinator believes, there should be a reduction in number of young people in secure accommodation, but it is too early to be definite about this at this stage.

### *Referrals from the courts*

3.314 There are close links with Procurator Fiscal's office and the court, and the ISMS programme has allowed the Procurator Fiscal to agree bail in several cases due to the intensity of the programme, when serious crimes have been alleged.

3.315 More cases are being returned by Sheriff to the Children's Hearings System for disposal in recognition of level and degree of service, and Panel Members are referring more cases for assessments.

### *Other measures*

3.316 It is also argued that there has been significant improvement in the self-esteem of clients. They are better motivated and have increased likelihood of employment, through better links to employment opportunities. The ISMS Team suggests that there have been no negative outcomes from the programme, but acknowledge that ISMS/intensive support service is not a panacea.

### *Evaluator's view*

3.317 West Dunbartonshire made a relatively slow start in introducing ISMS. However, it's preliminary work in getting arrangements in place before rolling-out now seem justified in terms of the numbers on the programmes and the quality of the services.

3.318 The extent of partnership arrangements and services in the area, including links with training and careers, is particularly impressive.

## **Discussion**

### *Need for physical infrastructure*

3.319 Clearly a lot of effort has gone in to introducing ISMS in each of the phase 1 areas. However, **putting all the infrastructure in place to deliver this programme has proven to be a difficult exercise.**

3.320 It is a matter for debate whether all of the physical infrastructure is required for an effective ISMS programme, e.g. co-location, new offices, etc. All we can say is that the LA areas that either had or developed this physical infrastructure at an early stage seemed to implement the programme more quickly and effectively.

*Need for effective partnership arrangements*

3.321 **Effective partnership arrangements with all the delivery bodies would also seem to be required** and much work has to be undertaken with other key stakeholders, particularly within the Children's Hearings System to ensure that ISMS is known about and used appropriately.

3.322 **Difficulties in achieving all of these requirements has led to delays in implementation of ISMS and a lack of throughput on ISMS cases.**

*Reasons for not meeting initial estimates*

3.323 However, it is also worth noting that a low number of cases (less than estimated levels) should not necessarily be seen as a failure. The estimates were not targets, but rather represented approximate throughput levels that the LAs believed that they could achieve. In some areas, the estimates were not achieved because insufficient priority was given to the ISMS programme and/or because of ideological concerns about the nature of tagging. However, other areas clearly prioritised and approved of the programme.

3.324 It does seem that the number of cases was over-estimated at the outset, but there have also been a larger number of intensive support service cases. Many of these cases were not suitable for ISMS because the intensive support that they received during the assessment phase rendered the MRC as no longer necessary. There were other problems in moving many cases on to an MRC, such as a lack of suitable accommodation or difficulties in the young person's family relationships.

*Factors needed to successfully implement ISMS*

3.325 **From the above evidence, there appear to be a number of major factors that need to be in place before a programme such as ISMS can be successfully implemented.** Any national roll-out of ISMS should take account of these factors. The lack of some of these factors in some of the areas has hindered the implementation of ISMS.

1. The programme must be driven forward from an early stage by a suitably skilled individual who takes responsibility for the organisation and implementation of the key elements that need to be in place to provide a service to meet local need. S/he should be appropriately supported to do this.
2. There needs to be high level management support for the programme within the LA.
3. Effective partnership arrangements need to be built early on, especially involving Education, Social Work, external providers and others as appropriate. The different agencies and workers need to be aware of their and other's roles and responsibilities.

4. There needs to be a supply of suitable accommodation for young people in an area. The lack of this in some areas has been a significant problem.
5. The programme needs to be marketed effectively, especially to the police, the Courts and the Children's Hearings System so that the ISMS will actually be used. Its profile also needs to be raised in the wider community so that people are aware of it and what it is intended to do.
6. There needs to be an effective link-up with secure providers to ensure that those young people in secure are assessed for ISMS and that work (such as assessment work) is not being duplicated.
7. The case conference approach to assessment seems to be the best way in which to gather all of the opinions of the professional staff involved in a case and discuss and debate the issues surrounding a young person and what they need.
8. There needs to be flexibility in programme construction and delivery so that the needs of different types of young people are met.

## CHAPTER FOUR      EXTERNAL PROVIDERS

4.1 This section focuses on those external agencies providing the intensive support and monitoring elements of ISMS. It should be recognised that there are a number of other agencies providing support to young people on ISMS, including LA health and education departments. The types of support offered by the LAs were detailed in the previous chapter for each of the LA areas.

4.2 This chapter is based on a number of interviews with the main external intensive support and monitoring service providers as well as the evaluation work on Includem conducted by Khan and Hill (2007)<sup>46</sup>. As with the LA profiles, these profiles of the external providers were also checked and cleared with each agency to ensure accuracy and fairness.

### **Includem**

#### *Background*

4.3 Includem has been operating for almost seven years. It started off providing core services to young people in trouble, usually 5-14 hours of support per week. This was then considered intensive, but the level of service has been built-up since then.

4.4 Includem has developed two Teams, the Includem West Team and the Includem East Team, to ensure that the Includem approach and service is available to all LAs in West, Central and East Scotland on a rapid response basis, offering the full intensive support and supervision service.

4.5 Areas where Includem is a key intensive support service provider for ISMS are Edinburgh, Glasgow, East Dunbartonshire, West Dunbartonshire and Dundee.

#### *Services*

4.6 Services are provided in 16 local authorities in Scotland to about 300 young people using the same model of delivery. There are separate services for those a) aged 11-14, and b) aged 14 plus.

4.7 Includem's remit is to get young people out of residential care, support them in the community and address their offending behaviour. 24-hour crisis support is provided for particularly vulnerable young people. There is also a restorative justice aspect to the support.

4.8 Includem normally provides 15 hours of intensive support per week, along with a 24-hour, seven-day-a-week helpline and crisis services (for respite, accommodation, etc). One-to-one support is based on a professional relationship ('pro-social role modelling'). Includem's approach is about supporting and challenging a young person's behaviour at his or her home through these established relationships.

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<sup>46</sup> Furzana Khan and Professor Malcolm Hill, "Evaluation of Includem's Intensive Support Services." Includem: Glasgow. September 2007.

### *Core aspects of programme*

4.9 The young people that Includem support are felt to need highly tailored programmes that do not just tackle their offending behaviour, but also their accommodation, health, drug use, relationship problems, etc. However, Includem does not specialise in mental health or in helping those with learning difficulties. These can be supplied by the LA or through other providers and often Includem are the main drivers in inter-agency support programmes because of the high levels of contact they have with a young person. There are seven core aspects to the Includem programme.

- **Stickability** – once the young person is given a commitment, there can be no giving up on them
- **Tailor-made packages** – of support and supervision based on assessment of risk and need
- **One-to-one support** – from Includem workers, mentors and volunteers that challenges offending and serious antisocial behaviour within the context of developing a relationship with the young person
- **High quality and high frequency** - packages of support and supervision that are planned and unplanned
- **Crisis intervention techniques** – used to convert crisis into opportunities for change
- **Workbooks and diary planners** – to formalise a personal process and give a sense of purpose, structure and direction to the relationship between the Includem worker and the young person
- **24-hour helpline, seven days a week** – to provide support to the young person and to those concerned about them.

### *Includem and ISMS*

4.10 Includem previously estimated that they were providing intensive support (but without the MRC) to an extra 100 young people since ISMS was introduced (compared to before ISMS). This increased activity in the area of intensive support has continued. ISMS cases are, however, receiving priority in the phase 1 LA areas in which Includem is providing the intensive support services. ISMS cases are defined as those undergoing assessment for ISMS; those who currently have an MRC and are receiving intensive support; and those who have previously had an MRC and who are now receiving intensive support under the aftercare provisions of ISMS.

4.11 Includem believed (before ISMS was introduced) that the intensive support element, i.e. the relationship between the young person and the support workers, was the element that made a difference to the young person's behaviour. The monitoring arrangements were seen as largely irrelevant. **However, as ISMS has developed, Includem has identified some benefits that are particular to the MRC.** In particular, the monitoring arrangements have a role in alerting Includem to particular problems that a young person may have (e.g. arguments at home where the young person ends up being forced to leave) and in helping the young person to reduce peer group pressure. While these are not relevant in every case, there are a number of cases where it is believed that this is important and where the monitoring element is important in changing behaviour. The availability of 24-hour support (via a telephone helpline and in response to non-compliance) is seen as crucial by Includem in making a difference to a young person's life. Also seen as fundamental are other support services, in particular accommodation and addiction support services.

4.12 The intensive support element is thought to be going very well by Includem, but it believes that most LAs are still developing the other support elements, e.g. education, accommodation, daycare and mental health, especially in the appointment of key staff. These other supports are meant to bring support levels up from around 25 hours per week to about 50-60.

4.13 A large part of the problem in implementing ISMS is seen as involving the education authorities, particularly as they have many other vulnerable children or children with special needs for which they have to provide. Some LAs are employing their own teachers, which seems to Includem the easiest way to deal with this if you cannot get the required support from your education authority. Includem argues that the problem that this lack of other support creates is that many of the young people have significant gaps in their day and Includem has to spread out its activities. It can be difficult to keep all these young people occupied.

4.14 The Includem services follow the same model across the five phase 1 LAs in which they are playing a role in ISMS. The differences between the LAs arise from three main sources:

- differences in the views of Panel Members (the training of Panel Members is a significant element of this);
- the attitudes of social work departments towards ISMS and intensive support services; and
- definitions of 'intensive support', which range from six hours a week of Includem support to 25 plus hours a week supplemented with a 24-hour-a-day helpline.

### ***Monitoring and evaluation***

4.15 The intensive support service that Includem provides is not accredited, but it is believed to be evidence based. To strengthen this, consultants working in association with the Glasgow Centre for the Child and Society at the Universities of Glasgow and Strathclyde were brought in to evaluate the work of Includem, on both intensive support only and ISMS service provision by Includem (see Khan and Hill 2007). Data from this evaluation has been fed to the DTZ national ISMS evaluation and LA evaluators where consent to do so was given by participants.

### **NCH**

#### ***Background***

4.16 NCH is a children's charity that provides services to vulnerable and excluded children and young people. Currently, NCH is running more than 500 projects across the UK (some 60 in Scotland) for these young people and their families, and they are supporting over 140,000 people at children's centres.

#### ***Services***

4.17 NCH has been contracted to provide external intensive support services on behalf of Highland Council. A representative from NCH, typically the Unit Manager, sits on the Residential Placement Group (RPG), which screens children and young people for intensive support services only or ISMS. Recent activity has included an investigation of how to improve access to the RPG for social work teams and a number of proposals are under consideration by the Council.

4.18 While the numbers of young people who have received a monitoring element as well as intensive support remain low in Highland, activities to date under the ISMS programme have consisted of establishing a protocol with Reliance for electronic monitoring, developing support services, staffing, training, and setting up respite facilities. Following the change to Serco as the service provider for the monitoring element of ISMS, the protocol did not change.

### *Staffing*

4.19 In total, nine members of staff (a mixture of full- and part-time) are employed under the ISMS programme, and there are four vacancies (one full- and three part-time). A breakdown of these staff is provided below.

|  |  |
|--|--|
| Unit Manager   | 1 FT   |
| Senior   | 1 FT   |
| Staff in Inverness<br>the current staff complement is      | 5 FT –<br>4, there is 1 FT vacancy               |
| Staff in Fort William<br>– the current staff complement is | 1 FT + 2 PT<br>1 FT, with 2 PT vacancies         |
| Staff in Caithness<br>– the current staff complement is    | 1 FT + 2 PT<br>1 FT and 1 PT, with 1 PT vacancy. |

4.20 These members of staff also deliver the intensive support service programme. The approach to delivering intensive support service programme is broadly the same as the approach to ISMS services.

### *Integration of ISMS within a wider context*

4.21 ISMS services in Highland are being delivered in a context of low and decreasing levels of persistent young offending (five or more episodes of offending in a six month period). There are a number of provisions in place to address youth offending, of which ISMS is one. NCH believes that the high numbers of intensive support service cases may be helping to reduce the number of young people who require an MRC to be put in place.

4.22 NCH has also aligned a number of other services with intensive support service/ISMS support.

- **Positive Options** is a 12-week (usually one day a week) structured group work project that allows young people opportunities to engage in constructive activities (including voluntary and community work) leading to recognised awards
- **Mentoring** offers ongoing one-to-one support for vulnerable and excluded young people (particularly those facing drug and alcohol misuse problems). This involves weekly contact (typically two to four hours a week) for up to six months.

4.22 The integration of these programmes with intensive support service/ISMS provision is part of an ongoing continuum of long-term support for young people who have received an intensive support service (either with or without a monitoring condition).

### ***Monitoring and evaluation***

4.23 NCH has been feeding into broader monitoring and evaluative work being led by Highland Council and the UHI Millennium Institute. They are part of the Youth Justice Strategy Group, which means they have an input in helping to guide the evaluation of youth services in Highland. They have also been involved in facilitating access to case files and interview access to young people.

4.24 NCH has also been carrying out a research audit looking at the inputs from the Department of Children and Family Psychiatry (within the Council). While these have been useful to date, NCH is in the process of examining the level of mental health issues and learning difficulties among current and recent cases. This work will be considered by Highland Council and NHS Highland.

### **Reliance Monitoring Services and Serco**

#### ***Background***

4.25 Reliance Monitoring Services provided electronic monitoring services for adults in Scotland from May 2002 to April 2006, assisting the implementation of Restriction of Liberty Orders, bail conditions and probation conditions. It was involved in initial discussions of electronic monitoring for those under 16 years-old and, subsequently, agreement was reached to use Reliance to provide the electronic monitoring element of ISMS.

4.26 Reliance worked with all the LAs to draw up the plans for the implementation of ISMS and was involved in discussions and information events in each local area, working with social work and youth justice staff, Panel Members and the intensive support providers. The main focus of these events was on explaining the technology, leaving estimates on what level of service might be required to local decision-makers.

4.27 From April 2006, electronic monitoring services was taken over by Serco Ltd., which was awarded a five-year contract from the Scottish Executive to deliver the full range of electronic monitoring in Scotland.

#### ***Services***

4.28 Serco now provides and installs the electronic monitoring system, and monitors whether the young person meets the conditions defined by the ISMS intervention and whether the tag itself is compromised. The monitoring is undertaken by a central monitoring facility in East Kilbride, with regional back-up to deal with situations requiring face-to-face interventions such as the installation of a tag. As envisaged originally, Reliance employed 12 additional staff (nine in their monitoring centre in East Kilbride to cover central Scotland and three in Moray/Highland). These members of staff were in place by February 2005, ready for implementation in April.

4.29 Prior to implementation, there was a period of intensive training to ensure awareness of specific issues relating to young people. Staff numbers and locations have not changed following the change from Reliance to Serco as service provider. Indeed, many of the staff moved organisation following the change, which has meant that a continuity of service has been maintained. The consideration of specialist young people teams has been put on hold since overall numbers remain low.

### *Managing ISMS*

4.30 Increased activity in other order types (in particular the introduction of Home Detention Curfews) has been absorbed by Serco. However, Serco is currently managing six different order types. Home Detention Curfews must be installed on the day of a person's release from custody and therefore take priority. The low number of ISMS cases has helped Serco to manage this.

4.31 Serco also needs to coordinate ISMS visits with the intensive support providers and this can pose difficulties to get agreed times.

4.32 Under the terms of its contract, Serco cannot visit households between 0800 hours and 2000 hours without prior agreement, but there is some flexibility around this. However, Serco tend not to visit after 2200 hours as this can be disruptive.

4.33 Given the low levels of ISMS cases, Serco has identified a need for some refresher training for staff in specific issues around the electronic monitoring of young people. This is going to be addressed through cooperation with the City of Edinburgh Council's training programme.

### *Liaison with LAs*

4.34 There is communication with the LAs through local liaison groups. These are regularly held in Dundee, Edinburgh and Glasgow (every three months). There is also occasional liaison with East Dunbartonshire. Formal liaison is less with West Dunbartonshire, but Serco has strong links with the ISMS coordinators. There has been little liaison with Highland and Moray over the last six months due to the few number of cases.

4.35 Serco has also recently appointed two LA Liaison Officers, one of which has responsibility for ISMS and deals with every ISMS case, acting as the main point of contact for the LAs. This has helped to get issues quickly resolved.

4.36 Reliance worked with the LAs to establish good practice during the implementation phase. Serco has been reviewing the protocol in each of the phase 1 LAs and changes have been made in Dundee and Edinburgh, which has actively involved Serco in the future planning of the service. Should ISMS be rolled-out nationally, there will be a need to establish a national protocol, but this may prove difficult because of the specific needs of individual LAs. The initial process of awareness raising in the phase 1 LAs was also resource intensive and roll-out more widely could present resourcing issues.

### ***Monitoring and evaluation***

4.37 Once a tag has been fitted, Reliance could provide a detailed, computer-generated report on each young person. This details all ‘incidents’, which means that each activity that either interferes with the equipment or where the conditions are breached will be registered. All incidents will be followed up. In cases such as tampering with the strap, this will involve a phone call, while, in more serious breaches such as absconding, the intensive support provider is informed within 15 minutes (with LA ISMS teams being informed usually within 24 hours). Following the change to Serco as monitoring provider, this protocol has not changed. There have been discussions around responding to ‘case tilts’, which occur when the equipment is interfered with. Many of these are accidental because the equipment is extremely sensitive, but it is not possible to ascertain the cause of a ‘case tilt’ from the monitoring information alone and all of these incidents must be investigated.

4.38 Initial experience suggested that there were more incidents in relation to young people than for adults. This applies to unauthorised incidents (e.g. tampering with strap, leaving house and kicking the box) and authorised incidents (e.g. agreed respite from home and outings with social work). This has been borne out by subsequent cases and makes the intervention much more time and resource intensive for the service provider. Incidents are generally greater in frequency at weekends.

4.39 Numbers remain lower than anticipated. It is thought that additional work may be needed to refresh the training of Panel Members to publicise successful outcomes in ISMS cases and to highlight that the combination of intensive support and the additional stability that electronic monitoring can bring about improvements in behaviour more effectively in some cases than intensive support alone.

## Summary of findings from the providers

- The main external intensive support providers are Includem (providing intensive support in five of the phase 1 LA areas) and NCH (providing intensive support in Highland). Serco provide the electronic monitoring service, having taken over from Reliance Monitoring Services.
- What this form of intensive support involves can vary depending on the needs of the young person and their circumstances. It usually involves providing support in the community, addressing offending behaviour and other problems the young person may have, and providing 24-hour crisis support. This element of ISMS is, on average, provided for 25 hours per week per case.
- Includem is seeing the benefit of the monitoring element, particularly in helping to reduce peer pressure on young people and in being rapidly alerted to problems they may be facing.
- Includem's services are not accredited, but it does believe them to be evidence-based and it is undertaking evaluative work.
- In Highland, NCH has aligned a number of services/programmes with ISMS/intensive support service provision. NCH has also been feeding into the monitoring and evaluative framework being led by Highland Council and the UHI Millennium Institute.
- Serco took over providing the MS element of ISMS in mid-2006. Many of the staff providing this service moved to Serco from Reliance Monitoring Services, helping continuity.
- Although the number of expected cases is lower than anticipated, there appear to be a higher level of incidents with young people compared to adults, leading to a much more resource intensive intervention for the provider.

## CHAPTER FIVE SURVEY OF WIDER STAKEHOLDERS

### Overview of survey approach

5.1 To gain a more complete view of the ISMS process, a range of stakeholders were surveyed. These stakeholders represented a number of agencies and organisations that have or should have some involvement in ISMS, such as those working in Social Work, Education, Mental Health, local ASB coordinators, those working in procurator fiscal offices and Includem or NCH staff. It was not necessary to have had a direct involvement in ISMS to reply; we wanted to understand stakeholders' awareness and perceptions of ISMS as well as the nature of any involvement. The purpose of this survey was to ascertain the level and nature of involvement of wider stakeholders in the ISMS programme; and to identify their opinions of the programme, the way in which it was implemented and is being operated, as well as their views on its use and effectiveness. A copy of the survey questionnaire is provided in Appendix D.

5.2 The survey was initially distributed by DTZ in late February 2007, with a stamped-addressed envelope. DTZ worked with Research Resource, a company specialising in market research and surveys were returned to Research Resource for data inputting. Two weeks after the survey was issued, Research Resource sent out a reminder letter to all non-respondents. Research Resource then sent all of the returns on to DTZ for analysis in a SPSS database. A postal methodology was chosen as it allowed us to contact a wide range of stakeholders, drawing on contact details already held by the Scottish Executive. It also meant that respondents could complete the survey at work or at home, depending on the nature of their involvement, and take time to consider their response.

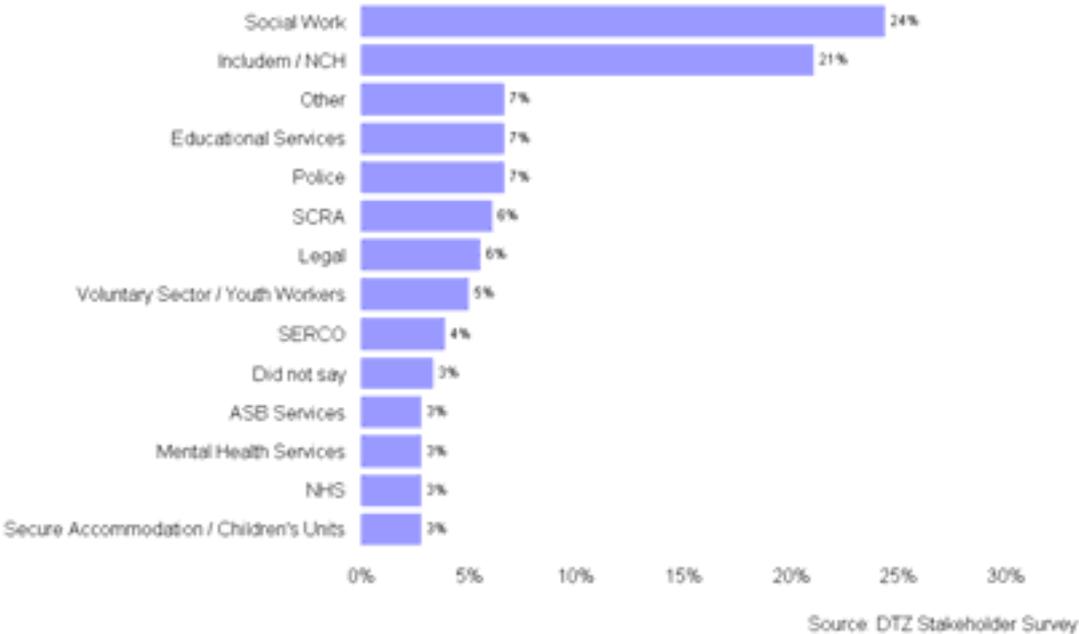
5.3 This survey was conducted in February-March 2007 and refers to views and opinions up to this time.

5.4 We contacted 385 individuals and received 181 completed surveys (a response rate of 47%). This is a good response for a survey of this type, as postal surveys usually have low response rates<sup>47</sup> if the subject is not considered to be of interest to potential respondents – this indicates interest in and awareness of ISMS among stakeholder groups. The breakdown of respondents by professional group is shown in Figure 5.1 and by LA area in Figure 5.2.

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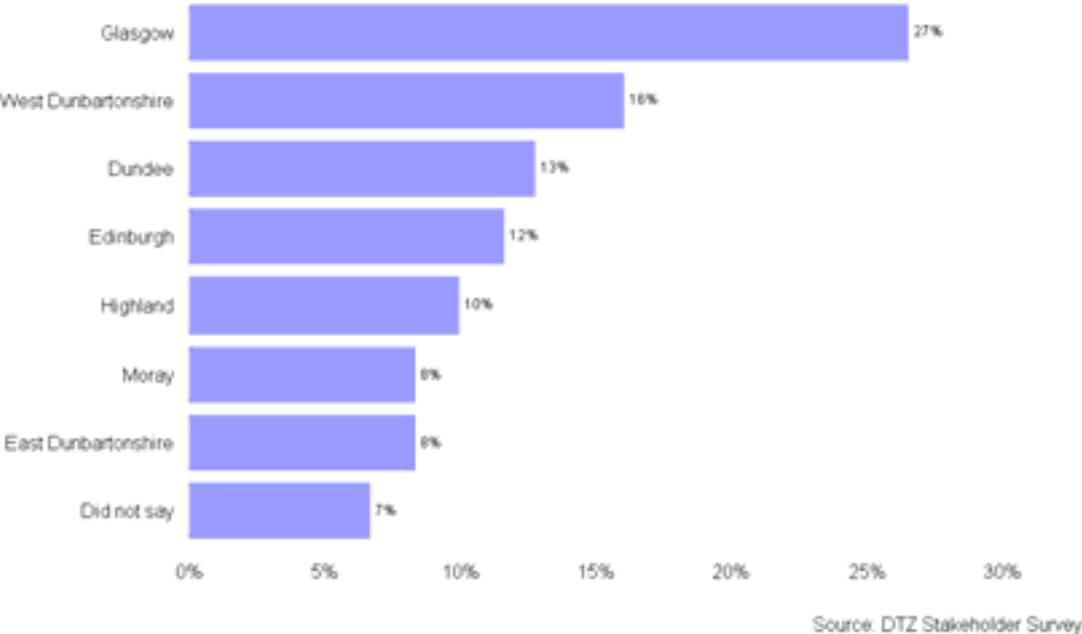
<sup>47</sup> Typically around 25% to 30% for this type of survey. See Bryman (2004).

**Figure 5.1. Respondents by professional group**



Note: base of 181.

**Figure 5.2. Respondents by local authority area**



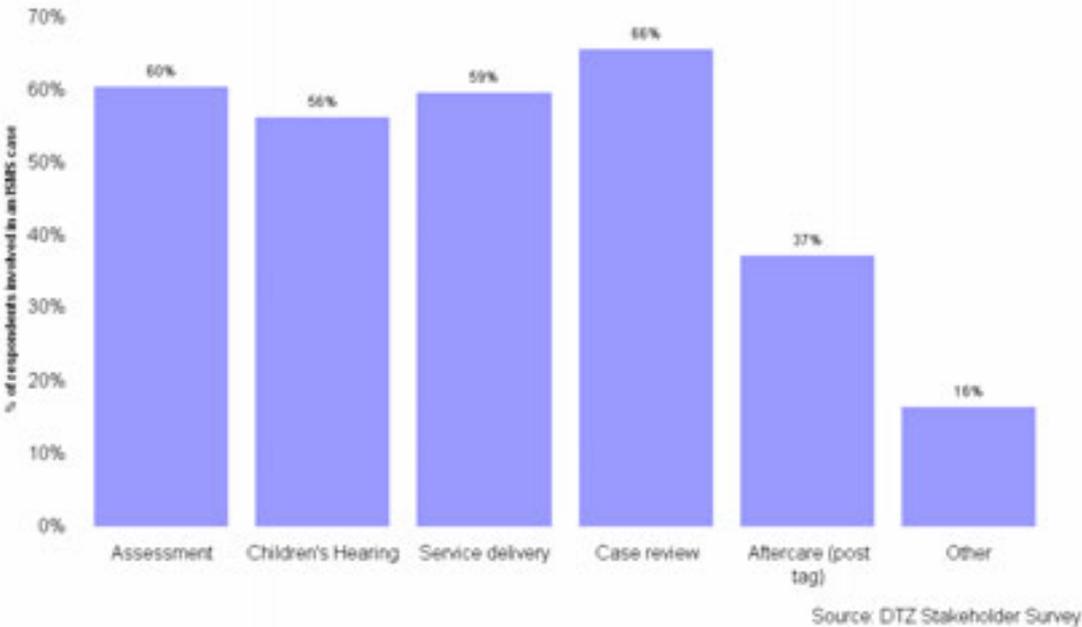
Note: base of 181.

### Involvement with ISMS

5.5 Of the 181 respondents, 117 (65%) had been in direct contact with an ISMS case, a further 61 individuals (34%) had not had direct contact with an ISMS case. The nature of involvement is discussed in more detail below.

5.6 The nature of the contact with the ISMS programme varied, **but the majority of people have been involved in more than one stage of the process.** Two-thirds of respondents (66%) had been involved in the case review process (reviews are undertaken at planned intervals or in response to non-compliance or other issues). Similarly, assessment and service delivery areas had large proportions of stakeholder involvement (60% and 59% respectively). It is interesting to note that only 37% of respondents had been involved in the aftercare element of the process (i.e. following removal of the MRC but before the programme has reached completion), although this may reflect the lack of cases in the early stages in some of the areas, meaning that there was little opportunity for other stakeholders to be involved by the time of the survey. The involvement levels across the LAs were generally reflected by the proportions shown in Figure 5.3. However, the involvement levels across all stages of the process in Dundee and Moray were significantly higher: in these regions, stakeholder participation averaged 62% and 66% respectively across all stages. In comparison, the overall average was 49% across all the LAs.

Figure 5.3. Nature of direct involvement in ISMS cases

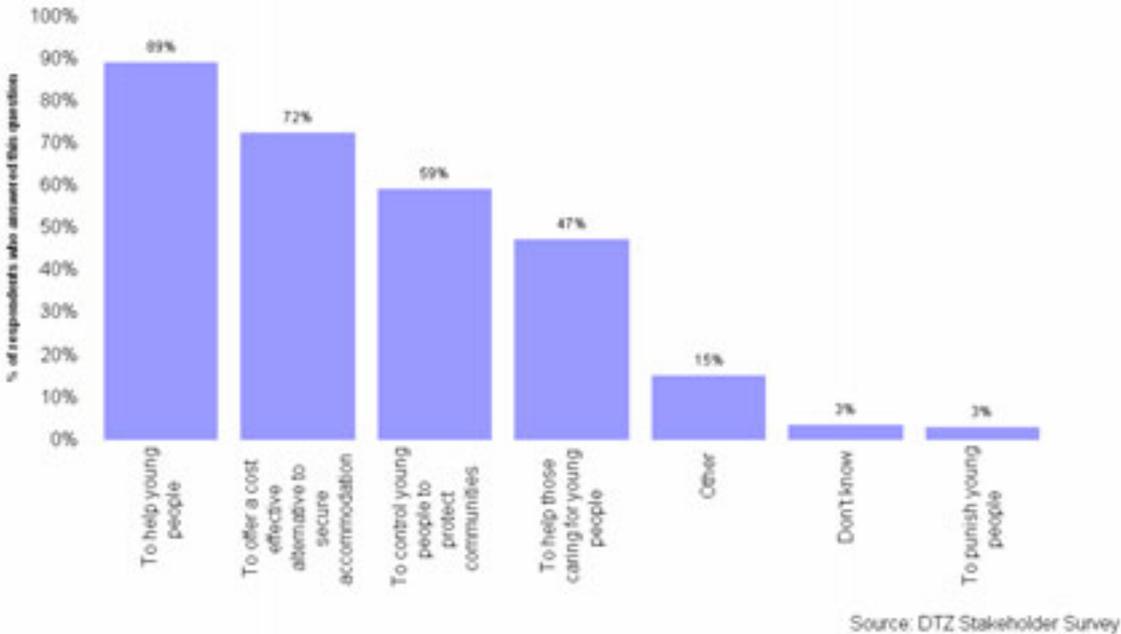


Note: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all respondents who answered this question (116 out of 181 respondents)

**Understanding of the reasons underpinning the introduction of the ISMS programme**

5.7 The stakeholders were asked about their understanding of the underlying reasons for the ISMS programme. The most common response (given by 89% of respondents) was ‘to help young people’. This was followed by ‘to offer a cost effective alternative to secure accommodation’ (cited by 72% of respondents). Another popular response (59% of respondents) was ‘to control young people to protect communities’. Very few people (3%) cited ‘to punish young people’ as a reason for the ISMS programme. A full breakdown of responses is shown in Figure 5.4.

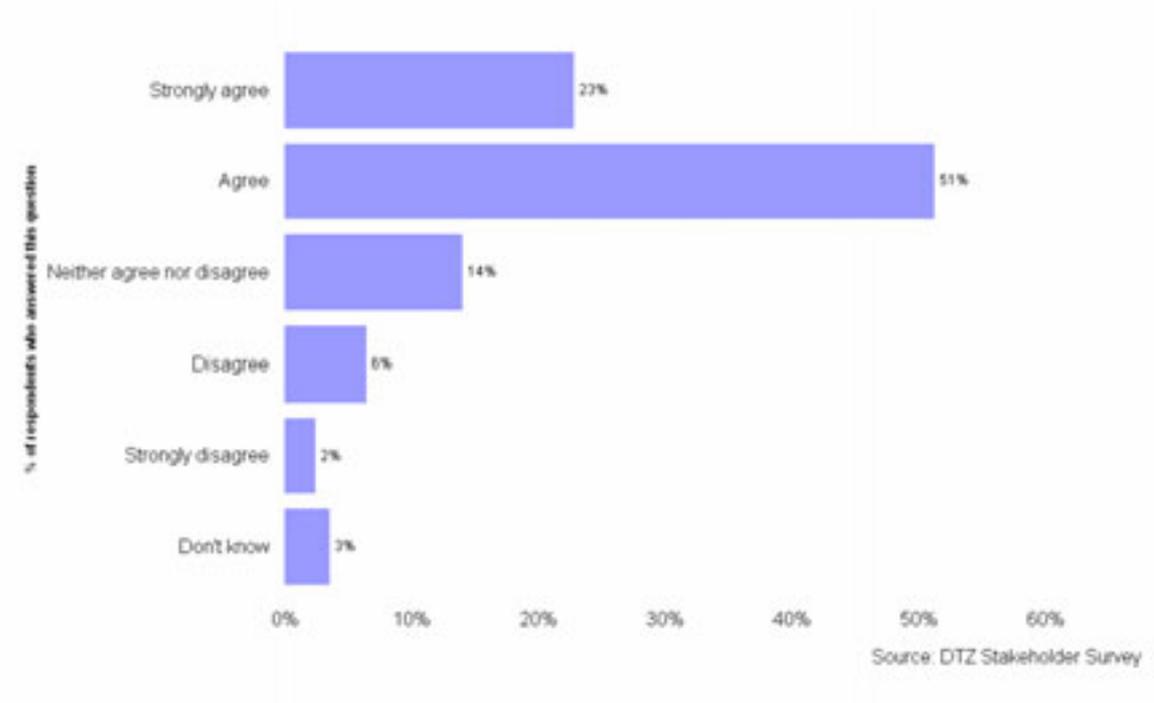
**Figure 5.4 The reasoning behind the ISMS programme**



Note: Totals sum to more than 100% as multiple responses were possible. Proportions are expressed relative to all respondents who answered this question (173 out of 181 respondents).

5.8 **Stakeholders were supportive of the ISMS approach as they perceive it;** with almost three-quarters (74%) stating that they either agree or strongly agree with the approach underpinning the programme. Only 6% stated that they disagreed with the approach.

**Figure 5.5. Do you agree or disagree with the ISMS approach?**

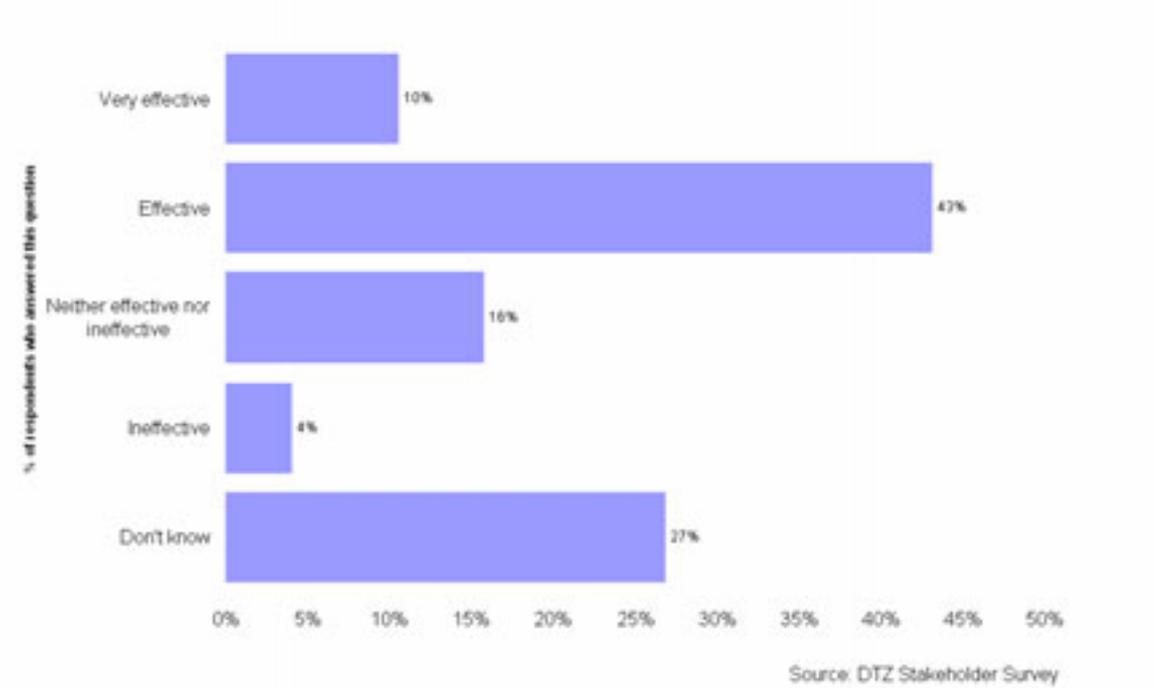


Note: proportions are expressed relative to all respondents who answered this question (172 out of 181).

**Effectiveness of the referral process**

5.9 A significant proportion of the respondents (43%) believe that the ISMS referral process is effective. Just over one-quarter (27%) of respondents said that they did not know whether the system was effective and a further 16% viewed the system as neither effective nor ineffective. This may well simply reflect a lack of direct experience of this stage.

**Figure 5.6. Is the ISMS referral process effective?**



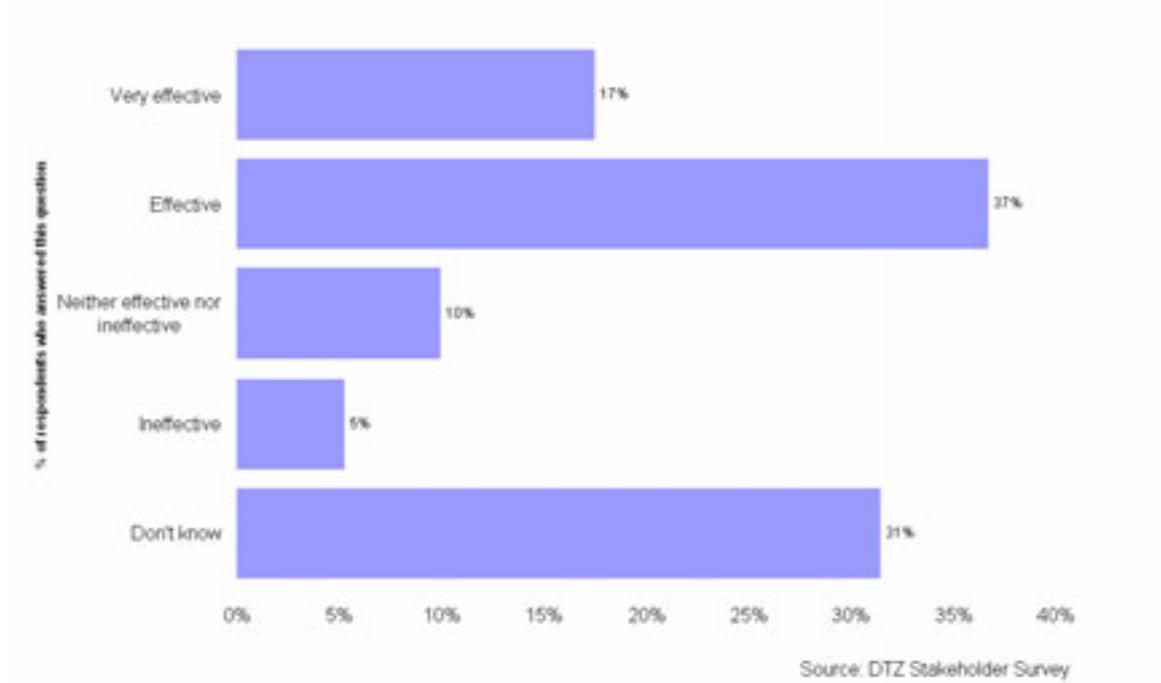
Note: proportions are expressed relative to all respondents who answered this question (172 out of 181).

**Effectiveness of the assessment process**

5.10 The stakeholder views on the assessment process told a similar story, with almost one-third of respondents (31%) not knowing whether the assessment process was effective. Again, this probably reflects a limited number of respondents having experience of this stage, particularly given that 40% of respondents said that had not been directly involved in the assessment stage of an ISMS case (see Figure 5.3).

5.11 37% thought that the assessment process was effective, with a further 17% viewing the process as very effective. Those LAs who found the assessment process most effective were in Dundee and Moray, with 35% and 33% respectively viewing the assessment process as very effective. In Dundee the comments from respondents indicate that the success of the assessment process is the result of expert leadership that links with other agencies well, and allows an in-depth bespoke assessment to be carried out. Respondents in Moray indicated that they feel the strength of the assessment process is in its intensity, which allows issues to be identified but also provides a clear indication of whether ISMS will work and can sometimes bring about improvement in behaviour in its own right.

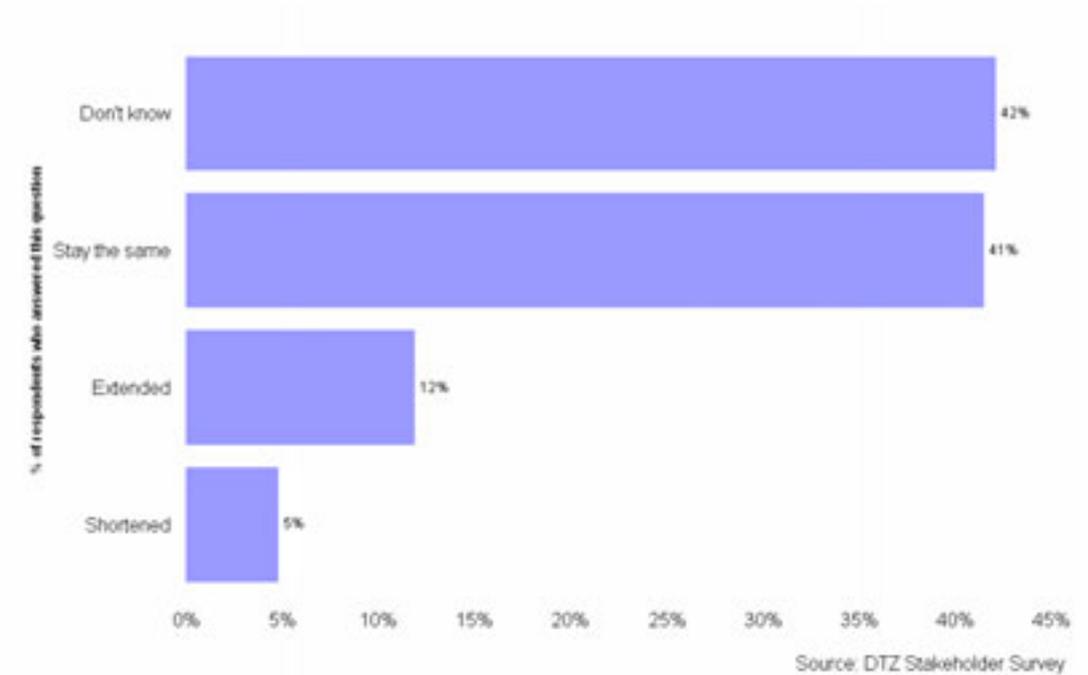
**Figure 5.7. How effective is the ISMS assessment process?**



Note: proportions are expressed relative to all respondents who answered this question (173 out of 181).

5.12 A large proportion of stakeholders (42%) did not express a view on the appropriate length of the assessment process. Of those that did express a view, most thought the length of the process should stay the same (41%). Relatively few thought that it should be extended and only a small number supported it being reduced.

**Figure 5.8. Should the assessment process be.....**



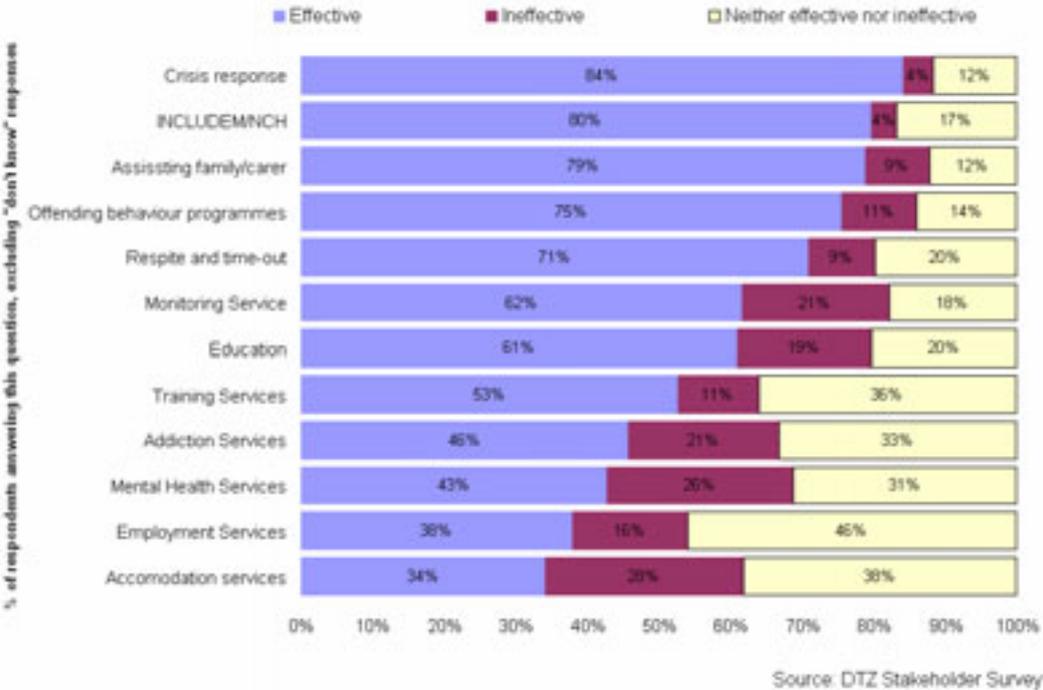
Note: proportions are expressed relative to all respondents who answered this question (169 out of 181).

**Service delivery**

5.13 **The crisis response<sup>48</sup> mechanism was considered by 84% of respondents to be either effective or very effective. This was closely followed by the providers Includem/NCH, which 80% of respondents deemed to be either effective or very effective. Accommodation services were viewed by 28% of respondents to be neither ineffective nor very ineffective and a large proportion of respondents (38%) viewed it as neither effective nor ineffective. Employment services, mental health services and addiction services were the other parts of the programme that were rated by less than 50% of respondents as being effective. An overview of all the responses is shown in Figure 5.9.**

<sup>48</sup> This may be crisis response offered by the external providers, the ISMS Team or other social work services.

**Figure 5.9. Effectiveness of elements of the ISMS package**



Note 1: Proportions are expressed relative to all respondents who indicated a measure of effectiveness for a particular element. The exact respondent base varies for each element, however the smallest sample is 88, and is still a statistically robust sample.

Note 2: Actual base numbers for each of the above categories are: Crisis response (121); Includem/NCH (115); Assisting family/carer (124); Offending behavior programmes (115); Respite and time-out (97); Monitoring service (119); Education (134); Training services (98); Addiction services (106); Mental health services (97); Employment services (88); Accommodation services (95).

5.14 Just over half of the respondents (51%) believed that the ISMS process could be improved, with only a small proportion (7%) claiming it could not. The remainder did not know. Suggestions for improving the programme varied, below are some of the suggestions given.

- *Improved inter-agency working and improved communication between the agencies*
- *Introduce consequences for breaching MRC*
- *Assessment period should be lengthened*
- *More work with the families of young people on MRC*
- *Focus on the retention of intensive support staff should be improved and staff turnover kept to a minimum*
- *Clarify who the scheme is for and more guidance*

5.15 There were also a number of areas identified where stakeholders felt that there are some unmet needs that ISMS should address. A selection of quotes that reflect the most commonly cited responses are given below.

- *Accommodation and addiction services are poor and over-stretched*
- *More effective links with mental health agencies and alcohol/substance misuse agencies*
- *Improve mental health provision*
- *Early referral not possible and reporting period too long*
- *Not addressing child protection issues within the family home*
- *Limited weekend support – this is when most needed*

### **Good practice**

5.16 Stakeholders were asked whether there were any examples of good practice in the provision of ISMS. The most commonly cited responses are below. Some of these coincide with the responses given for areas of improvement, partly due to differences in service organisation and delivery across the LAs.

- *Enthusiastic staff*
- *Cognitive programmes and mental health services*
- *Communication and sharing of information between agencies*
- *Educating offenders*
- *Includem and crisis response*
- *Ethos of supporting young people without removing them from the local community*

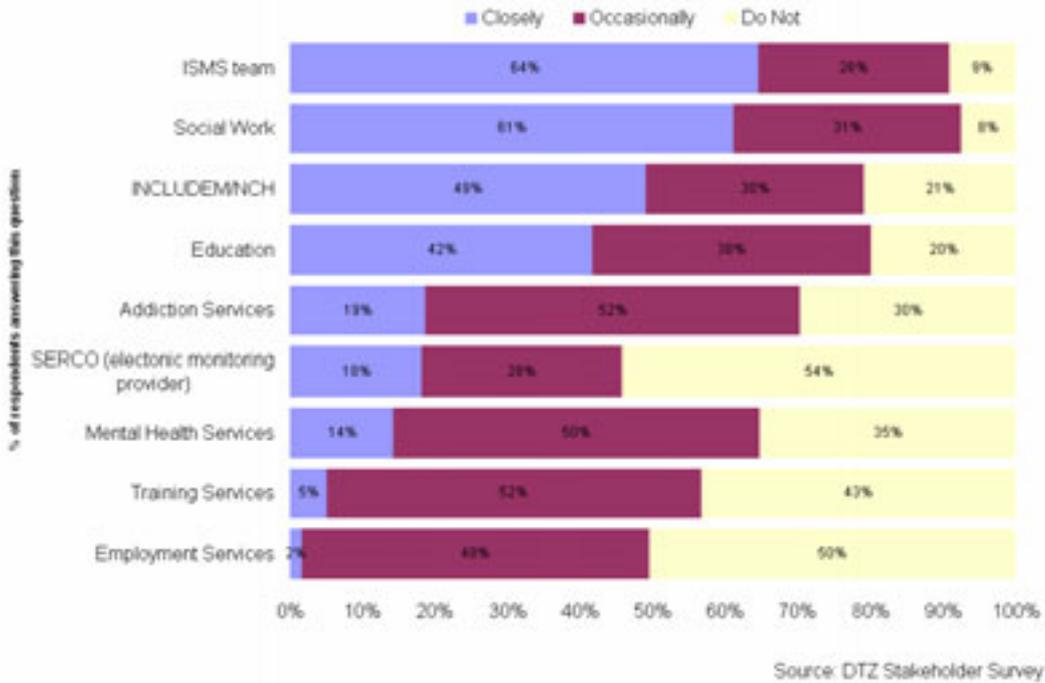
5.17 The length of time that the stakeholders expected young people to take to engage with ISMS varied from one to two weeks to up to one year. Interestingly, a number of stakeholders expected an immediate change in behaviour as a result of ISMS. The length of time that stakeholders expected before changes in behaviour would occur ranged from 0 weeks to 12 months, with the most common response being 12 weeks.

### **Inter-agency working**

5.18 Stakeholders were asked about their relationships with other organisations – how frequently they work together and how effective they feel contact to be. Most of the stakeholders had some contact with the ISMS Team and (of all the other partners within the ISMS programme), this was a partner that most stakeholders (64%) worked closely with. Relationships with social workers also formed a key role in the stakeholder relationships.

5.19 Few stakeholders felt that they had a close relationship with some of the service based agencies, particularly employment, addiction and mental health services, and this was cited as in need of improvement. Interestingly, these are the agencies with some of the lowest scores for effectiveness and **this perceived lack of effectiveness may be related to lack of close working**. However, it is reassuring to see that around half of the respondents had contact with the ISMS Team, Social Work, Includem/NCH and Education.

**Figure 5.10 Stakeholders level of involvement with service providers**



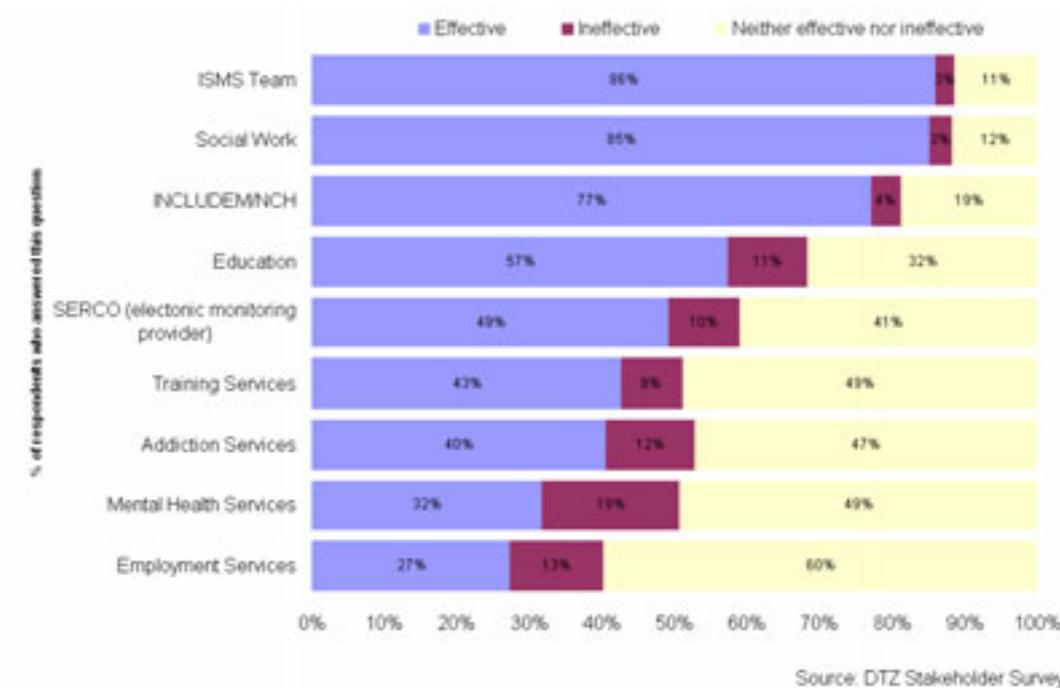
Note 1: proportions are expressed relative to all respondents who provided an answer to the relationship with the agencies. The exact respondent base varies for each question and the lowest base is 111, which is still deemed to be a robust sample.

Note 2: Actual base numbers for each of the above categories are: ISMS team (122); Social Work (120); Includem/NCH (111); Education (121); Addiction services (119); Serco (117); Mental Health Services (120); Training services (119); Employment services (120).

5.20 Most stakeholders that had a relationship with agencies felt that it was an effective one: in fact, 86% of respondents who had a relationship with the ISMS Team viewed it as effective or very effective. It is also reassuring to see that, for all agencies, the number of negative responses was relatively low. The highest figure for ineffective relationships was for mental health services, where 19% of respondents stated that their relationship with them was ineffective.

5.21 A complete breakdown of the effectiveness of stakeholder relationships with service providers is shown in Figure 5.11. Again, the core services score relatively highly and it is what may be perceived as the more peripheral parts of the ISMS programme that score less well. This may be because these services are only used occasionally (depending on the needs of the young person on the programme), but the fact that relatively large proportions of stakeholders view these services as ineffective and the partnership relationships as ineffective is a source of concern.

**Figure 5.11. Effectiveness of stakeholder relationships with service providers**



Note 1: proportions are expressed relative to all respondents who stated their level of involvement with a particular service provider. The exact respondent base varies for each question the lowest base is 62, which is still deemed to be a robust sample.

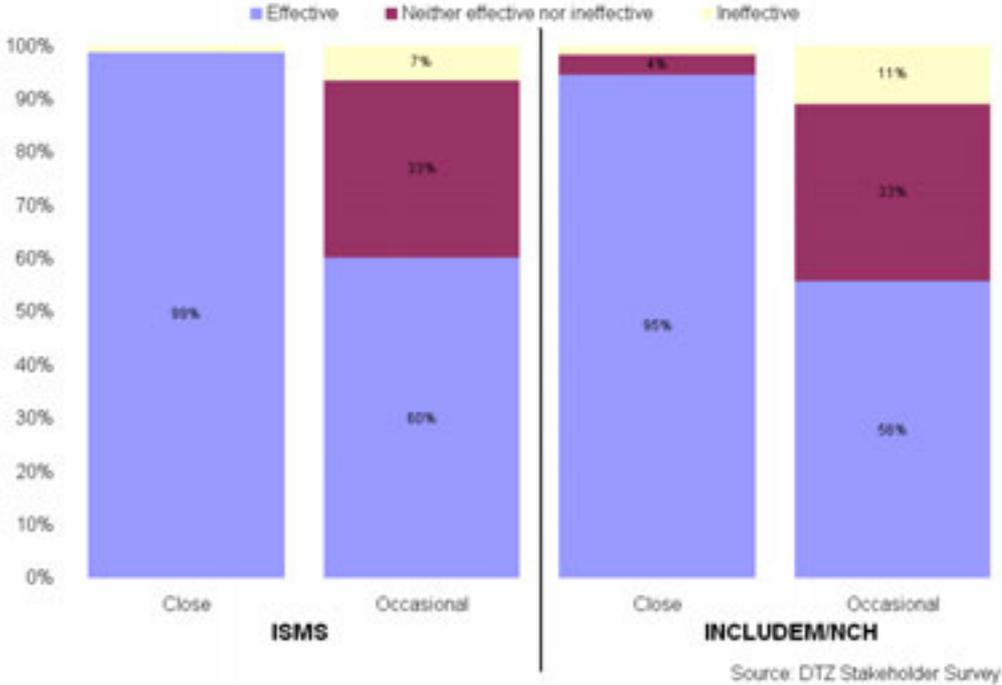
Note 2: Actual base numbers for each of the above categories are: ISMS team (115); Social Work (117); Includem/NCH (105); Education (102); Serco (62); Training services (85); Addiction services (90); Mental Health Services (86); Employment services (78).

5.22 Some suggestions to improve the relationships with agencies included the following.

- *A single point of contact*
- *More information sharing*
- *Increased accountability*
- *More communication/better communication structures*
- *Working outside office hours*
- *Improved holiday/sick cover*
- *Interagency training*
- *Dedicated resources*
- *Using the same assessment tools*

5.23 Figure 5.12 shows how opinion on the effectiveness of the ISMS team and the Includem/NCH team changes when contact moves from close contact to occasional contact. Those respondents who had close contact with ISMS and Includem/NCH almost entirely stated that they had an effective working relationship with them, 99% and 95% respectively. This declined to 60% and 56% for ISMS and Includem/NCH respectively when the frequency of contact was reduced to occasional. This would seem to imply that it is the closeness of contact that has an influence on the effectiveness rating, although we cannot determine the cause and effect here, i.e. we cannot say whether the working relationship becomes closer because it is more effective or it becomes more effective because it is closer.

**Figure 5.12. Close contact with ISMS Team and Includem/NCH**



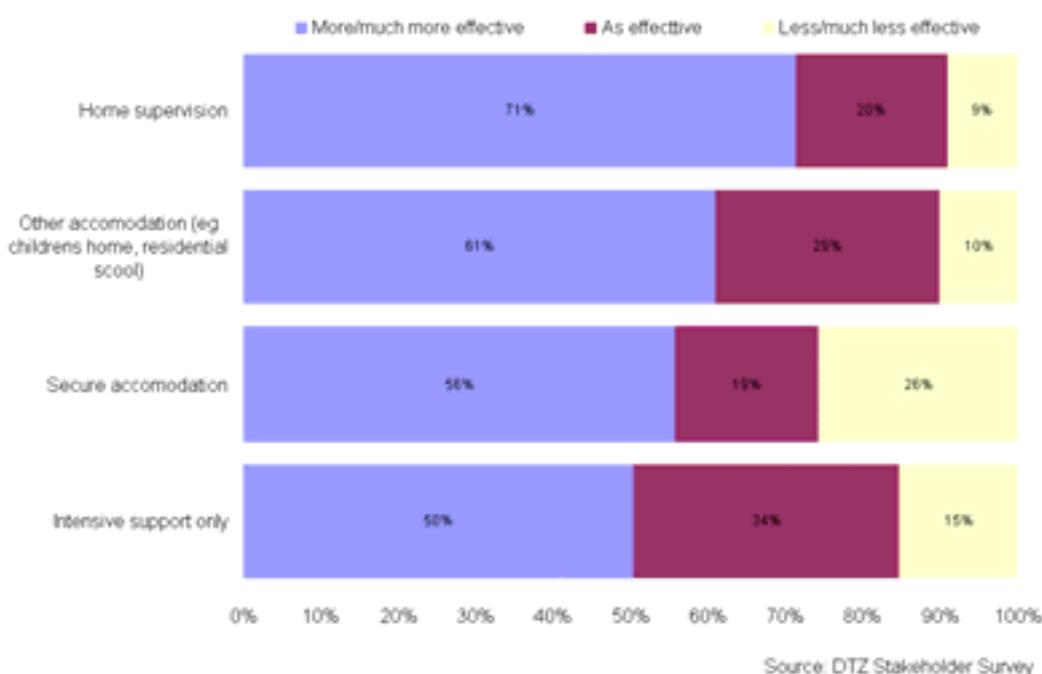
Note 1: proportions are expressed relative to all respondents who provided an answer to having either a close or occasional relationship with the agencies.  
 Note 2: Actual base numbers for each of the above categories are: ISMS Close (79); ISMS Occasional (32); Includem/NCH Close (55); Includem/NCH Occasional (33).

5.24 A similar pattern emerges for mental health services, where 71% of those who work closely with them consider them to be either effective or very effective, falling to just 26% of those who have only occasional contact.

## Comparisons with other measures

5.25 In comparison to the measures used by the Children’s Hearings System<sup>49</sup>, ISMS was generally viewed as at least as effective as these measures. ISMS was viewed as more effective than home supervision by 71% of the participants. ISMS also compared favourably with secure accommodation; accommodation other than secure, and intensive support (without MRC). Compared to all three of these other measures, at least half of the respondents said ISMS was more/much more effective.

**Figure 5.13. ISMS compared to the measures in the Children’s Hearings System**



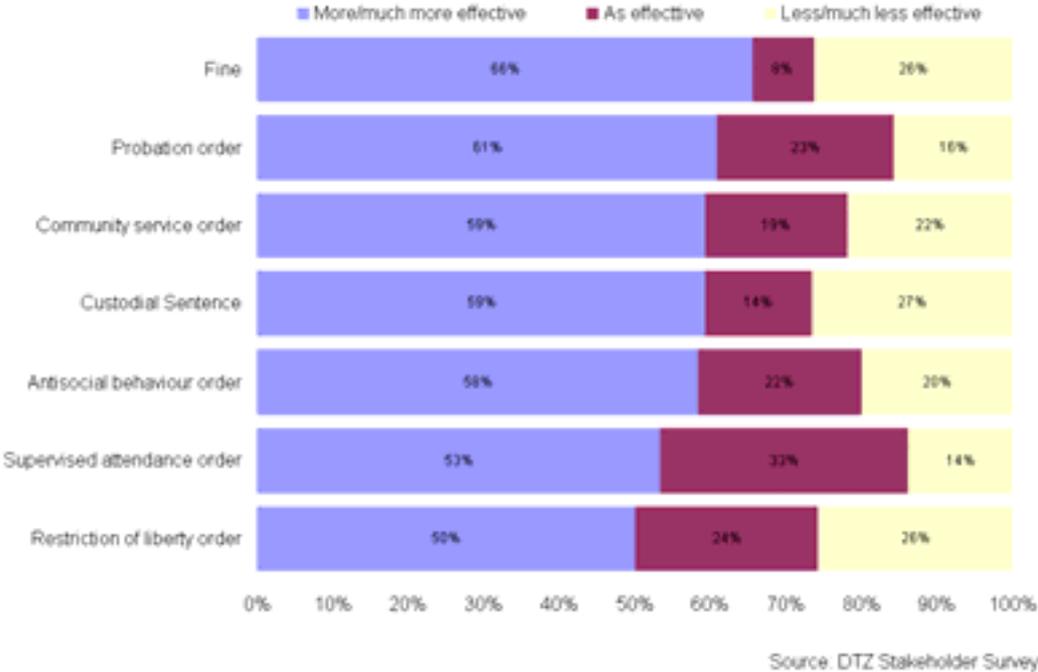
Note 1: proportions are expressed relative to all respondents who stated their level of involvement with a particular service provider. The exact respondent base varies for each question the lowest base is 113, which is still deemed to be a robust sample.

Note 2: Actual base numbers for each of the above categories are: Home supervision (124); Other accommodation (119); Secure accommodation (115); Intensive support only (113).

5.26 A similar story emerged when comparing ISMS to the adult system, again with at least half of the participants viewing ISMS as more or much more effective than the measures under the adult system. In particular, 86% of respondents said that ISMS is at least as effective as a Supervised Attendance Order and 84% said that ISMS is at least as effective as a Probation Order. About one-quarter of respondents felt that ISMS was less effective than a fine (26%), a Community Service Order (22%), a custodial sentence (27%), or a Restriction of Liberty Order (26%). However, on the whole, ISMS compared positively with other adult disposals.

<sup>49</sup> The other measures asked about were: at home under supervision of social work; in secure accommodation; in other (non-secure) accommodation e.g. a children’s home or residential school); intensive support only (no MRC).

**Figure 5.14. ISMS compared to the adult system**



Note 1: proportions are expressed relative to all respondents who stated their level of involvement with a particular service provider. The exact respondent base varies for each question the lowest base is 59, which is still deemed to be a robust sample.  
 Note 2: Actual base numbers for each of the above categories are: Fine (62); Probation Order (64); Community Service Order (64); Custodial sentence (64); Antisocial Behaviour Order (65); Supervised Attendance Order (59); Restriction of Liberty Order (62).

**Support after the Movement Restriction Condition has been removed (Post-MRC support)**

5.27 The vast majority of stakeholders (93%) viewed the post-MRC support as important or very important, with only a small minority (2%) viewing it as not very or not at all important.

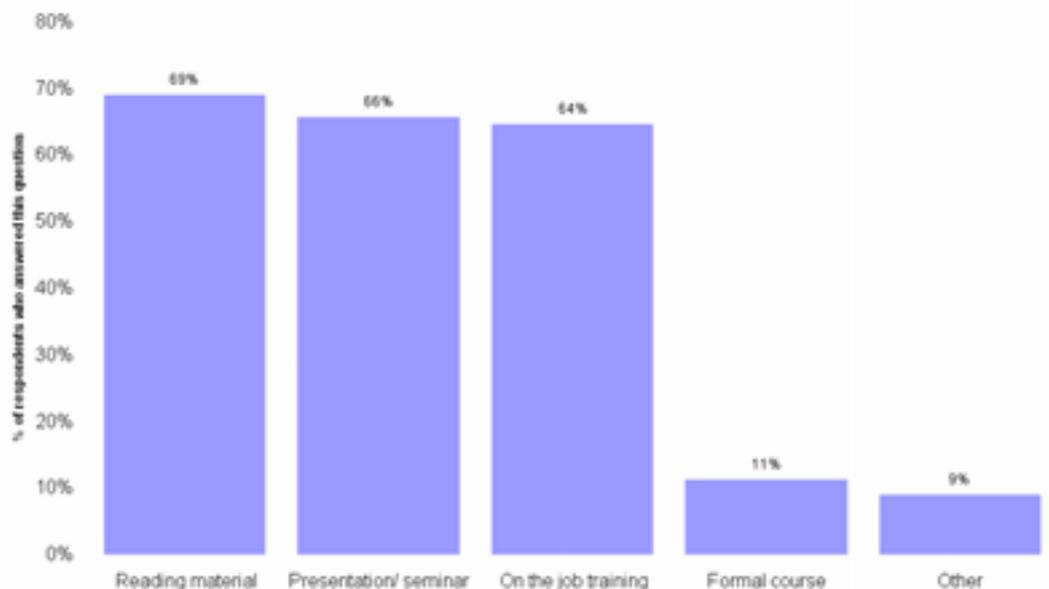
5.28 Over half of the respondents (60%) thought that the post-MRC element should remain in place for the same length of time as is currently the case, while 39% thought the period of post-MRC support should be extended. The length of time that post MRC support is in place varies across the phase 1 LAs and individual cases, but is generally in place for the same amount of time as the MRC has been in place. Only 1% thought that this period should be shortened.

**Training and guidance**

5.29 Just over half (53%) of the stakeholders received training, meaning that **a large proportion of stakeholders had received no ISMS training**. The reasons for this were not detailed in the survey. The proportion that had received no training was lowest in Edinburgh (19%) and highest in Glasgow (57%). Of those responding to the survey, none of those working in secure accommodation or children’s units; legal professions; and ASB services had received any ISMS training, while almost all respondents from SCRA (91%) had.

5.30 The percentage of respondents who had received training, by type of training, is shown in Figure 5.15. Over two-thirds of these respondents (69%) received reading material on ISMS, a similar proportion (66%) had attended a presentation on ISMS. Only one in ten of those who had received training (11%) attended a formal training course on ISMS.

**Figure 5.15. Type of training received**



Source: DTZ Stakeholder Survey

Note: totals may sum to more than 100% because multiple responses are possible. Proportions are expressed relative to all respondents who said that they had received training or guidance on ISMS and then went on to describe the nature of that training (90 out of 181 respondents).

5.31 Of those who received training, 93% of respondents said that this training was either useful or very useful and only 2% viewed the training as not useful. Strengths of the training that were highlighted are given below.

- *Answering questions*
- *Giving a good insight into the process and the aims and objectives of the service*
- *Peer support*
- *Clear explanation*
- *Context clearly set/good background*
- *The information suited my needs*
- *Allowed us to see how it works and why it works*
- *Comprehensive*
- *Directly related to practical issues*
- *Carried out in parallel with the process.*

5.32 Reasons given for the training not being useful included:

- *Some of the ISMS criteria changed and it was difficult to learn the correct legislation*
- *The training did not give practical advice*
- *No local focus to service provision*
- *Material not fully understood*
- *More formal training would have been helpful*
- *Unaware that training was available*
- *Would like to have more knowledge of how it works for those who are actually tagged.*

### **Strengths and weaknesses of ISMS**

#### ***Main strengths of the ISMS programme***

5.33 Stakeholders were asked about the main strengths of the ISMS programme, the key themes from the responses are given in the list below.

- *A good Youth Justice System to implement it*
- *Ability to resource cases at short notice*
- *Adapts to the individual*
- *Alternative to secure accommodation*
- *Builds relationships with young people*
- *Committed staff and excellent communications*
- *24/7 support*
- *Continuity of care plan with regular reviews and a multi-disciplinary approach*
- *Direct support to the family and young person at the time of crisis*
- *Intensity of support and consequent amount of time spent with the young person*
- *Provides the young people with a caring environment where they can feel safe and provides them with social skills that they may have missed out on*
- *Encourages young people to take responsibility*
- *Tagging element*
- *Collaborative inter-agency approach*
- *Young people are usually keen to take part as it is an alternative to secure accommodation*

5.34 The responses above are not exhaustive, but the key themes that emerge are that most respondents cited ISMS as a good alternative to or last chance before secure accommodation, and that ISMS benefited from good multi-agency working.

### ***Main weaknesses of the ISMS programme***

5.35 Some of the comments below may contradict the strengths stated above, and this reflects differences in opinion between stakeholders. The most common concerns that emerged over ISMS were in relation to its costs and the number of individuals that the young person had to maintain relationships with.

- *Can result in too many people (agencies) in the young person's life*
- *Capacity to provide education/training during the day is limited*
- *Consistency of approach*
- *Costs, time and money*
- *No evidence of long-term behaviour change*
- *Seen as a badge of honour*
- *Not an effective deterrent*
- *Electronic monitoring at odds with welfare principles*
- *Success rate too low*
- *Lack of clarity from the Scottish Executive in guidance*
- *Lack of communication*
- *Only as effective as the young person involved wants it to be*
- *Staff turnover*
- *Training and level of knowledge of social workers too low*

## Summary of findings from the wider stakeholders' survey

- Two-thirds of respondents had been involved in an ISMS case review, so there was a reasonable level of general knowledge and experience working with the programme in the sample.
- Generally, there was strong support for the ISMS programme among the stakeholder group as a way of helping young people and their communities as well as offering a cost effective alternative to secure accommodation.
- Many of the key parts of the ISMS programme were perceived as effective, especially crisis response and Includem/NCH. Accommodation, employment services, mental health services and addictions services all scored relatively lowly in terms of perceptions of effectiveness. This may be related to actual ineffective service provision, but other evidence suggests a correlation between the closeness of the working relationship and perception of effectiveness.
- Broadly, this also corresponds with views on the effectiveness of partnership working between the different agencies.
- In terms of perceived effectiveness, ISMS compares favourably among the stakeholders with alternative measures within the Children's Hearing System and the adult system.
- Just under half of all the stakeholders who responded said that they had received no ISMS training. Very few had been on a formal training programme. Most training had been done by provision of reading material and presentations. The training that had been provided was well received.

## CHAPTER SIX SURVEY OF PANEL MEMBERS

### Overview of survey approach

6.1 DTZ surveyed Panel Members in each of the phase 1 LAs. In total, 797 panel members were contacted, with completed surveys being received from 304 individuals (a response rate of 38%). This is regarded as a good response for a survey of this nature, particularly since the questions were detailed and there was no 'incentive' for completion. A copy of the survey form is included in Appendix D.

6.2 The purpose of this survey was to ascertain the involvement of Panel Members in the ISMS programme; and to identify their opinions of the programme, the way in which it was implemented and is being operated, as well as their views on its use and effectiveness. A postal methodology was chosen as it allowed us to contact a wide range of stakeholders drawing on contact details already held by the Scottish Executive. It also meant that respondents could complete the survey in their own time at work or at home, and would not require internet access.

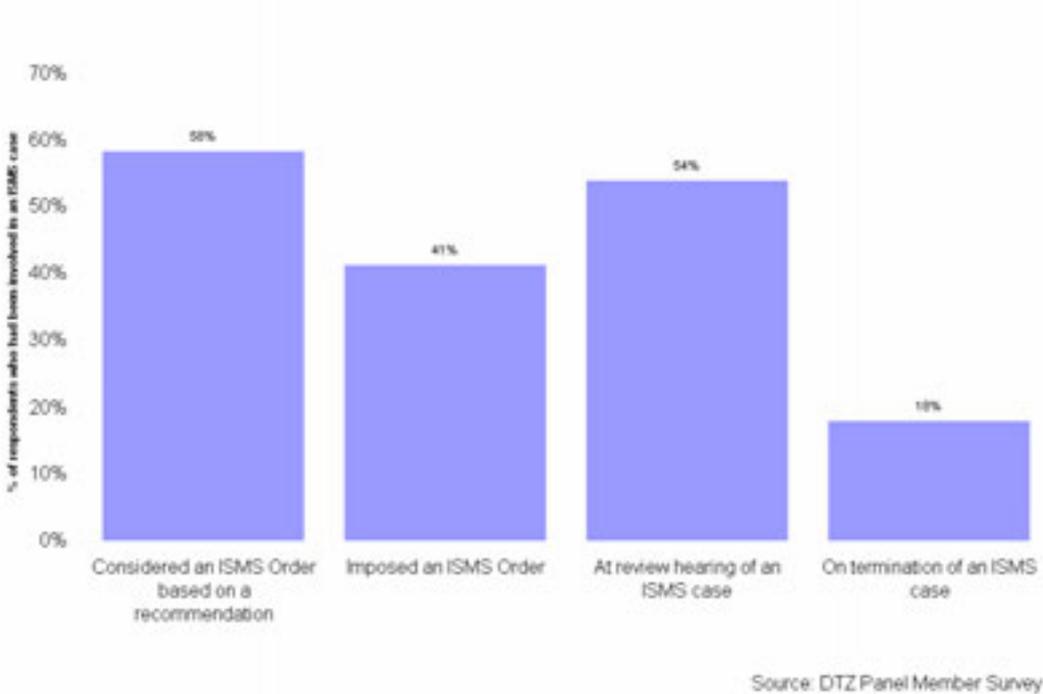
6.3 The survey was initially distributed by DTZ in late February 2007, with a stamped-addressed envelope. DTZ worked with Research Resource, a company specialising in market research. Surveys were returned to Research Resource for data inputting. Two weeks afterwards, Research Resource sent out a reminder letter to all non-respondents. Research Resource then sent all of the returns on to DTZ for analysis in a SPSS database. Quantitative responses were considered using frequency data and cross tabulations of responses to key questions. Qualitative data was analysed to identify key messages and areas of interest.

6.4 This survey was conducted in February-March 2007 and refers to views and opinions up to this time.

### Involvement with ISMS

6.5 **Just over half (158) of the Panel Members who responded to the survey had been directly involved in an ISMS case**, many at more than one stage of the process (see Figure 6.1). This varies little across LAs, although in West Dunbartonshire less than one-quarter (24%) of Panel Members had never been directly involved in an ISMS case, a much smaller proportion than in other phase 1 LAs. This may be because in West Dunbartonshire a core group of Panel Members tend to become involved in ISMS cases, or it may be a statistical anomaly. Speaking to the ISMS Team in West Dunbartonshire, they indicated that Panel Members are not normally assigned to ISMS cases unless they have had formal ISMS training. They also said that it tends to be a smaller group of Panel Members who are willing to travel longer distances to secure accommodation sites, etc. This may provide some explanation for the difference.

**Figure 6.1. Nature of direct involvement in ISMS cases**

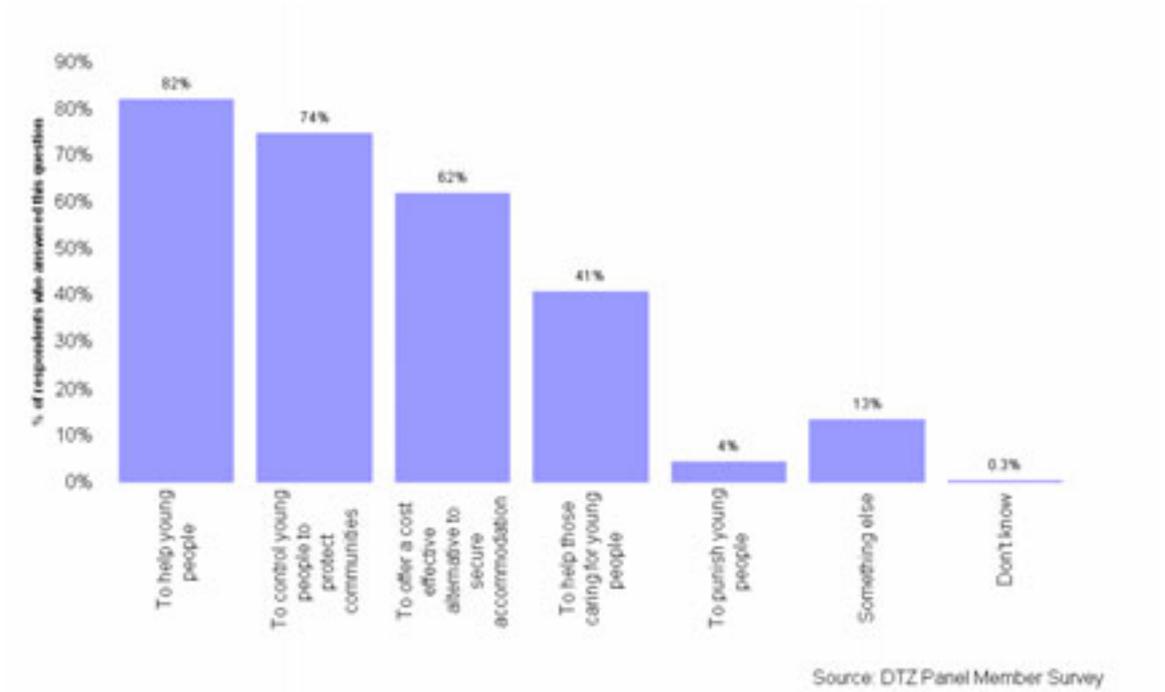


Note 1: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all Panel Members who had involvement in an ISMS case (158 out of 303 respondents who answered this question).  
 Note 2: The questionnaire used the expression ‘ISMS Order’ when putting this question to Panel Members. An ‘ISMS Order’ is not an actual Order that a Children’s Hearing can impose, but we think it is clear that Panel Members understand this expression to be the imposition of an MRC (which would be accompanied with IS provision).

**Understanding of the ISMS programme**

6.6 Panel Members were asked about their understanding of the reasoning behind the ISMS programme. The most frequently cited response was ‘to help young people’ (82% of those answering this question) followed by ‘to control young people to protect communities’ (74% of those answering this question). Nearly two-thirds of the respondents who answered this question (62%) said that the reasoning behind the ISMS programme was to offer a cost effective alternative to secure accommodation. Very few Panel Members (just 4% of those who answered this question and none of the respondents in East Dunbartonshire, West Dunbartonshire or Moray) said that the ISMS programme was created ‘to punish young people.’ These results are similar to that reported for the wider stakeholders in Figure 5.4.

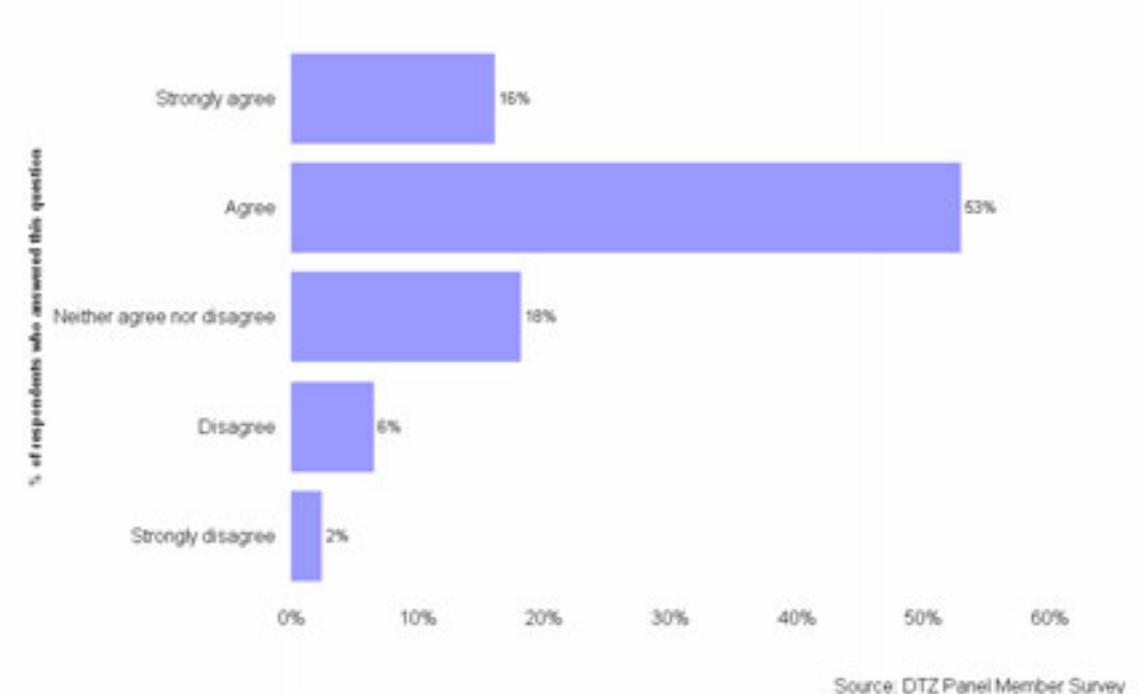
**Figure 6.2. The reasoning behind the ISMS programme**



Note: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all respondents who answered this question (298 out of 304 respondents).

**6.7 Panel Members were broadly supportive of their perception of the reasoning behind the ISMS approach;** only 8% said that they did not agree with this approach (see Figure 6.3). None of the respondents in Moray or East Dunbartonshire said that they disagreed or strongly disagreed with the ISMS approach as they perceive it, although the total number of responses in these LAs was small relative to the total sample. Again, these results are similar to that for the wider stakeholders produced in Figure 5.5.

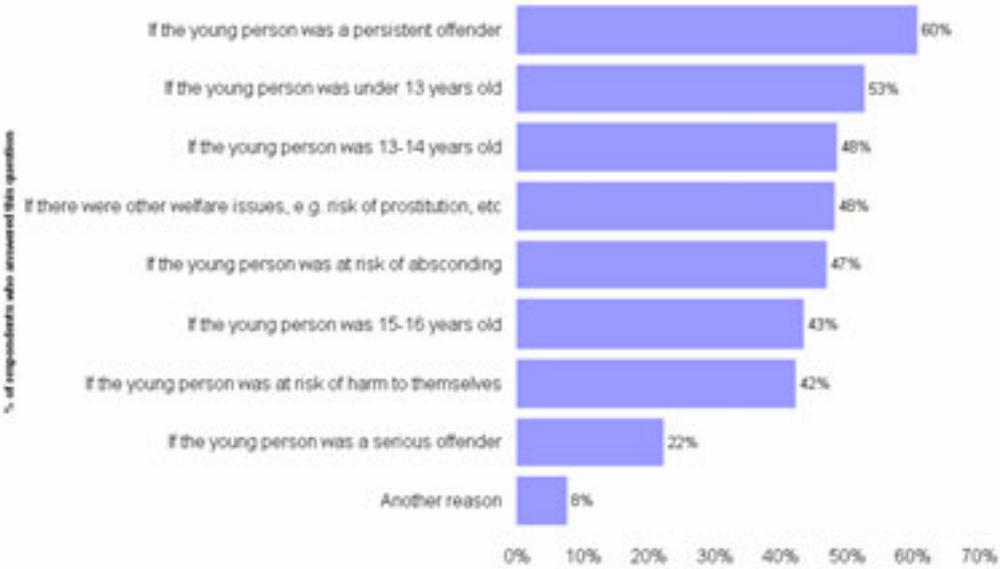
**Figure 6.3. Do you agree or disagree with the ISMS approach?**



Note: proportions are expressed relative to all respondents who answered this question (293 out of 304 respondents).

6.8 Most respondents (87%) said that there are circumstances where they would consider ISMS to be more appropriate than secure accommodation. Respondents were then asked to describe the specific circumstances in more detail and the responses are summarised in Figure 6.4. **The most common reason for considering ISMS to be more appropriate than secure accommodation is for persistent offenders. ISMS also seemed to be preferable for younger children.** Conversely, respondents were asked if there were specific circumstances where they would consider secure accommodation to be more appropriate. Again, **most (92%) said that there were and the most commonly cited reason was that the young person was a serious offender.** Secure accommodation also seemed to be preferred by the majority of the sample in cases where there was a risk of self harm or absconding. Figure 6.5 shows the breakdown of these responses.

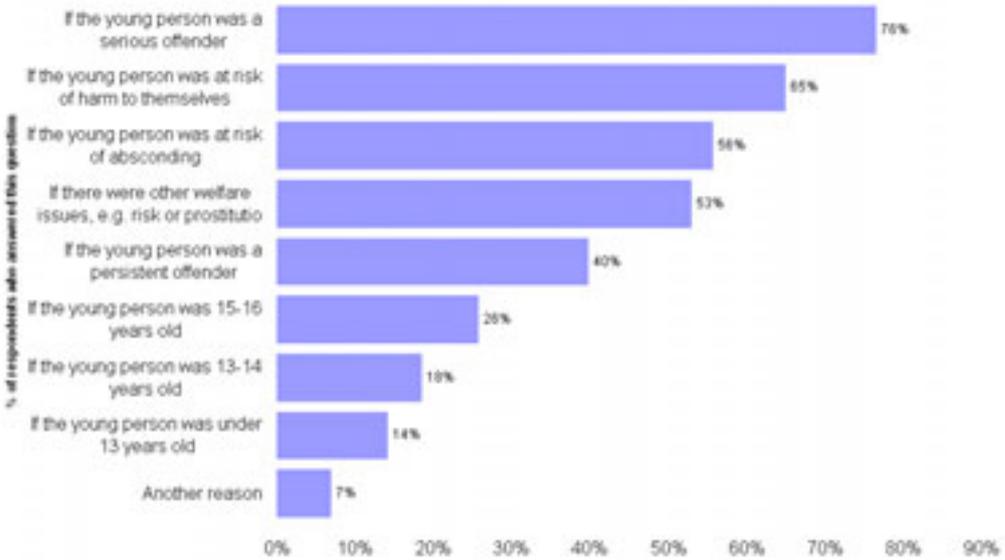
**Figure 6.4. Circumstances where ISMS would be more appropriate than secure accommodation**



Source: DTZ Panel Member Survey

Note: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all respondents who said that there were circumstances when they considered ISMS to be more appropriate for a young person than secure accommodation and then went on to describe these circumstances (240 out of 304 respondents).

**Figure 6.5. Circumstances where secure accommodation would be more appropriate than ISMS**



Source: DTZ Panel Member Survey

Note: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all respondents who said that there were circumstances when they considered secure accommodation to be more appropriate for a young person than ISMS and then went on to describe these circumstances (250 out of 304 respondents).

**Referral, assessment and termination process and methods**

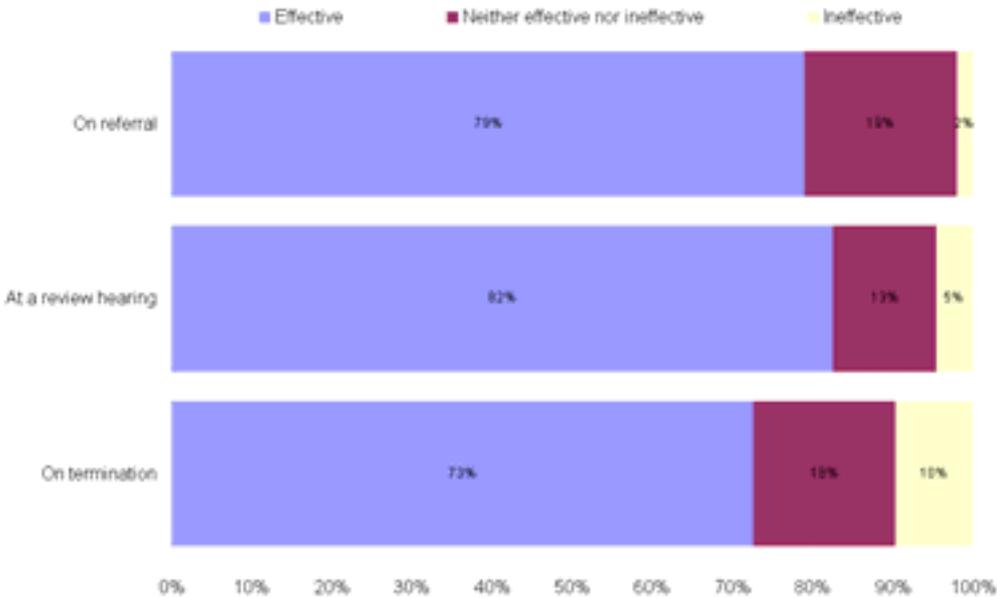
6.9 About three-quarters of respondents (74%) indicated an awareness of the ISMS referral process. Awareness of the referral process was lower among Panel Members in Edinburgh (58%) and highest in Dundee (87%). Only 7% of respondents considered the referral process to be ineffective/very ineffective, compared to 47% who considered it to be effective/very effective. One-third (33%) of Panel Member respondents who were aware of the referral process did not feel they could comment on its effectiveness.

6.10 Two-thirds of respondents (66%) indicated an awareness of the ISMS assessment process and, of these, only 2% said that it was ineffective, with no-one saying it was very ineffective. Just less than half (49%) said that they felt the assessment process was effective, with a further 10% stating that they felt it was very effective.

6.11 As with the referral process, relatively high proportions of respondents did not feel that they could comment on the effectiveness of the assessment process (29%) or whether it should alter in duration (49%). Of those who did comment on the duration of the assessment process, almost three-quarters (73%) said that the duration should stay the same, with just under one in five (19%) suggesting it should be shortened. The remaining 8% thought it should be lengthened.

6.12 The methods used at referral, assessment and termination stages are, broadly, considered to be effective. However, a large proportion of respondents (40% to 50%, depending on which stage of the process was being considered) did not feel equipped to provide a view and said that they did not know how effective the methods were. This means that, due to the small bases involved, analysis by LA has not been undertaken for these questions.

**Figure 6.6. Methods (including assessment material, consideration of alternative methods and consideration of behavioural change) used in considering ISMS cases**



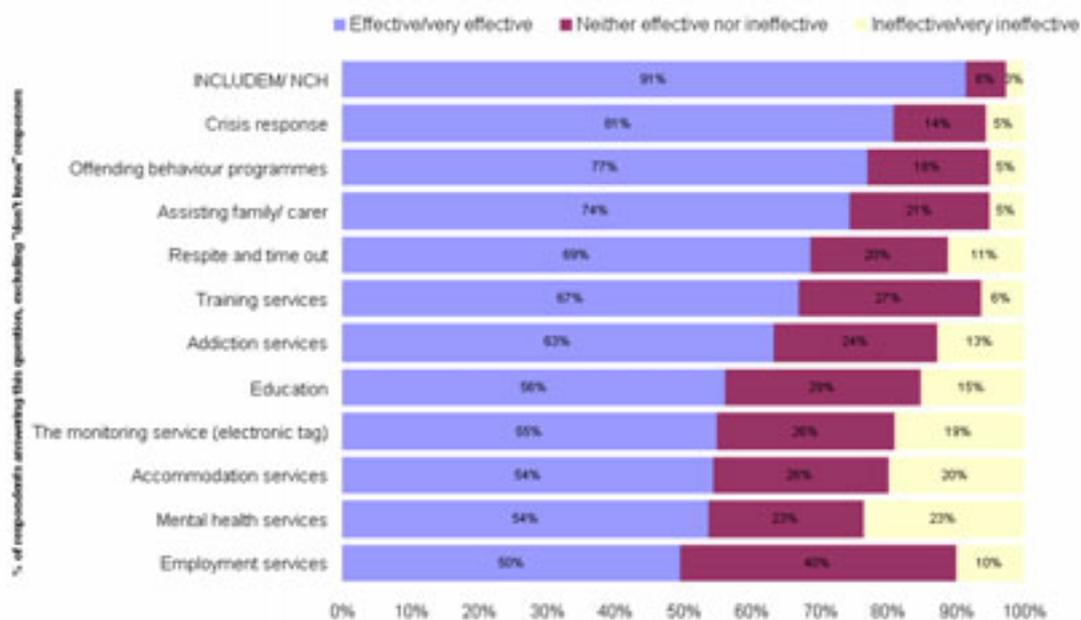
Source: DTZ Panel Members Survey

Note: proportions are expressed relative to all respondents who provided an assessment of the methods used on referral (147 of 304 respondents); at review (154 of 304 respondents); and on termination (124 of 304 respondents).

**Service delivery**

6.13 Overall, **external intensive support providers (Includem/NCH) are considered to be effective by most respondents (over 90% of respondents consider them to be either effective or very effective). Crisis response and offending behaviour programmes were also well supported as effective parts of the programme.** Employment services are judged to be effective by only 50% of respondents, however, **mental health services was the element of ISMS most commonly considered to be ineffective**, with almost a quarter (23%) of respondents stating this. Satisfaction with mental health services was lowest in Dundee (58% of respondents saying these services are ineffective or very ineffective) and highest in Glasgow (where just 9% of respondents said they were ineffective or very ineffective). The effectiveness of accommodation services was also queried, particularly in Highland, where 57% perceived these services to be ineffective or very ineffective. Two of the core parts of ISMS, the education package and the MRC itself, also scored relatively poorly on this effectiveness measure. An overview of all the responses is shown in Figure 6.7. These figures are similar to those produced for the wider stakeholders in Figure 5.9.

**Figure 6.7. Effectiveness of elements of the ISMS package**



Source: DTZ Panel Members Survey

Note 1: Proportions are expressed relative to all respondents who indicated a measure of effectiveness for a particular element. The precise respondent base for each element varies, however the smallest is 121, still a robust sample size.

Note 2: Actual base numbers are: Includem/NCH (186); Crisis response (146); Offending behaviour programmes (179); Assisting family/carer (160); Respite and time out (134); Training services (142); Addiction services (158); Education (178); Monitoring service (253); Accommodation services (136); Mental health services (132); Employment services (121).

6.14 Many respondents (61% of the 287 respondents who answered this question) said that they do not know if the ISMS package could be improved. Of the remaining 39%, just over one in ten (13%) thought that the ISMS package could not be improved. Suggestions for improvement varied but included the following.

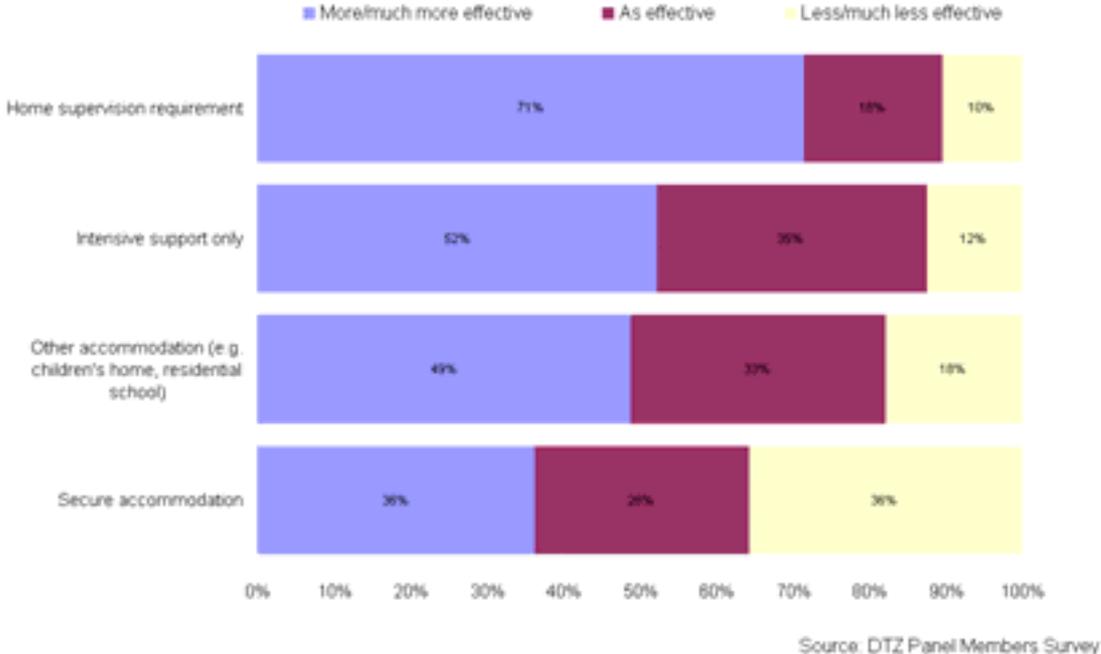
- *A more integrated approach/better inter-agency working*
- *Better monitoring of the young person's progress, involving families and key workers*
- *More funding, a focus on need (rather than financial constraints), and more staff*
- *Longer throughcare and aftercare provision*
- *Increasing the intensity of the intensive support*
- *Speeding up the referral and assessment processes*
- *Clarifying the objectives of the programme*
- *Improving/expanding mental health provision, perhaps to include the young person's family*
- *Faster access to better quality add-on services, and specialist support for specific needs*
- *Earlier intervention, not seeing ISMS as a last resort*

- *Widening access to those who do not meet the secure criteria, or those who are currently considered too young for ISMS*
- *Making the monitoring element more stringent and the tag more secure*
- *Providing more feedback to Panel Members on progress of young people on ISMS*
- *Providing more background information to Panel Members to help them in making their decisions*
- *Providing intensive support without monitoring through the ISMS programme or de-emphasising the tagging element*
- *Using the MRC as an additional sanction if young person continues to offend when intensive support is in place*
- *Providing more elements of community work for young offenders*
- *Placing more emphasis on educational opportunities for young people.*

### **Comparing ISMS with other measures**

6.15 Respondents were asked to give a general assessment of ISMS, compared to other measures. In this general assessment, **the majority of respondents judged it to be no less effective than other measures**. ISMS compared least favourably with secure accommodation, however, almost two-thirds of respondents (64%) still considered ISMS to be at least as effective as secure accommodation. Despite the suggestions made above by some respondents about removing the tagging element of ISMS, more than half of all respondents (52%) said that ISMS was more effective than intensive support alone. These results are a little different from the views expressed by the wider stakeholders in Figure 5.13. Although the percentage figures judging ISMS to be more effective than home supervision and intensive support only is similar, there are discernibly lower percentages of Panel members judging ISMS to be more effective than secure accommodation and other accommodation when compared to the views of the wider stakeholders.

**Figure 6.8. Effectiveness of ISMS compared to other measures**



Note: proportions are expressed relative to all respondents who provided an assessment of the effectiveness of ISMS compared to a home supervision requirement (182 of 304 respondents); intensive support only (161 of 304 respondents); other accommodation (168 of 304 respondents); and secure accommodation (182 of 304 respondents).

**Support after the Movement Restriction Condition has been removed (post-MRC support)**

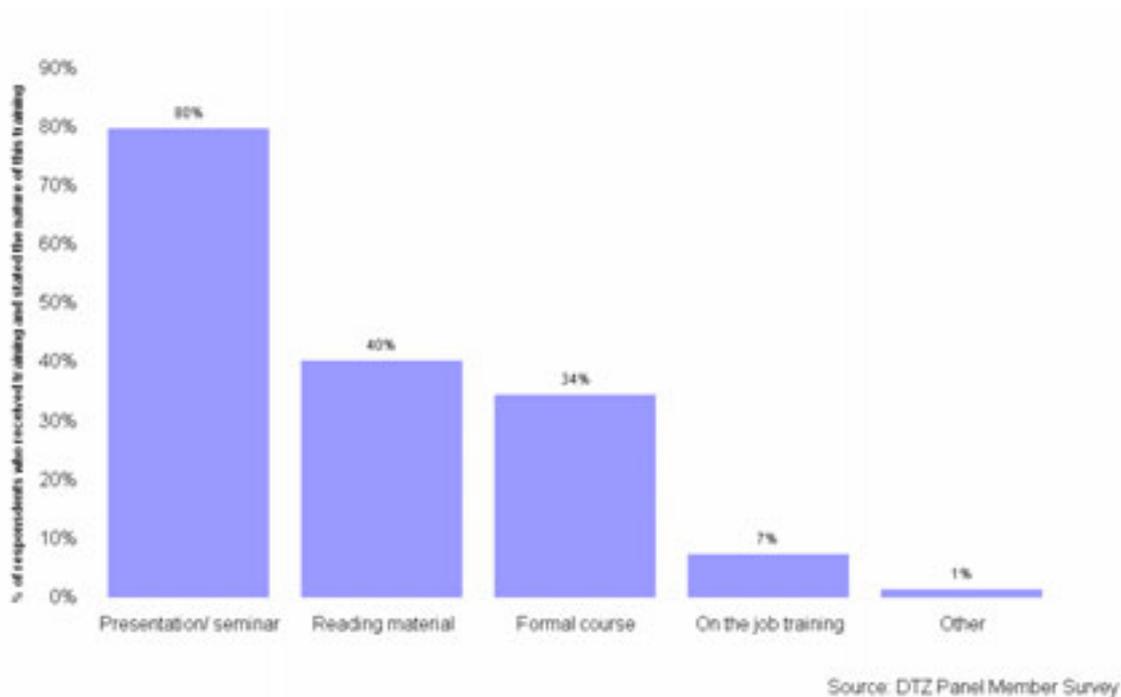
6.16 One-third of respondents did not express a view on the importance of post-MRC support, however, of those that did state their view of its importance, three-quarters said it was very important, with a further 21% saying it is important.

6.17 The duration of post-MRC support was again a question that many respondents (51%) did not provide a clear view on. Of those who did state a view, only 2% suggested this element should be shortened, with the remainder suggesting it should stay the same (52%) or be extended (45%).

**Training and guidance**

6.18 **Almost all respondents (90%) said that they had received training or guidance on ISMS.** This is a much higher percentage than that for the wider stakeholders (53%). Those who had received training were asked to indicate the nature of this, and the responses are shown in Figure 6.9. The most common type of training was a presentation or seminar, followed by the provision of reading material. Over one-third of those responding had attended a formal course. This again differs to the training received by the wider stakeholders (reported in Figure 5.15), where there was much greater reliance on reading material and on the job training and where only 11% had attended a formal course.

**Figure 6.9. Nature of ISMS Training/Guidance**



Note: totals sum to more than 100% because multiple responses were possible. Proportions are expressed relative to all respondents who said that they had received training or guidance on ISMS and then went on to describe the nature of that training (250 out of 304 respondents).

6.19 Of those who had received training, around three quarters (73%) said it had been useful or very useful, but a significant minority (14%) said it had not been useful. Useful aspects identified in the training included the following themes.

- *Being able to ask direct questions*
- *Giving the right information*
- *Giving good background/helping Panel Members understand the reasons behind ISMS/Gave a good insight*
- *Comfortable surroundings*
- *Easy to follow/clearly set out*
- *Well organised*
- *It worked in practice afterwards*
- *Inspirational/built confidence*
- *A chance to meet the staff and see how the programme works*
- *Training was specific to my areas.*

6.20 Reasons given for training not being useful included the following.

- *It was vague and confusing because it was delivered before the implications were understood and before the detail was decided*
- *It was delivered too early, there was no opportunity to put it into practice*
- *It was biased against the ISMS programme/the tagging element*
- *It was too short for the complexity of the ISMS programme*
- *It illustrated the lack of practical planning that had gone into the ISMS programme*
- *It was too long, it was tedious*
- *It was a one-off, there was no follow up and there was no reference material for future use*
- *The emphasis was placed too much on general background and not on the new information about the ISMS programme*
- *It didn't convince me (or the other people around me) that it was a worthwhile programme*
- *Too theoretical: a lack of exercises, group work and practical examples*

6.21 Some of these comments are contradictory, but will reflect differences in perception between individuals and/or differences between training arrangements across LAs. In particular, the timing of training (early in the programme, and a one-off event) was a concern and it may have been possible to follow up initial training once the programme was more established.

## Summary of findings from the Panel Members' survey

- Just over half of respondents had been directly involved in an ISMS case.
- As with the stakeholders, generally, there was strong support for the ISMS programme among Panel members as a way of helping young people and their communities as well as offering a cost effective alternative to secure accommodation.
- ISMS was generally considered as being more appropriate than secure accommodation for persistent offenders and for younger children. Secure accommodation was generally preferred for serious offenders and for cases where there was a risk of self harm or absconding.
- Many of the key parts of the ISMS programme were perceived as effective, especially crisis response, Includem/NCH and offending behaviour programmes. Accommodation, employment services and mental health services all scored relatively poorly in terms of perceptions of effectiveness. Education and the MRC also scored lower than some of the other core ISMS elements.
- In terms of perceived effectiveness, ISMS compares favourably among the Panel Members with alternative measures within the Children's Hearings System.
- Nearly all respondents said that they had received ISMS training and guidance, mainly by presentation or seminar, although one-third had attended a formal course.

## CHAPTER SEVEN CASE STUDIES

### Introduction

#### *Case study method and selection*

7.1 Case studies were undertaken of 21 young people for this evaluation. Eleven of the young people selected were on ISMS, while the other ten young people were on intensive support service as a comparator group.

7.2 The case studies add depth to the other methods used in the study, focusing as they did on individual young people, their pathways through social services and the Children's Hearings System. Case studies allow for the consideration of contextual conditions, using multiple sources of evidence (Yin, 1994). In this way, the case studies provide qualitative depth to evaluate the effectiveness of ISMS.

7.3 Difficulties in identifying a comparator group, for young people on ISMS, were recognised from the study's inception (Scottish Executive, 2005). ISMS phase 1 areas had no intention of undertaking randomised controlled trials and allocate young people (all who met the criteria for ISMS) either to ISMS or secure accommodation or some alternative. Therefore, young people who did receive ISMS can be presumed to be different, in some way important for this study, than other young people who received secure accommodation or some alternative. It was decided that the most relevant comparator would be young people who only received intensive support services, as ISMS itself was tied to young people receiving an MRC as well as intensive support services. However, it is important to note that not all intensive support services cases meet section 70(10) conditions.

7.4 In practice, finding a comparator group was even more problematic than expected. Few young people were issued with ISMS in the first year of the programme, so that the potential to select was slim to nil. The position of young people could change, within or beyond the timeframe of the case studies: they could be on intensive support services only at one point but then be issued with ISMS subsequently, and vice versa. As detailed in Chapter 3, the use of intensive support service (as well as ISMS) differed substantially across local authorities. Intensive support service was often not used as an alternative to ISMS. Not only did this mean identifying a comparator group on intensive support service was difficult, but the LA effect has to be taken very seriously, and the 21 case studies are dispersed across six local authorities. While these factors were methodologically problematic, they also raise issues pertinent to the evaluation.

7.5 Some of the young people who fit the case study criteria were already involved in other research projects (e.g. Khan and Hill, 2007; Stradling and MacNeil, 2007; Vaswani, 2007). This evaluation sought to make this an advantage, as arrangements were made to co-ordinate data collection tools where possible and to share findings made by one research team with the other. This sharing sought to avoid over-researching a vulnerable group of young people and their families, and further burdening busy staff. There were disadvantages, however, in full coverage of fieldwork methods and following up issues particularly of interest to this evaluation.

7.6 Purposive sampling<sup>50</sup> was used, in order to explore the various experiences of young people, depending on key background characteristics and/ or reasons for being considered for ISMS or intensive support services. The criteria were:

- A balance of young women and young men
- Cases that lasted for varying periods of time, including cases that ran through to completion (six to nine months) as well as short-term cases that lasted less than a month
- Cases that involved differing levels of offending behaviour
- Cases where the main reasons for being on the programme relate to child protection or reducing the risk of absconding or self harming
- Cases where the young person had issues related to their behaviour, e.g. mental health and substance misuse.

7.7 Cases were included from six out of the seven phase 1 areas: the exception was Moray, where there were too few cases while this part of the research was undertaken. Some LAs provided more case studies than others, due to their greater throughput of young people through ISMS in particular.

7.8 The resulting 21 case studies had the following characteristics:

- 13 of the young people were male and eight were female;
- 11 young people had been placed on ISMS (eight young men and three young women). Three of these young people had been on ISMS and then on intensive support services, and were interviewed at both stages. The average age of young people, on obtaining ISMS, was 14 years, with a range of between 13 and 18 years.
- 10 young people had been placed on intensive support services (five young men and five young women).
- Not all young people had completed their time on intensive support services or ISMS. There was a range of time periods reported, ranging from one week to two years.
- In 10 case studies, the young people were particularly identified to the research team because of their offending behaviour. In 11 case studies, the young people were particularly identified because of concerns of posing risk to themselves. It should be noted, however, that some young people were identified for posing risk to themselves, although their case files demonstrated that they had committed offences as well.

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<sup>50</sup> In purposive sampling, a sample is constructed with a *purpose* in mind. It is usual to have one or more specific predefined groups to seek. Purposive sampling is very useful for situations where there is a need to reach a targeted sample quickly and where sampling for proportionality is not the primary concern. With a purposive sample, you are likely to get the opinions of your target population, but you are also likely to overweight subgroups in your population that are more readily accessible.

- Three young people were identified as having mental health issues, by both the ISMS/intensive support services and in their case files, while other young people were reported to 'self-harm' and three were identified as having Attention Deficit Hyperactive Disorder (ADHD). 17 young people were identified as having difficulties with substance misuse.

### ***Methods within and analysis of case studies***

7.9 Five sources of information, and associated methods, were sought for the case studies.

1. Interview(s) with the young person
2. Interviews(s) with the young person's carer(s)
3. Interview with the young person's current allocated social worker
4. A review of the LA case file on the young person
5. A review of the SCRA case file on the young person.

7.10 Interviews were semi-structured, following an agreed interview script with other research teams. Topics covered in the interview included:

- Background characteristics and involvement in the young person's assessment
- Views on secure accommodation for the young person and alternatives to ISMS/intensive support service
- Quality of communication and contact between the interviewee and other services
- Quality of services provided and whether they met the needs of the young person
- What young people needed help with, and whether or not ISMS/intensive support service had helped
- Ideas for improvement.

7.11 Ideally, both the young person and his/her carer were interviewed near the start of their time on ISMS/intensive support service and as they were due to complete. The interviews included structured, semi-structured and open questions. Notes were taken by interviewers, on proformas, as the interview progressed. Most interviews were also audio-recorded and transcribed.

7.12 A 10-page structured case file review was created for LA files (i.e. those held by social services). Broadly, the reviews sought to gather: background information on the young person and their previous involvement with services; information on the process and outcomes of their assessment for ISMS/intensive support services; the resulting services, outcomes and transition arrangements; and information on inter-agency working. Information from the case file was put against the case file review headings.

7.13 SCRA undertook the review of the case files that they held. A proforma was agreed with SCRA, which sought information about the young people's formal involvement with the Children's Hearings System, offending, their background and family characteristics. The information was made available to the research team in a SPSS spreadsheet.

7.14 There was some variation in methods included across the case studies. For example, not all carers were available or willing to be interviewed: 15 of the case studies include such interviews. Not all young people were identified before they began the ISMS/intensive support service intervention, so some case studies undertook interviews only at one point of time (nine case studies). While interview coverage worked well across research teams, LA case file reviews were considerably less complete. Thus, far more detailed information from local authority case files is available for some young people than for others. Inclusion files were included in some case studies, as well as LA files, to see if additional information was included (in fact, little additional information was found).

7.15 The case studies therefore used methodological triangulation, in using both interviews and case files. The interviews, in particular, had the advantage of gathering individuals' perceptions, in a confidential setting. Interviews frequently provided information not found in the case files (e.g. the precise start and end of the assessment period was clear only in some files). SCRA data provided an official account of referrals to the Children's Hearings System. The LA case files contained some informal notes, but largely represented a more formalised case history. These case files were particularly fruitful in providing background information on the young person and their families. As suggested by the Magenta Book, such triangulation provides, "*a more rounded picture of what is being researched.*" (Cabinet Office, 2004: 36).

7.16 The case studies also used data triangulation, in combining data from more than one source. Because most questions were asked of all interviewees, it is possible to consider the responses of a young person, the parent/carer and/or the social worker across a single case.

7.17 In data analysis, consideration was given to analysis within each case study as well as comparing respondent type and data sources across the case study. Data were primarily analysed thematically, following the structure already provided by the fieldwork instruments but also attuned to new issues that emerged from consideration of the data itself. Furthermore, charts were produced on the combined information for each case study, to consider issues such as: history of offending and welfare concerns; the pathways for each young person before, during and after ISMS/intensive support service; concerns officially recognised for the young people's involvement in ISMS/intensive support service and the perceived outcomes. Care has been taken to test preliminary findings across case studies, to look for contrary evidence and alternative view points. No-one case study or participant is relied upon significantly more than any other.

### ***Ethical considerations for case studies***

7.18 A range of ethical issues applied to this evaluation, such as negotiation of informed consent (including the sharing of certain information across research teams) with all interviewees, and interviewing in a place comfortable and convenient to the interviewee.

7.19 Furthermore, the evaluation had to recognise the extremely sensitive nature of the research. For example, most of the young people had complex lives and were vulnerable in a range of ways; certain of the questions on the interview schedule asked about personal issues (e.g. were there concerns about the young person's misuse of alcohol or drugs and whether they were involved in prostitution). Professionals were being asked to participate in a service evaluation. Such concerns resulted in the following steps being taken.

- Interviewees were assured of confidentiality, when negotiating informed consent and within each interview. Interviewees were told when gaining informed consent, and at the start of each interview, that confidentiality would only be breached if there were concerns about significant harm to that interviewee or another person. In fact, no such concerns were raised during this research. This could potentially limit the information given to the researchers, but does inform the interviewee of the limits of confidentiality and meets good practice guidelines for ethical research with children and young people.
- Care was taken by the research team not to tell one interviewee what another interviewee had said. This was particularly important to uphold within a case study.
- Interviewees were assured that every effort would be made to protect anonymity.
- All data files were protected by a password, once on the research team's computers. Names were deleted, and a separate (password protected) file used to match data files with names.
- All print outs were held in locked office and protected files. All such identifying information will be deleted six months after the report has been accepted by the Scottish Government.
- The analysis has had to take account of anonymity. Many of the young people involved are very well known locally. Conventional (and illuminating) means of presenting case studies therefore were not used because they risked identifying the young people. For example, short holistic case studies (e.g. the young person's background, pathway through the system, perceived outcomes) take advantage of multiple data sources and perspectives, but were not presented here, nor were diagrams of young people's pathways to exemplify certain trends. Aliases have not been given to respondents, so that the reader cannot track a response from one section to another. The research team made these decisions as protecting anonymity was a paramount consideration.
- Care was taken, when interviews were undertaken by the research team, to ensure that the young person was in a safe and comfortable place before, during and after the interview(s) and had potential support through hotlines and support staff. Support staff knew when interviews would take place, so that they could be on hand should the young person require it.

### ***Limitations of the evaluation***

7.20 The qualitative interviews used within this report provide very useful ‘thick descriptions’ (Geertz, 1973) of the processes involved in ISMS and intensive support services. Yin (1994) advocates that the case study methodology is intended to produce findings that elaborate and develop a description of processes. Yin argues that the multiple case study design can be conceptualised as repeated examination of separate entities that allow the testing of theory that can be replicated through additional cases producing convergent findings. In this chapter the interview data should be regarded as representing the *perceptions* of the ISMS and intensive support service interventions and as such they provide very valuable information from those who are intimately engaged with these processes. However, the case study method does not allow hypotheses to be *tested* in a Popperian sense. As discussed by Renzema and Mayo-Wilson (2005), who conducted the largest evaluation of electronic monitoring to-date, in order to further understand the effectiveness of the processes in terms of ‘does it work?’, additional quantitative data would be required and a different methodology would be required (this area is discussed at the end of this chapter in recommendations for future research).

7.21 A further factor that limits the confidence in the findings is the small sample size within this study. A larger group of young people who received ISMS (and a closely matched control group) would allow more distinct conclusions on effectiveness to be argued. This issue is further compounded by: differences across LAs in the use of assessments (some using YLS/CMI and others using ASSET); the perceptions of young people’s suitability for the MRC; and in the variety of interventions and agencies employed to deliver work. Taken together, these differences mean that highly detailed and coherent conclusions about effectiveness cannot be drawn at the present time.

### ***Organisation of this chapter***

7.22 The following presentation of the case studies is divided into sections. First, it begins with giving an overview of the background characteristics of the young people involved in the case studies. Second, it takes the reader through the ‘pathway’ of the ISMS/intensive support services, from assessment, to service provision, to transition from the services (where applicable). Third, the match between perceived concerns for the young person, going into ISMS/intensive support service, and perceived outcomes is discussed. The chapter concludes with reflections on the case study findings.

## **Background characteristics of the young people**

7.23 Research by SCRA (2007) demonstrated high levels of drug and alcohol use by their sample of cases on MRCs. About one-quarter of their sample had mental health issues and a quarter also had behavioural difficulties. For the vast majority, they had histories of persistent offending, non-attendance at school, absconding from residential establishments and there were concerns about their peer group. Just under one-third had suffered neglect and/or abuse. Similar results were found in Vaswani (2007) of ISMS cases in Glasgow. All of the young people on the ISMS programme were previously known to Social Work, and were first referred at an average age of 8 years 6 months. For cases where there was information on the reasons for referral, about half of these cases were initially referred for school issues, either non-attendance or behavioural problems in school, just over one-third were referred for solely welfare reasons, e.g. parental substance misuse or physical neglect. Out of the remaining young people, 10% were referred for behavioural issues and only 5% specifically for offending. However, 93% of the ISMS cases were classified as persistent offenders (five or more episodes of offending in a six month period). A look at family circumstances revealed a history of complex issues, most notably parental substance misuse, poor parenting skills, and financial problems. Deprivation was also a key issue.

7.24 In relation to specific cases incorporated in the present evaluation, the SCRA data available (for 9 ISMS cases, 6 boys and 3 girls) indicates that the young people who received ISMS had extensive histories of involvement with the Children's Hearings System prior to being placed on the MRC. These data are, however, limited due to the SCRA's Referrals Administrations Database (RAD) being available nationally from December 2002 and, consequently, referrals made prior to its implementation are not reflected in these cases.

7.25 The average age of first referral recorded on RAD for this sample is 13 years, and the average number of referrals to the Reporter was 42.2. It would seem likely that had RAD been in operation nationally prior to 2002 that there would be more information available about the earlier years of this sample. However, even with this caveat, within this small sample of young people placed on ISMS there were 380 referrals to the Reporter. The largest category was for offence grounds with 317 (83%) referrals; the second largest group of offence grounds, with 10 (3%) referrals, was the child being the victim of a violent or sexual offence (schedule 1); the third largest offence grounds grouping for this sample, with 8 (2%) referrals, was the misuse of drugs or alcohol.

7.26 From the data available on offence grounds referrals, there was sufficient detail available for 272 of them that specified the offence types. The largest group of offences group was for Breach of the Peace, with 77 (28%) referrals. There were 56 (21%) offence referrals for violent offences, 4 (1%) for robbery, and 11 (4%) for carrying of weapons. There were 7 (3%) offence referrals for theft of motor vehicles, and 11 (4%) for attempted thefts of motor vehicles. Within this sample, there were also 6 thefts by housebreaking and 11 'other' thefts.

7.27 The SCRA data included a range of other information relating to the backgrounds of the young people referred. Alcohol use was noted in 8 of the 9 cases and reported as being a significant concern in 4 cases. Similarly, drug misuse was noted in 5 cases and regarded as a significant issue for 3 individuals. A family background where there was domestic violence was noted in 2 cases. Mental health issues were noted for 3 cases and anger management problems were recorded for 6 cases.

7.28 Despite the lack of early referral information (due to RAD data not being available), these data, overall, indicate that this small sample of young people placed on the MRC can be characterised by persistent and serious offending levels. The data also indicates that, within the backgrounds of this small sample, there were a number of care and protection concerns including histories of victimisation and substance abuse problems. In the following sections, findings from the qualitative data will be used to further define the sample of young people placed on the MRC and describe the decision making and allocation of resources to address their needs.

### **Assessment and decisions-making for intensive support service/ ISMS**

7.29 Assessment reports were frequently found in the case files reviewed, which outlined the assessments' conclusions. LA files were rarely clear about the assessment methods used to reach these conclusions, so that the ASSET scores or their equivalents could not be compared across case studies. This chapter is therefore unable to comment substantially about assessment procedures, but can note that where it was systematically recorded the assessments were being done in the time required by the Scottish Government. The assessment reports seen did clearly outline the concerns for the young people and the recommended service provision.

7.30 The LA case files and social worker interviews demonstrated that there was, as required, inter-agency collaboration in assessment and particularly in decision-making for ISMS/intensive support service. Records of inter-agency meetings were frequently found in the case files, with clearly stated conclusions.

7.31 To receive ISMS, a Children's Hearing must set the MRC condition as part of a supervision requirement, therefore the decision-making of Hearings and of individual Panel Members is pivotal. The case studies primarily had two sources of information about the process of this decision-making: records within the LA case files and social workers' perceptions, gained from interviews. In most case studies, the decision-making appeared to be straightforward, with no particular concerns expressed or noted and, in one LA, there were particular comments about the good understanding between social services and the local Panel Members. In a few case studies, some concerns were evident, that impacted on the decision-making for individual young people. Such concerns divide into three, as expressed by social workers: initially, Panel Members being unsure about the MRC and requiring further training; Hearings being unduly focused on the MRC rather than the intensive support; and Panel Members failing to communicate well with young people by not recognising their complex and difficult situations.

7.32 Young people who were on ISMS were asked in the interviews why they had engaged with ISMS. Their answers all compared ISMS to more restrictive alternatives of secure placement or custodial disposals. Some young people also mentioned that the intensive support might meet some of their needs. When asked, ‘How did you feel about receiving it?’, all of the young people interviewed who were on ISMS, or had been on ISMS previously, regarded these options as preferable to a secure placement or custodial term. This is typified by the quotation below.

*“To stop me getting a custodial sentence. [...] You’re locked up in jail with nothing to do. In secure, you get things to do so secure is nothing compared to jail; secure didn’t bother me at all. With this [ISMS], I have got freedom and I can do things, so it’s a lot better than jail. [...] I didn’t like it cos of the curfew, but it’s better staying in the house than getting put away.”*

**Young woman interviewed when on ISMS**

7.33 Two cases suggested disagreement with the (potential) application of ISMS to a young person, between professionals.

7.34 In one case study, there was recorded disagreement between professionals in reporting to, and as recorded by, the Hearing. This disagreement continued throughout the ISMS programme. The professionals who disagreed with the ISMS disposal had two reasons. Firstly, the young person was not seen as fitting the Section 70(10) criteria previously, but once the ISMS became available, the young person was seen as meeting these criteria. This was perceived as contradictory. Secondly, certain intensive support services were only being made available to the young person if s/he received ISMS; the services were seen as hugely beneficial, but the MRC unnecessary. The carer also shared these views. Attempts were clearly recorded (and, in some parts, it seemed successfully) to improve inter-professional communication and agreement.

7.35 In another case study, the Hearing had asked for the young person to be considered for secure accommodation, which the professionals did not think was appropriate. The young person was considered for secure accommodation, by the LA, and considered for ISMS/intensive support service. The young person’s carer and social worker were clear that the young person did not meet the Section 70(10) criteria, but they clearly believed that the young person required intensive support (which the young person, in due course, received).

7.36 These two cases raise themes common across the case studies: the relationship between ISMS and secure accommodation criteria; and the popularity of intensive support services and their link or not to an MRC.

### **Experiences of the MRC**

7.37 This section seeks to present the experience of being on the MRC itself, distinguishing it from receiving intensive support more generally (which is covered in the next section). Three themes arise from the case studies: views on the curfew conditions themselves; the implications for young people being with their peers; the implications for young people and their home life (whether in LA care or with a parent). The section concludes by considering recorded breaches of the MRC and perceptions of such breaches.

### ***Views on curfew conditions***

7.38 Young people frequently commented on the curfew conditions themselves. **Not surprisingly, those young people who expressed negative views of ISMS tended to focus on the MRC as unduly restrictive.** They wanted to stay out later or to have time-off at the weekends and on special occasions, as the quotations below exemplify.

*“The curfew is very hard now, I want to go dancing with ma pals and I can’t ...”*

**Young woman interviewed when on ISMS**

*“If I was very hard, I would have broke it by now. Sometimes it’s really hard though like when I’m out with my friends and then I need to go home early.”*

**Young man interviewed when on ISMS**

7.39 Many of the young people interviewed found meeting the curfew conditions to be difficult at times and reported breaching them. Technical issues with the electronic monitoring hardware were commented by some as being a problem, as detailed in these two quotations.

*“They [Serco] come up at [mid-evening] to check the machine, it’s really annoying, we’ve got five kids and it’s really disruptive.”*

**Carer of young man interviewed when on ISMS**

*“There were a couple of incidents, it didn’t work sometimes and I had to talk to Serco. Once he was sitting in his house and it went off. Sometimes they’d turn up at inappropriate times.”*

**Social worker for young man interviewed when on ISMS**

### ***Implications for young people being with their peers***

7.40 Young people felt that they saw their friends less often and for shorter times as a consequence of the MRC. The majority of young people interviewed saw this as negative, although some recognised that less peer contact had reduced their offending and/or other concerns such as absconding or using alcohol or drugs. Generally, the increased amount of time spent at home was regarded by carers and professionals as having a protective affect on the young people’s behaviour as it reduced contact with peers.

### ***Implications for young people and their home life***

7.41 Young people said they generally sat at home (again, whether this was in their LA unit or in a private home), when meeting their curfew conditions. They reported mainly watching television or listening to music, although some would have their friends over to visit. Two carers particularly comment on how this aided family relationships.

*“He reads; plays with his sister; talks to his pals in the close; or he will watch TV; play computer games; and sometimes his friends will come in. He respects the house rules when he’s in.”*

**Carer of young man interviewed when on ISMS**

*“Before we never seen him and he wouldn’t talk to any of us. Now we can sit with him and his girlfriend and have a chat. There’s the odd argument but nothing gets out of hand now.”*

**Carer of young man interviewed when on ISMS**

7.42 In both these quotations, the increased communication between young people and family members is seen positively. Other carers also responded that they felt that the young people’s increased amount of time within the home environment created the opportunity to re-establish their relationships with each other. As with the first quotation, the MRC and associated support was seen by some as having greatly assisted carers in being able to re-assert their rules. Such views are further supported by case file commentary, which notes improved family relationships as a successful outcome in several cases.

7.43 But one social worker commented on the potentially negative impact on family life, of the curfew conditions: the increased contact between carer and child might result in more interpersonal conflict. The additional support from the helpline was seen as useful in responding to stress that might result from a young person being in the home more often.

*“I think if you bring troubled, young people in the home people have to deal with that. There are worries about other children in the home and they have to deal with the young person’s problems too. So the support to the family is essential. This is given under ISMS, like from the Includem Helpline. The Helpline has been so good for mum as she can just pick up the phone at any time on any day.”*

**Social worker for young man leaving ISMS**

### ***Compliance with curfew conditions***

7.44 Some young people complied with the MRC, but breaches were common. Some ‘technical’ breaches were for a very short time (e.g. ten minutes late for the curfew), but others were extensive (e.g. overnight or for days)<sup>51</sup>.

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<sup>51</sup> Contractually, even these short absences are counted as breaches, although they are likely to be viewed as ‘technical’ breaches rather than actual breaches of conditions. Discretion to raise a breach action seems to have been the responsibility of the social worker and was used very infrequently in the cases we reviewed.

7.45 Several interviewees perceived a lack of consequences, should a young person not adhere to their curfew conditions (this was also raised by Reporters in research conducted by SCRA (2007)). Social workers particularly commented upon this in certain areas.

*“We need more accountability from the young person, i.e. if they are not engaging. The Panel seems to hold the Social Work Department to account, but they also need to hold the young person to account too.”*

**Social worker for young man placed on ISMS**

*“She does sometimes seem to wear the tag as a bit of a badge at times and there doesn’t seem to be any consequences of not adhering to the MRC. [...] Also, what options are there for non-compliance as secure is not always appropriate?”*

**Social worker for young woman placed on ISMS**

7.46 In some cases, breaches were tolerated because there had, for example, been considerable reduction in absconding by the young women in question. In these cases, the MRC had been specifically given *because* the young women had been absconding. For some, the absconding had become less frequent, for shorter periods at a time and/or they were in safer homes rather on the street or with strangers. These case studies suggest that a breach requires interpretation in the young person’s context, to see whether young people remain suitable for an MRC. They also suggest that numerically counting breaches as a performance indicator, for the success or not of MRCs, would not be useful in assessing their potential effectiveness for young people and reducing their risk to themselves.

### **Experiences of Intensive Support and services**

7.47 Case files were reviewed for the intensive support and services provided to young people. Perceptions of what help young people received, and how much it helped the young people, were gathered from all those interviewed. Beyond the intensive support services themselves, the data does not distinguish between services that would have been involved with the young person and his/her family without ISMS/intensive support services. In several cases, there was a deliberate decision to continue with past services and/ or professionals, as they had worked well with the young people, even though specific alternative services were available through intensive support.

#### ***General perceptions of intensive support***

7.48 Two themes were nearly universal across sources for each case study: that intensive support brought increased resources; and that young people had increased contact with a larger number of professionals.

7.49 All carers and social workers interviewed for the 21 case studies, as well as most young people, were positive that intensive support and its accompanying resources were provided. A key element was the ‘forced’ engagement of young people with services and support. Such increased compliance is similar to those found in other studies (discussed in Chapter 2) of electronic monitoring when combined with some other intervention (Bonta, *et al*, 2000; Sugg *et al*, 2001). Consistency of support was also frequently reported as making a critical difference. The quotation below is a particularly succinct summary of this view.

*“There has been improvement in [young person’s] behaviour and attitude, which can be attributed to the management style of staff. The structure, firm boundaries, routine and consistent management of her behaviour and care has positively influenced [the young person’s] self-worth and self-confidence, sense of security and emotional well-being.”*

**Social work report on young woman on intensive support service**

7.50 The one exception, in the case studies, was a young man who compared the level of intervention unfavourably with secure accommodation.

*“I got more help when I was in secure. They helped me deal with my anger management and I’ve not got that problem now and if I was in secure I’d be getting more help with training instead of getting offered things I don’t want to do.”*

**Young man interviewed when on intensive support service**

7.51 This young man also indicated that he felt institutionalised and may have found managing his level of risk in the community to be more difficult.

7.52 Most young people were reported as engaging well with intensive support services, with considerable agreement among social workers, carers and the LA case file in each of the cases. However, for some young people, their engagement waxed and waned. The latter could be traced to the young people’s personal circumstances, such as having a fight with someone or losing employment. Case files documented services’ continual efforts to maintain this contact, which frequently did resume consistency. Some comments from young people related to issues of motivation and readiness to change, which have been argued as being key elements to the effective interventions (e.g. McMurrin, 2002). These ‘responsivity’ issues have considerable implications for the outcomes of ISMS and intensive support services and it may be that young people who are motivated to change their behaviour will be more likely to comply with the ISMS/intensive support service conditions and benefit more from interventions.

7.53 Generally, young people had contact with more professionals once they went on to intensive support. Their contact time with professionals also increased, as intensive support workers made appointments on their behalf and went to some length to make sure that young people attended such appointments and other activities. These levels of support and professional contacts were regarded with mixed feelings by those interviewed. Such mixed feelings are captured by this young woman's response.

*"It's millions every single day! I get different workers and it's a lot from going from nothing to having workers every day for hours. It means I can't go with ma pals and that I've got to stay in so it's a lot... It's okay. [...] I get help now. I feel that things are moving now and that I'm making progress in a positive way. Before, I wasn't getting any help and I wasn't making progress."*

**Young woman interviewed when on ISMS**

7.54 This quotation taps into themes found in other interviews (including some social workers and carers, as well as other young people) and LA files. For example, some young people were frustrated that they had less time with their friends or 'to themselves', due to the time taken up by the intensive support. Certain young people felt overwhelmed by the number of professionals they saw regularly. While some young people expressed these problems, overall, most young people felt that they were making progress due to the workers' intervention.

7.55 For one young person, however, the intensity of the ISMS led to him deliberately flouting his MRC conditions so that his involvement would end. He provides a narrative in his interview.

*"They [Includem] were there too much. I never got time to ma self to do anything I wanted to do on my own. That's how I fucked up. I went out and all I had to do was offend and that would get rid of the tag and Includem and I knew that. I went on the run; I got the tag off. The police took it off me and I ran away. I tried to say to Includem and to ma social worker that I was getting too much time with Includem, but no one would listen to me. They did reduce the time, but then when the police took the tag off me, I said I wouldn't work with Includem cos I didn't need to."*

**Young man following ISMS conditions**

7.56 This young man recognised that his actions got him into further trouble but he felt the extent of time with Includem was not needed. Other case studies showed a reduction in intensive support hours, when professionals felt this was in the young person's best interests.

7.57 Different views were expressed about the number of different workers, from any one service, with whom a young person might work. On one hand, one young woman was positive about having choice of whom to approach.

*"A lot more people are working with me now under the ISMS, and if I fall out with one of them, I know that there are other ones I can go to for help."*

**Young woman interviewed when on ISMS**

7.58 On the other hand, some social workers perceived the change in workers as negative, which led to either inconsistent approaches or lack of progress (as new workers had to build up a trust, for example). This quotation exemplifies such concerns.

*“...there has been a lot of [Includem] worker changes and that’s not been consistent. So there have been a lot of changes in staff working with him and sometimes areas of work they agreed to do have been done superficially, and other areas were not done at all.”*

**Social worker for young man exiting ISMS**

7.59 Overall, **those interviewed valued the extent of contact, with a range of professionals, and the high level of resources, that accompanied intensive support.** Certain negative views were raised about the confusion of having so many workers involved, the potential for an inconsistent approach to the young person, and the time intensity of the support.

### ***General perceptions of Includem and NCH intensive support services***

7.60 The main external intensive support provider in the phase 1 areas was Includem, with NCH providing such services in Highland. **These services were regarded positively by the majority of the young people who were interviewed.** Generally, the young people said they had established very good working relationships, as exemplified by this young person.

*“They are pure nice people I’ve got good relationships with all of them. They never make me feel as though I’m too much bother.”*

**Young woman interviewed when on ISMS**

7.61 Young people commonly discussed the trust and respect they received from the Includem/NCH workers, which they highly valued. Forming good working relationships has been identified as integral to effective practice (e.g. Trotter, 1993; see the discussion section). For example, this young person said about her worker.

*“She is a good person, she tries to help us with everything I need help with. I trust her.”*

**Young man interviewed when on intensive support service**

7.62 Professionals and carers also generally reported a positive view of Includem/NCH’s interaction with the young people.

7.63 Of the carers interviewed, virtually all expressed very positive views of how Includem interacted and supported them in their capacity as families. It appears that the intervention is also impacting positively on the parenting styles within families. A large body of literature reflects the effectiveness of this type of ‘multi-systemic’ working (e.g. Henggeler and Borduin, 1995). The effectiveness of Includem’s work in supporting parents is exemplified in the following two quotations from carers.

*“... Includem has changed the whole family by helping our son and it’s changed family life, we don’t have to worry all the time and we don’t have to argue with him all the time now; and we can spend time on the other kids. [...] It’s not just that they have helped him change, they have helped the whole family and he’s now part of the family and see us as his family.”*

**Carer of young man placed on ISMS**

*“She is really nice and she goes beyond her job to help us. She will give me time when she’s got other work to do. She treats us like individuals and knows our problems, and like not a ‘type’ of family with problems that other people would just judge before they got to understand.”*

**Carer of young man placed on intensive support service**

7.64 Includem’s ability to react to a crisis was appreciated by a number of carers and mentioned by certain social workers. One social worker noted that Includem was able to provide a quick response when social work could not.

*“I think the young person would be a lot worse off if Includem had not been involved. He has gone through a lot of serious crises and, at one point in time, it was almost on a weekly basis. What’s been crucial is the ability of Includem to respond to that. They respond out of hours and at weekends and the response, when he has been in that crisis, has been excellent. In terms of my other work commitments, I could not have done that at that time.”*

**Social worker for young man placed on intensive support service and then ISMS.**

7.65 Some concerns were expressed about Includem delivery. Concerns were raised in one social worker’s interview regarding the experience of certain Includem workers, as well as consistency. This social worker explained.

*“I think we agreed areas to work on with Includem so it wasn’t in conflict. But I think some of the lack of experience from workers meant that the delivery of the work they did was not complimenting in the way it happened. [...] I don’t know if all the workers are experienced or not, but this may have been a factor. So this possibly led to work like anger management being done by one worker and then another leading them to not being able to challenge the young person because there wasn’t a consistency in one worker doing that work with him.”*

**Social worker for young man leaving ISMS**

7.66 In another (intensive support only) case, a social worker felt that certain workers did not suitably confront the young person on her behaviour. ‘What works’ findings suggest that interventions are more likely to be effective when staff are skilled and experienced in that area of work and the interventions are consistent for the young people (e.g. Andrews, 1995).

7.67 While the above concerns are about the approaches and skills of particular workers, other concerns related to case management. Problems with communication and perceived accountability were the common themes, as exemplified by the following quotation.

*“There could maybe have been a wee bit more on communication and other aspects. I’ve never really understood and never really received information of her worksheets, etc. to tell me exactly what type of work they are doing with young person on a daily/ weekly basis. ... I’ve never received anything in writing. ... Also, they don’t inform me of crises or incidents that occur with young person.”*

**Social worker for young woman placed on ISMS**

7.68 Certain social workers interviewed discussed the tension between them managing the cases while another agency provided the majority of the interventions. One carer felt that Includem should have a stronger voice in the young person’s case because of this.

*“ISMS social work could listen more to Includem because you feel that Includem are the ones working with you and they know you and they know the family a lot better than social work does so they should listen to Includem more. Includem know my son and they know me, so ISMS should ask them and they should listen to what Includem says.*

**Carer of young man interviewed when on ISMS**

7.69 Overall, the interviews presented very positive perceptions of the services out-sourced to Includem and NCH. Some criticisms were raised, such as the adequacy and consistency in certain workers’ skills and approaches, communication between such services and social work, and tensions in accountability. These criticisms were mentioned in some local authority areas, but not others. This may be an artefact of the particular case studies selected, but it could also reflect the different ways that services are organised and used. These findings are resonant with those reported by Steele (2007) who conducted a number of qualitative interviews investigating young peoples’ perceptions of the Includem service and to gather their views on what worked for them in reducing their offending behaviour. Overall, the small sample of young people interviewed reported positive views of the service, including the relationship they had with their workers and the use of the Helpline in particular. However, some reported that they felt the service had little impact on their offending behaviour, regardless of the relationship they had with their workers. Further criticisms of the service related to the perception that work did not address criminogenic needs and was also lacking in ‘programme integrity’.

## ***Perceptions of other services***

### *Social work.*

7.70 Young people and carers were generally not positive about the relationships and levels of service from the young person's allocated social worker. Themes of inconsistent contact and lack of time appeared in many of the interviews, across phase 1 areas. Two out of several examples, from both carers and young people, are below.

*"They never come to see me and they never even bother to phone. I've been home for three weeks and they've not even phoned once."*

**Young man interviewed when on ISMS**

*"He knows he's been out of hand, but he has felt his social worker has been no good. They were supposed to see him once a week and they only came once every 6 or 7 weeks and now that he's got Includem, she says she's only going to see him once every 3 months!"*

**Carer of young man placed on intensive support service**

7.71 There were exceptions where young people and/or carers expressed positive views about their current social worker, including their receptiveness and contact availability.

### *Substance use services.*

7.72 In addition to working with Includem/NCH, some of the young people interviewed were referred to drugs and alcohol use services. In some cases, young people's views of these professionals were negative and they were not viewed as having had a positive impact. Accessing such external services could be difficult, as described by one social worker.

*"The addiction work has been sporadic. The worker identified for [young person] was off sick and then left and the baseline assessment wasn't picked up by anyone for ages. Luckily, his use of substances decreased anyway so it wasn't a main priority, but it could have been an unmet need if that hadn't happened. Myself and Includem challenged him on his drug use"*

**Social worker for young man on ISMS**

7.73 This social worker therefore saw the Includem worker and her own contribution as making a greater difference. In other case studies, improvements in young people's alcohol and drug use were frequently attributed to Includem interventions. The quotation below exemplifies this.

*"Before I used to drink everyday ... it was cider and vodka, but now it's about two times a week and it's a bottle of vodka or two bottles of cider. ... They [the workers] tell you about drugs and it makes you think about why you are doing it. My drink is harder though even though they tell you that you're hurting your body. But I have cut down."*

**Young woman interviewed when on ISMS**

7.74 This quotation also shows another common trend across the case studies. Improvements in substance misuse rarely meant a complete absence of alcohol or drug use, but often more awareness by young people that such behaviour (at least to adults) was problematic and a subsequent reduction.

#### *Education and employment.*

7.75 One direct consequence of being placed on intensive support is the planned access to education and employment agencies. Some young people and carers felt young people had increased contact with education professionals and support in maintaining and developing education provision. Two examples are given below.

*“I’ve got courses to join in January for six months and then I get to college in August... before I was going to school, but not very often because I kept getting excluded because I’d get into fights.”*

**Young man interviewed when on ISMS**

*“Before, he was excluded all the time from mainstream school. Since he’s had [a local education service], he’s been doing great. He’s met new people there and he likes it. He gets lots of activities there and he likes that. [...] He’s not been excluded from there, so that’s great. They haven’t been on the phone to complain about him! In fact, they phoned once to ask if it was okay to do extra curricular activities with him!”*

**Carer of young man placed on ISMS**

7.76 However, in one case, it was felt that the ISMS package had directly resulted in a disruption of the young person’s mainstream schooling and the provision of a poorer education service.

*“If you get ISMS here, they take your child out of ordinary school and put them in day care. Day care isn’t an education that will help them move up in life, it’s more like a lower level for not so bright kids. My son was fine in ordinary school and I wanted to keep him there. [...] There is just no sense in making him go there when he could be building up to going full time in ordinary school”*

**Carer of young man interviewed while on ISMS**

7.77 A large minority of case files and interviews, however, did not report on educational involvement at all, with a greater focus on young people’s behaviour and welfare than education. From the case studies considered, there appear to be differences between LAs, in the attention given to education and employment.

### *Accommodation.*

7.78 In particular LAs, **housing appeared to be a problem for many of the young people interviewed**, particularly those leaving secure accommodation and those not returning to their family home. Being subject to an MRC also appeared to have a direct negative effect, as it was reported that some residential options were taken away because the young person was being or had been electronically monitored.

*“Somebody like this young person, who tends to continue to be difficult in terms of being a challenging young person. A lot of resources tend to want nicely behaved kids and not young people like him that continue to have difficulties. If you refer him to a project and he’s there, they tend to throw him out very quickly and he very quickly gets to the end of the line in what’s available because he presents challenging behaviour. And there doesn’t seem to be anything set up for young people like him. And there are other people like him, he isn’t unique. He’s been in a whole series of supported accommodation places and been thrown out.”*

**Social worker for young man placed on intensive support service and then ISMS.**

7.79 In some LAs, housing services were not mentioned as relevant to the young people or moving on to independent accommodation was not as problematic.

### *Mental Health Services*

7.80 In the interviews, contact with psychologists and psychiatrists were not frequently commented upon. When mentioned, comments related to problems accessing Child and Adolescent Mental Health Services (CAMHS or, in some cases, Forensic Child and Adolescent Mental Health Services (FCAMHS)). The quotation below suggests that the lead in time to access CAMHS did not match the timeframe for ISMS:

*“He never really got his assessment, they did come on board near to the end of his time on ISMS but, by then, he had begun to disengage with ISMS, and if FCAMHS had been in at the beginning it would have been better. However, things have improved since then, I have not had that experience with FCAMHS in my other cases since.”*

**Social worker for young person on ISMS**

7.81 There was an exceptional (intensive support service) case, where a clinical psychologist was noted as pivotal (both in the LA case file and in interviews with the carer and social worker), in intensive support and recognising and meeting the young person’s needs. The psychologist had longstanding involvement with the young person. In this case, the intensive support services did not need to make a referral but rather invited a mental health professional already involved with the young person into the inter-agency collaboration.

7.82 In general, services that were provided ‘in-house’ (e.g. intensive support teams within the LA) or ‘out-sourced’ to Includem or NCH, were generally accessible to young people and their families. Problems were more likely to occur when access was more arms-length, such as with accommodation services, educational services beyond intensive support services, addiction or mental health services.

## Perceived outcomes for young people

7.83 The case studies provide a great deal of information on the *perceived* outcomes of ISMS/intensive support service for young people, from social workers, carers and the young people themselves. They do not provide conclusive information on the *actual* outcomes for the young people. Reviewed case files can track initial concerns for the young people (frequently listed in assessment reports) and perceived outcomes, as pieced together by the research team from different documentation. SCRA data is also limited because it only captures the time period when the child or young person is involved in the Children's Hearing System (for example, SCRA data do not include police referrals made only to the Procurator Fiscal and, particularly, do not pick up all charges once the young person is over 16 years-old). The remit of the research did not stretch to examining courts or police records.

7.84 Generally, those interviewed saw ISMS as having certain positive effects for young people. These effects can be divided into three types.

### ***'Last chance' effect***

7.85 **The ISMS intervention was perceived symbolically as being a 'last chance' before institutionalisation** (whether prison or secure accommodation). For one respondent, the young person's participation in ISMS helped prevent 'up-tariffing':

*"It has kept her from custody, she had previously been in Young Offenders Institution and she probably would have been back there otherwise. It's also a programme that can be put forward to Sheriffs; it's kept her from custody on the last two occasions and she hasn't picked up any new charges since being on ISMS."*

**Social worker for young woman placed on ISMS**

7.86 More often, ISMS was seen as helping to keep the young people out of secure accommodation. This quotation exemplifies such a view:

*"Ma behaviour would have been even worse and I would have got into secure a lot earlier for much worse things. Cos even though I wasn't listening, I was listening sometimes."*

**Young man interviewed when on ISMS**

7.87 Virtually all those interviewed did not want a young person to be in secure accommodation. But there were comments, within one case study, that the chance of secure accommodation was inappropriately used as a threat, so that the young person's 'choice' of the MRC was in fact coerced and the young person's negative view of secure accommodation was reinforced.

7.88 One social worker interviewed regarded ISMS having little positive impact on one young person's risk of harming others, due to the severity of his behaviour.

*"I think that having an intensive support package that works is more effective than having a young person in secure in a general sense. But I accept that there are some young people whose life is that chaotic that they become a danger to themselves and others and that they require a period outwith that in a secure environment."*

Social worker for young man interviewed when on ISMS.

7.89 This response highlights that, although a young person might meet the ISMS criteria, placement in a secure environment might be preferable in order to manage the young person's risk more appropriately.

### ***Intensive support***

7.90 **Most of the positive outcomes attributed to ISMS were perceived to be a consequence of the range of interventions and access to resources that were the intensive support facet of the package, rather than the MRC itself.** The quotations below exemplify this perception.

*"If you have a good enough programme, there should be no need for the tagging element. Considering there are no consequences for non-compliance, then we should just focus on the programme... you have to look at the bigger picture, i.e. the tag is just a part of the whole programme; and it's better than being accommodated or in custody. I just don't see the tag as the major part."*

Social worker for young man placed on ISMS.

*"The tag isn't changing him. He doesn't care about the tag, he's listening to Includem and making changes. He'd be crazy again without Includem. With just the tag, it wouldn't work at all."*

Carer for young man interviewed when on ISMS.

### ***MRC***

7.91 **In direct contrast, carers in two case studies saw the MRC itself as the most effective part of the intervention.** One carer explained why she felt this.

*"...it's [the tag] being removed too soon. I know that when the tag came off, he'd stop meeting workers, and he doesn't seem to have a problem with knowing he's let me down. He seems to enjoy it when he knows he let me down. He likes to say I'm wrong and contradict me."*

Carer of young man placed on ISMS

7.92 In a follow-up interview with this carer, after the young person was taken off ISMS and moved onto intensive support services only, the carer said:

*"After the tag, he just doesn't take contacts [with professional staff] seriously and he thinks he can do what he likes."*

Carer of young man placed on intensive support service following ISMS

7.93 The MRC created the ‘forced’ element of contact with workers and the carer’s influence was insufficient to ensure such contact.

7.94 Similarly, another carer also regarded the MRC component to be the most effective element of the process, and felt the situation had deteriorated after its removal.

*“The tag. He came in at [mid-evening] at his curfew and I knew he was not going to go out after that. Without the tag, he’s not listening to me and I can see him going back to where he was before. [...] He is in late now and he won’t say when he will come in. I say to him to be in for [late evening] and he comes in later than that. I’ve no parental control. And he’s not bothered going to [his training and employment project] now and it’s hard to get him out of bed now. He’s slowly going back to the way he was and he’s only got Includem for another two weeks!”*

**Carer of young man placed on intensive support service following ISMS**

7.95 The MRC itself, in its combined symbolic and practical meaning, was seen as helpful by some. Certain adult interviewees saw the MRC as allowing young people to develop a set of credible reasons for not engaging with offending peers. In one case, the young person’s MRC had a similar effect with the housing agency in discouraging its use of an Antisocial Behaviour Order (ASBO).

*“It allowed him to walk away from his pals, without losing face, without losing their respect. It also allowed the family some respite; Housing were looking at an ASBO for [young person’s name], but that got them off their back when they heard that [young person’s name] was tagged.”*

**Social worker for young man on ISMS**

7.96 Finally, some carers saw the MRC as improving their relationships with the young people, and increasing their ability to exert control and boundaries.

### ***Overall assessment on outcomes***

7.97 Overall, ISMS and intensive support services were seen as keeping young people out of secure accommodation and/or custodial sentences and, for all but one of the case studies, this was positive for the young person. Overwhelmingly, **respondents attributed, along with reports in case files, positive outcomes to the intensive support part in particular**. A few interviewees, in contrast, attributed improvements to the MRC itself: its practical and symbolic presence. Some carers felt that the curfew conditions facilitated improved family relationships and their ability to exert control.

7.98 **For most case studies, across multiple respondents, young people’s misuse of alcohol and/or drugs was seen to have reduced, but not stopped, as had their risk activities (such as unprotected sex, absconding, inappropriate peer relationships and/or offending)**. The establishment of trusting relationships with professionals was reported as a substantial achievement in many case studies, as was the ensuing improvements in self-esteem and having a positive future. In several case studies, improvements for parents and families more generally were noted as a focus for services and a successful outcome.

7.99 While not a finding across all case studies, **some participants argued for earlier intervention**, that is, intensive support may be more beneficial if delivered to the young person at an earlier age. This view was not held solely by one group. Examples could be found across social workers, carers and young people, as described below.

*“I would also like to say that I think there is a major gap in service provision and this intensive support service is not extensive enough. I really think there is a role for this service to become involved much earlier and I think we need community resources that work with young people in a preventative way rather than after the problems have occurred. [...] There are a lot of people escaping that net. There’s a lot of young people that we identify that’s maybe going to graduate to that stage, if there’s not something in place at that time. In terms of risk assessment, you can identify people who are going to end up there but, at that point in time, they will not get a service from Includem or ISMS. I think there is nothing for young people in a preventative sense to prevent them getting to that stage. It’s almost reactive once they’re there, as opposed to work being done to prevent people getting to that stage.”*

**Social worker for young man placed on intensive support service and then ISMS.**

*“It would have been much better if he’d got ISMS a lot younger. If he’d got it between 12 and 14, it would have been a lot better for him rather than 15 and a half going on 16. It would have made a lot more difference because he would not have gone so far into getting into trouble when he was younger.”*

**Carer of young man on ISMS**

*“Before I used to say I didn’t need help. Now with Includem, I realise I need help and I wish I’d had them before. If I had them when I was first starting to get the jail that would really have helped me... I was 13 years old then.”*

**Young woman interviewed when on ISMS**

7.100 The last two quotations specify a particular age band (12-14 years-old), just below the more typical ages in this case study (14-16 years-old). At the latter ages, the young people are reaching key transition stages across service areas: for youth justice, but also for education, employment, potentially leaving LA care and seeking independent accommodation. In certain case studies, it would seem that ISMS/intensive support services was able to maintain young people, to *manage* their risk to themselves and to others, until they officially left the Children’s Hearings System; the requests above suggest that the intensive support earlier might have resulted in more *change* for the young people and better outcomes in the longer run. This finding is consistent with the argument within the Kilbrandon Report (1964) and also with recent research into effective practice (Latimer *et al.*, 2003). There was also some support for this concept among Reporters consulted by SCRA (2007).

## **Discussion**

7.101 The case studies suggest issues for further discussion and investigation.

1. What is, and should be, the relationship between a) secure accommodation and ISMS, and b) between ISMS and intensive support service only?
2. What differences do the MRC themselves make with their curfew conditions? How might this differ by the particular risks and needs of the young people, their families and their communities?
3. What are the advantages and disadvantages of providing in-house, arms-length or outsourced services, for ISMS/intensive support service?
4. How well do ISMS/intensive support service criteria, assessments and services meet the available literature on ‘what works’?

### ***Relationship between secure accommodation and ISMS***

7.102 The case study interviews, along with certain case file information, suggest that the relationship between secure accommodation and ISMS may remain unclear for many respondents. Most of those interviewed saw ISMS as either an *alternative* to secure accommodation or *one step below* secure accommodation (or custodial institutions) on a hierarchical tariff. Secure accommodation, in all but one case, was seen as highly undesirable; for young people, this might mean they ‘agreed’ to ISMS, but this agreement was forced as they wished to avoid secure accommodation at all costs.

### ***Relationship between ISMS and intensive support service***

7.103 The fieldwork also found that the comparison between ISMS and intensive support service only cases did not work as planned, as LAs made different use of intensive support services. Some case studies found strict control of intensive support services, so that ISMS was favoured in order to access such services. Certain professionals were then supporting decisions because of service availability rather than feeling the MRC in particular would be of benefit the young people.

### ***The impact of the MRC***

7.104 Interviews in the case study were overwhelmingly positive about the availability of intensive support services and most of the perceived outcomes were attributed to these services. The most effective part of the ISMS provision was seen by almost all of those professionals interviewed as being the intensive support packages, rather than the MRC component. This perception is supported by the research by Bonta and colleagues (2000; discussed in Chapter 2) who report significantly lower recidivism for the high-risk offenders who received high quality cognitive behavioural programmes.

7.105 No one argued for the MRC to be available without the intensive support. Response to the MRC itself was mixed. Certain respondents saw clear benefits of the MRC, such as restricting young people's access to problematic peers, creating the opportunities for improved family communication and improving carers' control, and diminishing the extent of absconding for those with an extensive history. Young people frequently continued on their MRC, even when they had breached the curfew conditions: sometimes substantial and repeated breaches. However, for some young people the MRC was still seen as beneficial, e.g. it reduced and contained the absconding of young women who were perceived as highly vulnerable outside their homes. The case studies suggest that breaches do need to be seen within the young people's context and the usefulness of the MRC subsequently evaluated. This has implications for performance indicators.

### ***Risks and needs***

7.106 It seems likely that ISMS has been utilised with young people who presented as a higher risk of further offending than those who received intensive support services only. Consequently, a comparison of recidivism levels between these two groups is likely to reflect the underlying level of risk in conjunction with any effects of the interventions. The young people who accepted the ISMS disposals appeared to do so to avoid what they considered more serious recommendations being made (primarily the alternative choice for them was a secure placement). The ISMS disposal was seen positively by the young people interviewed in this light. Case file information, when available, indicated, generally, that young people on ISMS reduced their incidence and seriousness of offending behaviours. In addition, there appeared to be a similar reduction in levels of offending recorded in the files of young people placed on intensive support services only. This perception is consistent with findings from other research in the use of EM, which suggests that the monitoring component does not reduce re-offending (although it may be cheaper and more humane than custodial disposals). However if good quality interventions are also provided then these can be very significant in reducing re-offending (see Renzema and Mayo-Wilson, 2005).

7.107 Some of the young people interviewed appeared to reduce risky behaviours because of the potential consequences of not meeting the ISMS conditions. However, other young people also indicated that they did not always demonstrate this sort of consequential thinking, particularly in relation to offences committed while under the influence of drugs or alcohol, which appeared to be a contributing factor to risk behaviours for many of the young people interviewed. Overall, the MRC appeared to have, for some, a 'suppressive' effect on behaviours when in place. In addition, information within the interviews suggests that the MRC also provided a source of extraneous motivation for some young people to comply with the conditions of the ISMS disposal.

7.108 The case studies suggest that the ISMS disposal allowed access to protective factors in the community, such as college placements and relationships with family members and friends. In terms of community accessing resources and maximising social inclusion, the intensive support packages appeared to have increased young people's use of education, employment agencies and health agencies. Housing and accommodation, however, appeared to be a problem in some cases and was thought to exacerbate levels of risk. The phase 1 areas seemed to differ in the access and engagement of young people in substance use interventions: some areas had consistently positive responses across case study sources, while others did not.

7.109 Since ISMS and intensive support services have become available as disposals within the Children's Hearings System, the perception is that Panel Members' understanding seemed to have increased, in regards to what the disposals entail and issues regarding the complexity of some cases. Feedback from social workers suggests a continued training need for Panel Members in order to ensure appropriate and effective use of these disposals.

### ***Different models of delivery***

7.110 Variation in the LA areas makes comparison difficult between young people, but it does suggest considerations for how services are organised. Some LAs have chosen to keep services largely in-house or just at arms-length; for services like education or substance misuse workers, this may make them more accessible for young people. On the other hand, separating out education may separate out young people from mainstream provision or in-house services may have difficulty accessing the wider range of services externally.

7.111 External services have certain advantages. The intensity and extent of intensive support services provided by Includem and NCH was noted by numerous social worker respondents. The young people and carers, in particular, tended to note the trust they had with these workers and frequently contrasted that with the lack of trust they had felt previously, with other professionals.

### ***What works?***

7.112 In considering the effectiveness of the ISMS and intensive support services, it is appropriate to discuss briefly the contexts in which such an evaluation is situated. Following pessimistic data on the effectiveness of rehabilitation programmes (often referred to as 'nothing works'), there was an increase in positive findings, largely through meta-analytical studies, that tend to be grouped under the heading of "what works". Many of these "what works" principles of effective practice are also congruent with the recommendations made in the Kilbrandon Report (1964) and, more recently, within the objectives defined by the Youth Justice Improvement Programme (Scottish Executive, 2006). For example, the value of early intervention is supported in interviews with several of the social workers interviewed and by one of the carers. The theme running through these interviews was that the ISMS package could be more effective if used in a preventative and proactive manner in the future is consistent with Kilbrandon (1964). It has been found that 'what works' interventions with 12 to 15 year-olds are almost twice as effective than with 17 and 18 year-olds (Latimer *et al.*, 2003).

7.113 Andrews (1995) discusses the principles of risk and needs (among 18 other principles that also include: individuality and diversity; offender engagement; high quality interpersonal relationships; and the use of personal discretion by staff), which are strongly related to effective practice in reducing re-offending. The 'risk principle' entails that the level of service provided should be matched to the level of risk assessed in the client and that a minimal level of intrusiveness is stressed. The Youth Justice Improvement Programme (Scottish Executive, 2006) and the recent document *Getting it right for children and young people who present a risk of serious harm* (Scottish Government, 2008) also stresses the need to ensure that high risk offenders' needs and risks are properly assessed in order to ensure that interventions such as ISMS are used effectively. Within the case files, there is little information available to indicate that young people receiving ISMS were actually at a high level of risk of re-offending (the available ASSET and YLS/CMI scores would suggest scores around the mid-ranges of both tools suggesting approximately moderate risk of general recidivism). Given the criteria for use of the MRC, more detailed risk assessments would be recommended as tools such as ASSET and YLS/CMI relate to *general* re-offending and do not specifically assess risk to other people through violent re-offending for example (although ISMS can appropriately be used for young people who are also placing themselves at risk). Bonta *et al.*, (2000) found that programmes for high risk young people under electronic monitoring conditions could significantly reduce levels of re-offending, but could concurrently *increase* levels of re-offending in low risk offenders, when compared to a matched control group.

7.114 The 'needs principle' from the effective practice literature relates to a focus on criminogenic needs when intervening in order to reduce the risk of re-offending (although non-criminogenic welfare needs should still be regarded as important). This principle indicates that carefully designed interventions are used to target the specific characteristics and problems such as antisocial attitudes and behaviour, and anger responses (see also Latimer *et al.*, 2003). The services delivered by Includem were singled out by the large majority of interviewees as being the most positive and effective aspect of the intensive service. Such commendation was also found in many case files and noted in some reports to the Hearings. There appear to be numerous similarities between what has been found in the case studies and what has been reported in the literature as being good practice in the supervision of people with complex needs and risk in the community. The Pro-social Modelling approach, researched by Trotter (1999), contains at its core the key elements of engaging with the client's motivation while simultaneously building on the relationship between the worker and the client. The quality of the relationships that developed appeared to involve themes of trust, empathy, a non-blaming approach, holding optimistic views, and being able to articulate the client's and family members' feelings and problems that are entirely congruent with the Pro-social Modelling approach. Rex (1999) similarly argues that a significant component to the client's engagement and motivation to change is created by the relationship between the client and the supervisor, effectively allowing the supervisor to become a role model (see also McMurrin (2002) on the importance of motivation).

7.115 A further aspect of Includem's work which appears, on the basis of interviewees' perceptions, to be consistent with effective practice is their work with the young person and their family (see Farrington and Welsh (2003) for a review of parenting interventions). This approach has been generally very well supported in the research literature and appears to be most similar to "Multi-Systemic Therapy" (MST), which draws on structural family therapy and cognitive behavioural therapy (Henggeler and Borduin, 1995; Henggeler, 2000). The MST approach is designed to address the needs of male and female persistent offenders aged from 12 to 17 years-old who are regarded as being at a high risk of out-of-home placement. The main goals of the MST approach are described as empowering the parents to address issues relating to raising their children and to empower the young people to cope better with problems related to their families, peers, schooling, and within their neighbourhood. In addition, the MST approach requires professionals to communicate with each other and co-ordinate services in a manner that address some of the issues raised particularly by social workers in relation to the ambiguities in who is holding the case and the direction of the work.

7.116 Negative views of Includem's service were not commonly expressed in the interview sample. Some of the negative views presented earlier relate to the principle of addressing criminogenic needs. It appears that, in some cases, interventions provided by Includem and other agencies, such as substance misuse services, did not adequately address areas of need that are specifically related to their risk of further offending. In addition, issues were raised about the number of changes in workers that some young people had and the level of experience in workers, both of which may have detrimental effects on the quality of the interventions. This point relates directly to the area of programme integrity, identified in the literature on effective practice as being a key factor in the delivery of effective interventions (e.g. Andrews, 1995). Similar criticisms of the integrity and focus of the interventions were reported by Steele (2007) in relation to a small sample of young people who had received a service from Includem. These findings are relevant to the recent work in relation to the risk management and quality assurance (Scottish Government, 2008) and it appears, in some cases, that the quality of interventions provided would not meet these standards.

7.117 The relationship between Includem and Social Work was also covered in the interviews. Due to Includem providing most of the work with the young people, themes of confusion over case management and accountability were raised in some phase 1 areas. Again, this would raise issues of programme integrity for the young people involved.

## Recommendations for future research

7.118 While the case studies provide this evaluation with a number of questions, they do not allow hypotheses to be statistically ‘tested’. In future, the Scottish Government could co-ordinate future research into the effectiveness of ISMS using processes that are standardised across LAs that allow the statistical analysis of this relatively small population. Should the diversity across LAs continue, a research design would need to capture sufficient numbers in each LA to make comparisons possible. A quasi-experimental method (which is not based on random assignment of people to interventions) would permit investigation into the effect of the MRC itself, when combined with multivariate statistical analyses that would control for confounding factors that may influence the outcomes (e.g. higher risk offenders may be more likely to be placed on ISMS than intensive support services only, consequently levels of re-offending might be based more on this level risk than the quality of interventions).

7.119 Future research could also usefully include a closely matched control group to allow the effect of the interventions to be assessed in comparison to another group of young people who did not receive these interventions. The use of a control group within research with this population is crucial due to the normal tendency for young people to desist from offending as they mature. The well established ‘age-crime curve’ (e.g. Smith, 2002) consistently shows an increase in levels of offending from early childhood that then declines in late adolescence and early adulthood. Similarly, Sampson and Laub (1993) examined patterns of offending over the life course of a cohort group and concluded by stating, “*desistance from crime is the norm and most, if not all, serious delinquents desist from crime*”. This pattern of desistance, when taken in the context of the present study, would mean that it is likely that young people placed on ISMS and intensive support services may reduce their levels of offending independently from the interventions. In order to assess the contribution that the interventions may have had to desistance, a closely matched control group is required. A good example of the value of this methodology is the longitudinal study by McCord (1992), who followed up two groups of young offenders: one group receiving the intervention, the other served as a control group. McCord reports that, generally, there was no effect of the intervention when compared to the control group, despite the qualitative finding that many of those receiving the intervention reported that it had been very successful and beneficial. After several years, it was found in a small number of cases that the intervention group were more likely to have been convicted of ‘serious street crimes’ among other negative effects.

7.120 Future research could usefully include a longitudinal design, where repeated and consistent data from the same individuals are collected over a longer time period. This methodology allows findings to be disentangled through their temporal relationships and developmental sequences of events to be identified. In the present study, it might be the case that a young person in ISMS commences full-time employment. By collecting data repeatedly over short time scales it would be possible to investigate if any reduction in offending or welfare risk-taking can be attributed to ISMS intervention, employment, or other factors (see Farrington 2006, for a review).

## Summary of findings from the case studies

- Where recorded, assessments were completed in the timeframe required by the Scottish Government. Further evaluation is required of assessment procedures themselves.
- Evidence of inter-agency collaboration can be found across the case studies. Some concerns were expressed about case management and accountability between social work and intensive services in certain LAs. Access to some external services (especially mental health services) was a problem.
- Young people on ISMS perceived it as better than the alternatives of secure accommodation or custody, but are not generally positive about the MRC itself.
- While some young people complied with their curfew conditions, breaches were common in other case studies. Some ‘technical’ breaches were for a very short time but other breaches were extensive. Social workers in some areas commented negatively on the lack of consequences for young people. But, in several case studies, it was recognised that the MRC had still significantly helped in managing young people’s risk, resulting in a substantial reduction, even though breaches had occurred.
- ISMS was seen as providing young people with access to resources that could act as protective factors and to receive interventions that reduced risk. However, access to suitable housing and accommodation appeared to be a problem in certain LAs.
- Social workers and carers seemed supportive of ISMS in helping to manage the young person in the community rather than a secure setting. There is some support for the electronic monitoring component in terms of encouraging compliance with conditions, but there was also some dissent found within interviews.
- ISMS and intensive support services appeared to have some positive effects in reducing levels of further offending and other risk behaviours. It is not possible, however, to clarify the extent to which the MRC, rather than the intensive support interventions, contributed to this perception.
- The intensive support service itself (whether provided by Includem, NCH or in-house) received very strong commendations by virtually all respondents (young people, carers and social workers) and recorded in case files. Commonalities across case studies include the ‘trust’ relationship between workers and young people, young people’s improvement in self-esteem and belief in a positive future, and the positive support for carers. Some concerns were expressed, relating to numbers and inconsistency of workers and case management.
- Early intervention used in a preventative and protective way does find support among social workers.

## CHAPTER EIGHT      ADDITIONAL DATA

### **Introduction**

8.1      In an attempt to obtain additional data for those on ISMS, particularly to examine outcomes, we considered a number of other sources where work has been ongoing from other evaluation teams. We are grateful to Includem for providing additional self-report data from a number of ISMS cases. We are also grateful to Nina Vaswani at Glasgow City Council for supplying data on a number of ISMS and intensive support service cases that are part of her evaluation of ISMS in Glasgow.

8.2      This data is rather limited by covering a relatively low number of cases and relying on a mixture of self reporting and perception of change rather than actual evidence of change. However, it does provide some additional information that allows us to profile ISMS/intensive support service cases as well as some tentative data on outcome measures. A full breakdown of the results is provided in Appendix E.

### **Self-report data**

8.3      This sub-section reports on self-report offending data from Includem's Events and Changes Database. This database provides details on self report offending data from 1<sup>st</sup> April 2006 to 7<sup>th</sup> May 2007. This data is entered into a database by Includem project workers on a weekly basis. The data is based on young people reporting committing any offence at all.

8.4      Includem's two stated main aims when working with young people are: to reduce their offending behaviour and to increase their social inclusion. This work has included intensive support provision under the ISMS programme provided in the phase 1 LA areas. Where ISMS has been offered as an option, Includem has provided the external intensive support element of the package in five of the phase 1 areas. The following analysis therefore only covers areas where Includem has provided a service.

8.5      While Includem's database covers 157 cases in total, the sample includes 104 (66%) intensive support service cases, and 53 (34%) ISMS cases. Throughout this section, we are dealing with averages of relatively small sample sizes.

### ***Time Input***

8.6      The average number of months young people had with Includem under ISMS is 17.4 months (this includes assessment period, the period of the MRC and aftercare). The average time young people have with Includem under intensive support service is 15.1 months. Therefore, those cases receiving ISMS service provision on average had slightly more input from Includem, although this is not a statistically significant difference.

## Offending

8.7 Of the total of 157 cases, **43% admitted committing an offence while receiving either ISMS or intensive support service provision**. A further 18% had charges from pre-service offending coming up to be dealt with while receiving services. Of a total of 95 young people who either admitted to offending in service or who had pre-service offences to be dealt with, 36 were ISMS cases (68% of total ISMS cases) and 59 were intensive support service cases (57% of total intensive support service cases<sup>52</sup>). This is in contrast to the findings above, which show limited use of referrals to Hearings on offending grounds. These self report statistics show a continued level of offending for these cases (although, again, we can say little about reductions in persistency and seriousness).

8.8 Those who were most likely to admit offending while receiving Includem service provision, either as ISMS or intensive support service, were those in the older age groups. While those least likely to report offending were aged 12 or 13. Table 8.1 below shows a summary of admission to offending according to age.

**Table 8.1. Age of those admitting to new offences under service provision**

| Age of ISMS or intensive support service young person | Number of those admitted offending under service provision | % rounded to nearest point |
|---|--|----------------------------|
| 16  | 18   | 12%                        |
| 15  | 14   | 10%                        |
| 17  | 15   | 10%                        |
| 18  | 10   | 7%                         |
| 14  | 6  | 5%                         |
| 19  | 2  | 1%                         |
| 12  | 1  | 1%                         |
| 13  | 2  | 1 %                        |

Source: Analysis of Includem's Events and Changes Database

## YLS assessments

8.9 This information below is based on an initial Youth Level of Service (YLS) assessment and later repetition of the same assessment by Includem. YLS is a tool for assessing general recidivism in 12–17 year-olds. It focuses on categories that represent risk and need factors such as antisocial attitudes; antisocial peers; antisocial personality; family structure and family relationships; substance use; leisure; issues of vulnerability, care and protection; and risk of harm to self and others<sup>53</sup>. Scores are given across a number of indicators and a composite overall risk score is also assigned. Levels of risk associated with overall scores are summarised in Table 8.2.

<sup>52</sup> Tables and graphs within this section refer to Intensive Support Services as ISS.

<sup>53</sup> See: Risk Assessment Tools Evaluation Directory, Risk Management Authority Scotland, 13 July 2007 <http://www.rmascotland.gov.uk>

**Table 8.2. YLS Score and associated level of risk**

| <b>Risk</b> | <b>Score</b> |
|-------------|--------------|
| Low         | 0-8          |
| Moderate    | 9-22         |
| High        | 23-34        |
| Very High   | 35-42        |

Source: Includem

8.10 In this analysis, changes in risk are indicated when a young person moves across a risk category, e.g. from low risk to moderate risk. There may have been small changes in score within a risk category and this is not shown here because it is not considered to indicate marked change. A significant change is indicated when a young person has moved by two categories (i.e. high risk to low risk or vice versa, or very high risk to moderate risk or vice versa).

8.11 The sample of cases is drawn from Includem monitoring data. It includes all cases where a YLS assessment has been carried out and repeated at a later date. YLS is only suitable for offenders and it therefore has not been used in non-offence ISMS/intensive support service cases. Assessments have not been repeated in all cases, either because the young person has not yet reached a suitable point in the programme or because the young person exited the programme before a repeat assessment was undertaken. A large number of young people receiving ISMS/intensive support service are therefore excluded from this sample.

8.12 There are four types of case in the sample.

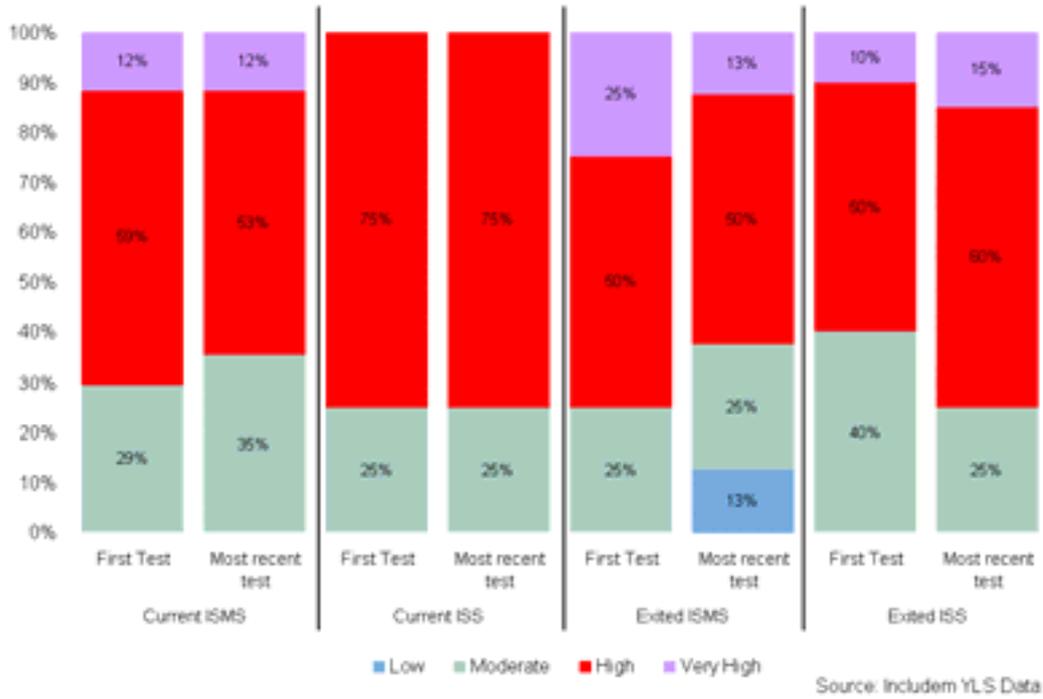
- **Current ISMS.** These cases are receiving intensive support and electronic monitoring and were still engaged with the programme at the time of the analysis. There are 17 of these cases in the sample.
- **Current intensive support service.** These cases are receiving intensive support only and were still engaged with the programme at the time of the analysis. There are 8 of these cases in the sample.
- **Exited ISMS.** These cases received intensive support and electronic monitoring, but had either completed the programme or exited before completion. There are 8 of these cases in the sample.
- **Exited intensive support service.** These cases received intensive support only, but had either completed the programme or exited before completion. There are 20 of these cases in the sample.

8.13 It should be noted that the bases for this analysis are small and results should therefore be treated with caution. There is also significant variability in the time elapsed between the first YLS assessment and the most recent repeat assessment.

8.14 The single largest group across all cases is young people in the ‘high risk’ category and, as expected for an intensive intervention, no young people were considered ‘low risk’ at the beginning of either programme. Those at low risk of recidivism are also probably excluded from YLS assessments. It may be that those considered ‘moderate risk’ in the YLS assessment (which only considers risk of recidivism) are experiencing other risk factors around care and protection, explaining their involvement with such an intensive intervention.

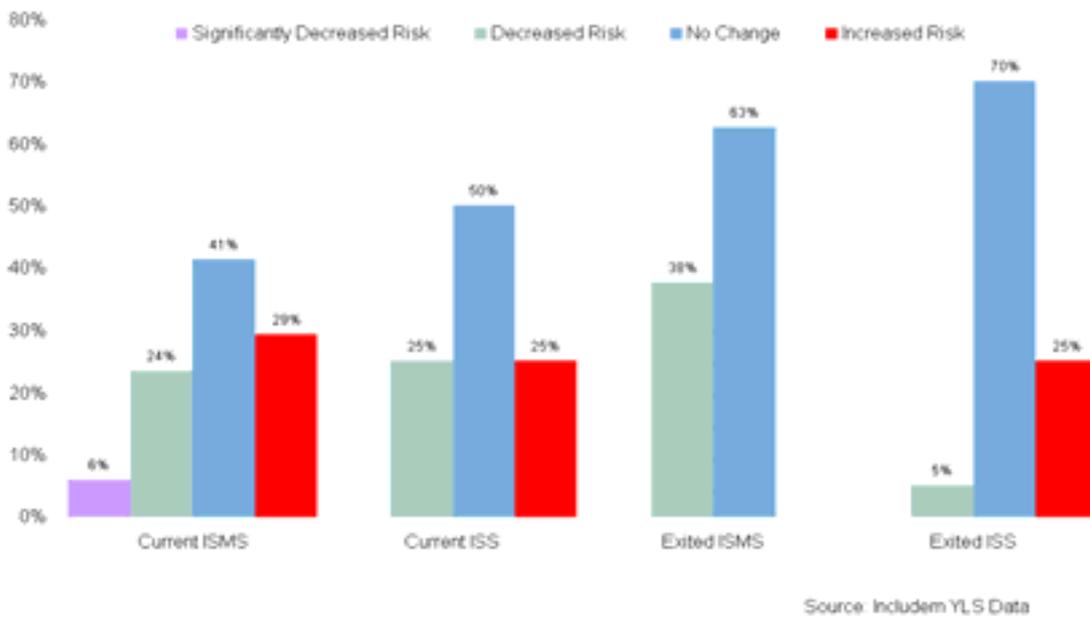
8.15 Figures 8.1 and 8.2 look at changes in the risk profile of the sampled cases.

**Figure 8.1. Risk profile of sample at first test and most recent test**



Note: Bases are: Current ISMS (17), Current ISS (8), Exited ISMS (8); Exited ISS (20).

**Figure 8.2. Overall change in YLS Scores**



Note: Bases are: Current ISMS (17), Current ISS (8), Exited ISMS (8); Exited ISS (20).

8.16 **None of the young people in the sample who have exited ISMS were in an increased overall risk category on final testing.** None of the cases (in any category) show significantly increased risk, although there were a number of cases where the risk factor did increase by one category. This occurred, for example, in 5 of the 20 intensive support only cases

8.17 Generally, Figures 8.1 and 8.2 seem to show little improvement in risk category for current and exited cases on both programmes. However, assessments made during the ISMS or intensive support service programme ('current cases') may give a misleading indicator of outcomes, as some attitudinal change can be slow to materialise, particularly in circumstances where significant behavioural change is underway. While it is difficult to generalise about what might have happened in the absence of ISMS/intensive support service, it seems likely that stabilisation of risk ('no change') can be considered a positive outcome in many cases. Likewise, an increase in the overall risk category may still indicate an improved trajectory and does not necessarily imply that the intervention has not had a positive impact.

8.18 It is also the case where changes in these scores have been monitored and measured in LAs (specifically in Dundee and Glasgow, see Chapter 3) that more noticeable improvements have been detected.

#### **Additional data from Glasgow City Council**

8.19 As part of its own evaluation, Glasgow City Council (GCC) made available data on interviews with social workers (from the Glasgow ISMS Team and the Area Team) to the DTZ evaluation.

8.20 These interviews provided some useful additional outcomes data as they asked social workers about the changes that they observed in the young person during and after they were on ISMS or intensive support services. Below we provide some analysis of this data, but we need to be cautious in interpreting it for several main reasons.

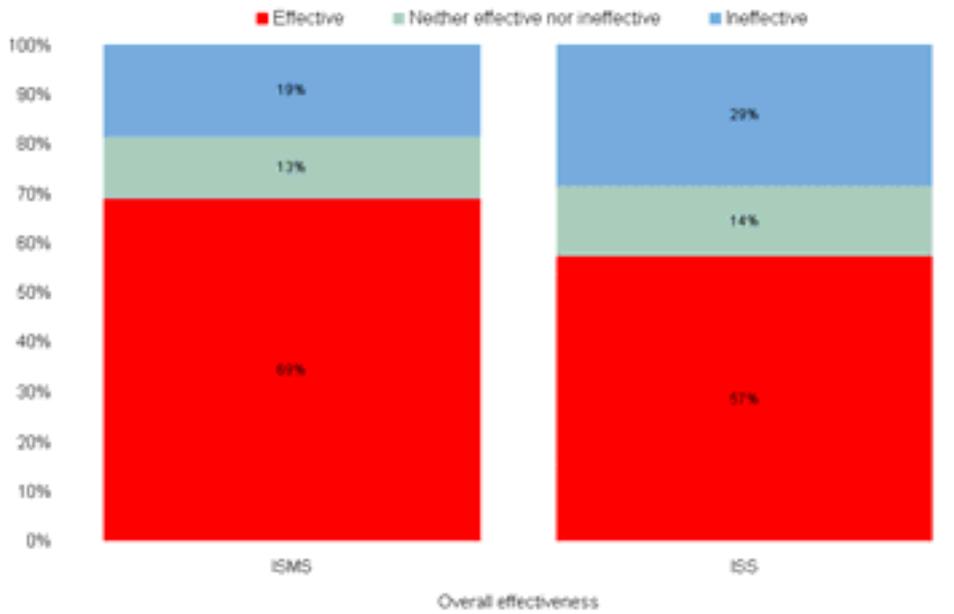
1. It is based on social workers' perceptions of change, which may not be accurate in terms of actual behavioural change. The GCC team found that, for a number of cases, the perception of social workers was not accurate when compared with actual levels of change that were identified in offending data, YLS scores, etc.
2. The data covers changes in behaviour or attitudes by the young people. We do not know the extent to which these changes were as a result of the programmes.
3. The sample sizes are relatively small, making it difficult to draw strong conclusions. Sample sizes become particularly small the further we drill down into the analysis to look at particular groups of young people. The bases for all charts are included in Appendix E. Bases of less than 6 are highlighted in red and have been omitted from figures in this Section.
4. Comparisons between the ISMS and intensive support service cases are difficult because the intensive support service cases tend to be lower tariff cases. ISMS is only meant to be for the highest risk cases in Glasgow.

8.21 Nevertheless, given the difficulties that the DTZ evaluation has faced in acquiring outcome data, we believe that this is a useful additional source of this data despite these qualifications.

***Effectiveness of ISMS/intensive support service***

8.22 Figure 8.3 presents social workers’ responses to how effective they felt that ISMS/intensive support services had been for the young person overall

**Figure 8.3. The overall effectiveness of ISMS/intensive support service**



Source: Glasgow City Council

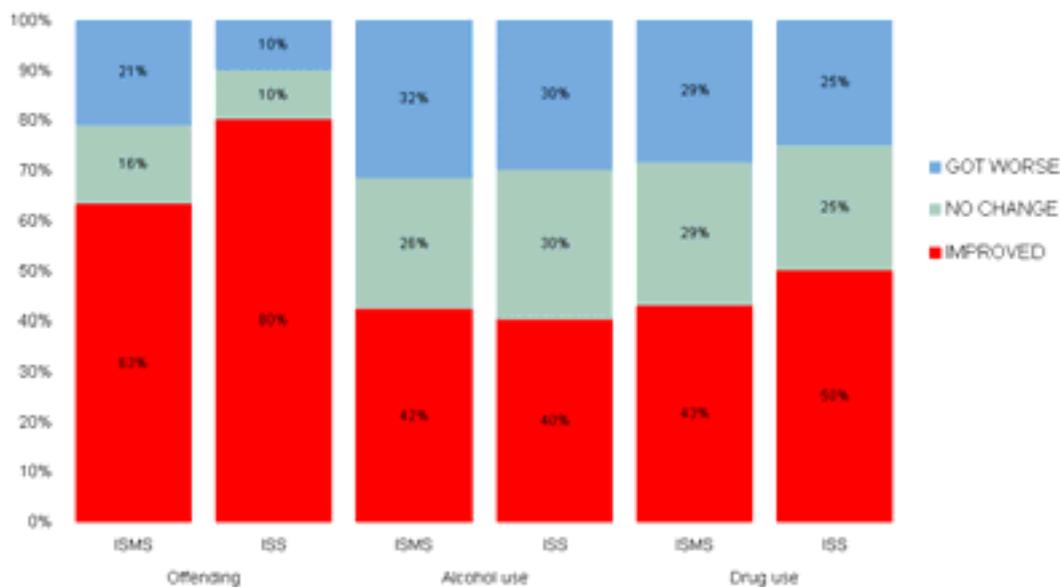
Note: This is based on 16 ISMS cases and 7 intensive support only cases.

8.23 We can see from this analysis that, generally, **both programmes are seen as being effective in the majority of cases, with ISMS having the higher perceived effectiveness** among this sample of social workers. However, in sizeable minorities of cases, social workers viewed the programmes as ineffective. Many respondents qualified their ‘ineffective’ response by claiming it was the result of factors such as the young person’s refusal to engage or other life circumstances getting in the way.

### *Perceived changes in behaviour by different behavioural types*

8.24 Figure 8.4 considers perceived changes in the young people pre, during and post ISMS/intensive support service by three main categories of behavioural type.

**Figure 8.4. Perceived changes in behaviour by different behavioural types**



Source: Glasgow City Council

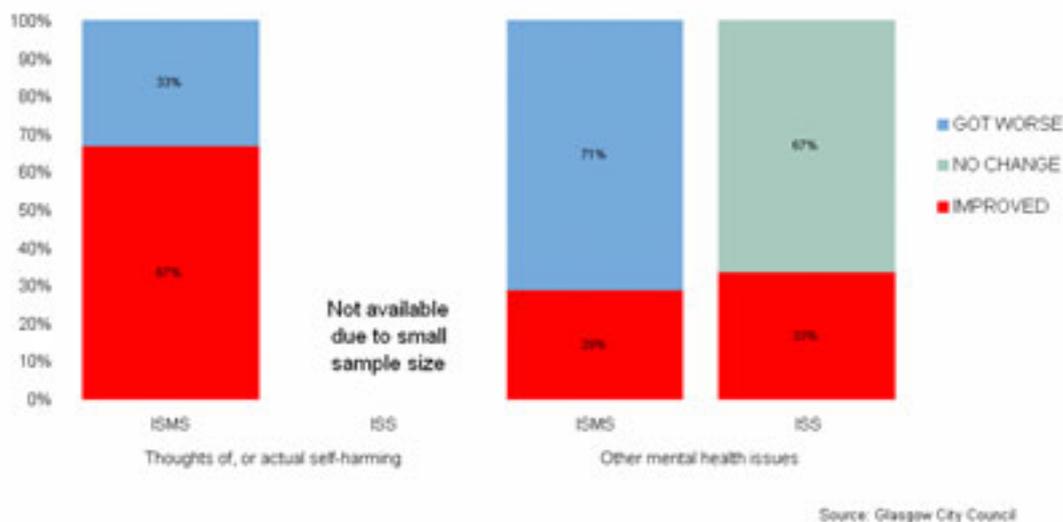
Note: Actual bases are: Offending (ISMS 19, ISS 10); Alcohol use (ISMS 19, ISS 10); Drug use (ISMS 14, ISS 8).

8.25 Figure 8.4 demonstrates that **most of the social workers interviewed believed that there had been improvements in the young people’s offending behaviour after the programmes** (this is consistent with the falls in actual offending uncovered by the GCC research team). However, the results were more mixed for alcohol and drug use, although more social workers thought that there had been improvement than the problem getting worse. Interestingly, this is a slightly different picture to that presented in Figure 8.3, where ISMS had a clear lead on views of effectiveness compared to intensive support service. In Figure 8.3, we were asking for overall views on effectiveness while in Figure 8.4 we are asking about types of improvements on actual cases, therefore these are different questions. It may also be the case that even if there was no change in behaviour or the young person got worse, the programme may still have been effective in others parts of the young person’s behaviour, or the young person behaviour may have deteriorated even further without the programme.

### ***Perceived changes in mental health***

8.26 Figure 8.5 covers perceived changes in the young people’s thoughts of or actual self-harming and other mental health issues.

**Figure 8.5. Perceived changes in mental health**



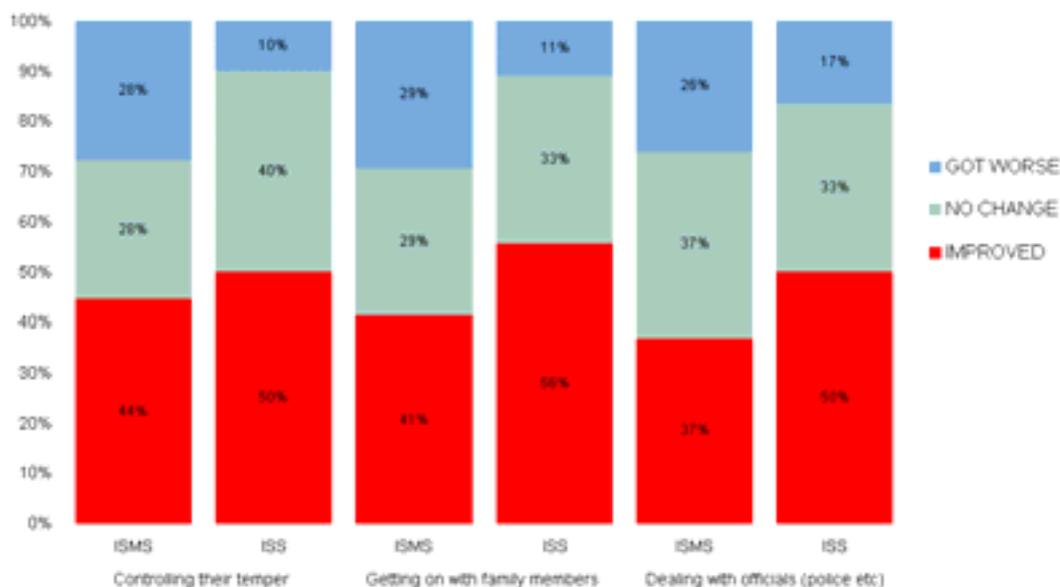
Note: Actual bases are: Thoughts of or actual self harming (ISMS 6); Other mental health issues (ISMS 7, ISS 6).

8.27 Based on this evidence, post-ISMS, there seemed to be reduced incidents of self-harming for a number in the sample, but the interesting result is the sizeable proportions of these of young people whose condition deteriorated after the programme. Their deterioration is unlikely to be as a result of the programme, instead being more likely to be part of a trend and/or more information coming to light about the mental health of the young person as they are monitored more closely while on the programme. We do not have the information to enable us to clarify whether ISMS/intensive support service helped to reduce the rate of this decline in these young people.

### *Perceived changes in attitudes towards others*

8.28 Figure 8.6 looks at the changes in behaviour towards others pre, during and post the programmes. Although we do make some general comments in interpreting the analysis, we are careful not to go too far with this due to the small samples involved and the fact that we are looking at perceptions of change.

**Figure 8.6. Perceived changes in attitudes towards others**



Source: Glasgow City Council

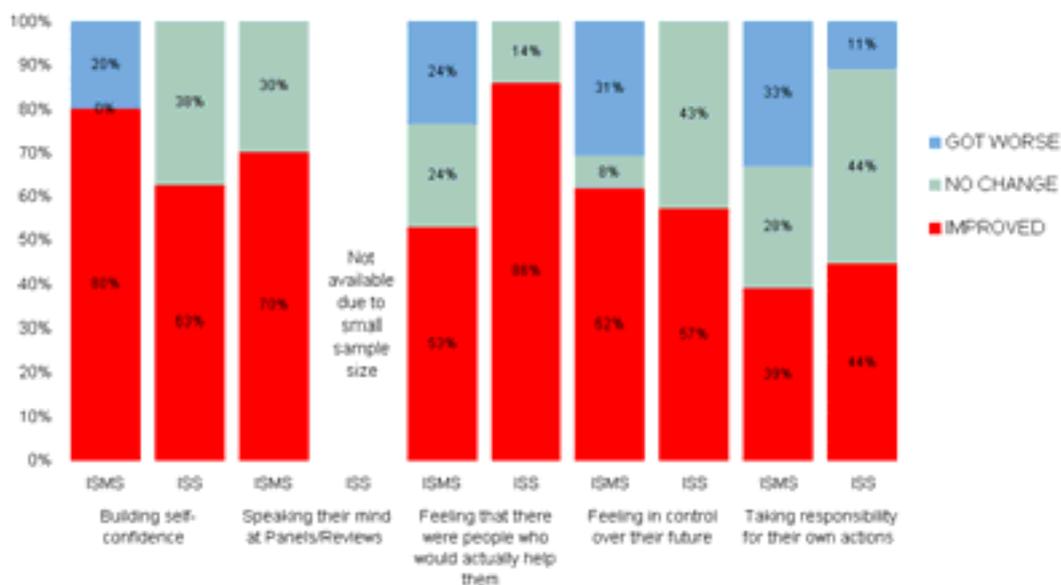
Note: Actual bases are: Controlling their temper (ISMS 18, ISS 10);  
Getting on with family members (ISMS 17, ISS 9); Dealing with officials (ISMS 19, ISS 6).

8.29 Figure 8.6 suggests that **attitudes towards others did improve for large proportions of the young people after the programmes in a number of ways**, particularly for those on intensive support service. However, no change was again exhibited by a substantial minority of the sample.

*Perceived changes in attitudes towards oneself*

8.30 Figure 8.7 covers perceived changes in a number of attitudes towards themselves.

**Figure 8.7. Perceived changes in attitudes towards oneself**



Source: Glasgow City Council

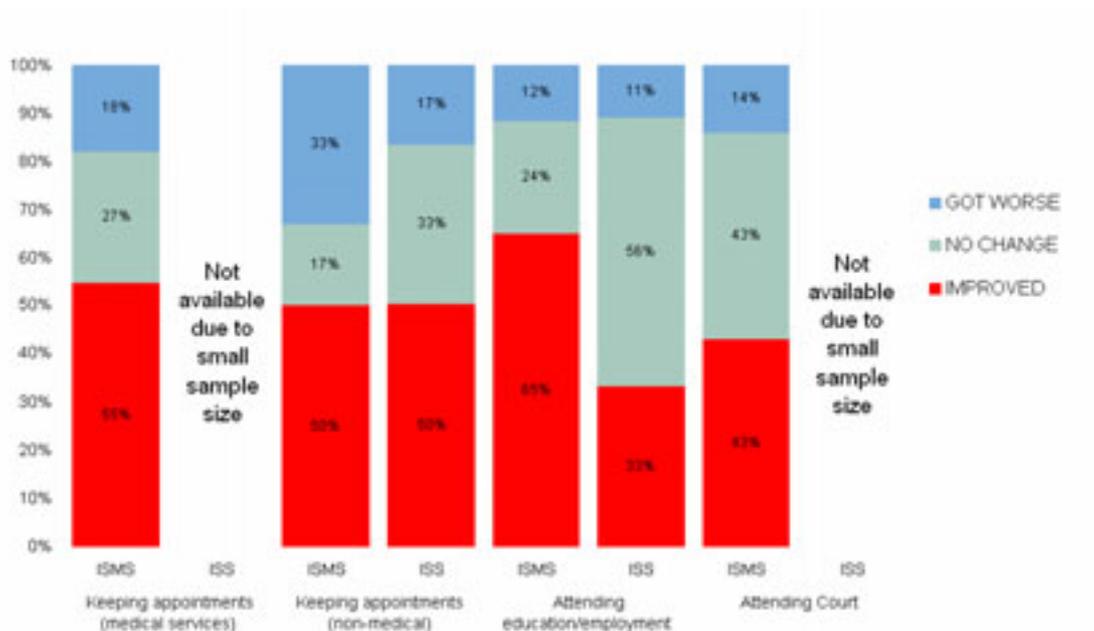
Note: Actual bases are: Building self-confidence (ISMS 10, ISS 8); Speaking their minds at panels/reviews (ISMS 10); Feeling that there were people who would actually help (ISMS 17, ISS 7); Feeling in control over their future (ISMS 13, ISS 7); Taking responsibility for their own actions (ISMS 18, ISS 9).

8.31 This figure shows that there were **perceived changes in a sizeable number of cases across the different categories, particularly in building self-confidence**. This was the case for those on both ISMS and intensive support services.

**Perceived changes in attendance rates**

8.32 Figure 8.8 breaks down perceived changes in attendance rates for various categories of appointments.

**Figure 8.8. Perceived changes in attendance rates**



Source: Glasgow City Council

Note: Actual bases are: Keeping appointments medical (ISMS 11), Keeping appointments non medical (ISMS 12, ISS 6); Attending education/employment (ISMS 17, ISS 9); Attending court (ISMS 7).

8.33 This figure, again, demonstrates **noticeable improvement for the samples as a whole across a range of categories**. Again, this was the case for both programmes. However, there was no perception of change for substantial proportions of the samples across all of these categories.

## Summary of findings from the additional data

- ISMS tends to have a slightly longer period of Includem support than intensive support service cases and averages nearly one year and a half.
- Over 40% (65 cases) of ISMS and intensive support service cases combined admit to offences while on the programmes, especially those in the older age groups.
- Analysis of YLS data from a sample of cases seems to show little improvement in risk for young people before and after ISMS. However, none of the young people in the sample who have exited ISMS were in an increased overall risk category on final testing. Furthermore, none of the cases showed significantly increased risk, although there were a number of cases where the risk factor did increase by one category. Stabilisation of risk could also be seen as a positive outcome.
- Generally, social workers in Glasgow perceive both ISMS and intensive support service to be effective, particularly in improving offending behaviour, attitudes towards oneself and others and in attendance rates.



## **CHAPTER NINE            FUNDING AND COST ANALYSIS**

9.1     This chapter sets out the funding arrangements for ISMS and details how the LAs spent the funding made available to them.

9.2     It also details the estimated cost of the ISMS programme in each of the areas, making some broad comparisons where appropriate.

### **Funding and expenditure**

9.3     Table 9.1 outlines the funding that each of the phase 1 LAs were provided with to deliver ISMS.

**Table 9.1. Funding data 2005-06\***

|  | <b>Dundee</b>   | <b>East<br/>Dunbartonshire</b>                         | <b>Edinburgh</b>  | <b>Glasgow</b>  | <b>Highland</b>                                     | <b>Moray</b>  | <b>West<br/>Dunbartonshire</b> |
|--|-----------------|--|-------------------|---|---|---|--------------------------------|
| <i>Start-up costs (e.g. accommodation, IT, training)</i> | £321,995**      | £48,000  | £795,000*         | £350,000*<br><i>Supplemented by other capital funding</i> | £74,100   | £18,000   | £73,600                        |
| <i>Running costs (total)</i>                             | £621,900        | £369,601   | £1,520,000***     | £1,284,339  | £474,627  | £273,400  | £410,590                       |
| ISMS Team  | £66,000         | £159,607   |                   | £289,339  |   | £173,400  | £93,700                        |
| Intensive support  | £362,000        | £156,894   |                   | £790,000  | £377,565  | £25,000   | £229,890                       |
| Education  | £125,000        | Included in ISMS team                                  |                   | £75,000   | £47,062   | £40,000   | £87,000                        |
| Training (if ongoing)                                    |                 | £5,000   |                   |   |   |   |                                |
| Monitoring & evaluation (if ongoing)                     | £24,900         |  |                   | Funded out of existing resources                          | Funded out of existing resources                    | £5,000  |                                |
| Other (please specify)                                   | SCRA<br>£44,000 | Crisis Resource<br>£5,000<br>Property Costs<br>£43,100 |                   | Health<br>£130,000  | Mental Health & Related Support Services<br>£50,000 | <i>Drugs &amp; alcohol support</i><br>£15,000<br>Crisis intervention<br>£15,000 |                                |
| <b>Total</b>   | <b>£943,895</b> | <b>£421,350</b>  | <b>£2,315,000</b> | <b>£1,687,757</b>   | <b>£548,727</b>                                     | <b>£291,400</b>   | <b>£484,190</b>                |

Source: Local Authorities

\* Funding was received from October 2004, so some of these funds were made available in 2004-05, particularly around start-up costs. However, 2005-06 was the first full year of the operation of ISMS and the programmes did not officially start until then.

\*\* It appears that this figure is for costs incurred in the start-up year, and it may therefore include running costs.

\*\*\* Full breakdown not available.

### *2005-06 figures*

9.4 We can compare this funding data with what the LAs actually spent in 2005-06 (Table 9.2), i.e. comparing estimated expenditure in Table 9.1 to actual expenditure in Table 9.2. The actual expenditure information is broken down into different elements compared with the funding data as we have to use information and classification from the Scottish Executive's monitoring return, but some broad comparisons can be made.

9.5 Four LAs, Dundee, East Dunbartonshire, Glasgow and Moray, went over budget in the 2005-06 financial year. Moray had anticipated doing this from the outset, accepting that it would have to use some of its other resources to fund ISMS. East Dunbartonshire has also had to use some of its own resources to deliver the programme. Dundee was having initial difficulties recruiting staff and had a projected underspend, but this became an overspend when it got permission from the Scottish Executive to use ISMS funding for a staffed daycare centre for ISMS and other cases. The Glasgow position is more complicated as running costs may be included in start-up costs, therefore the overspend shown may not be this high.

9.6 **The spending patterns are all very different. This is not surprising as each LA was delivering its own model and had different requirements for providing ISMS from the start because of different existing provision and resources.** What is probably most notable is the high level of underspend in West Dunbartonshire. This is partly down to the time it took this LA to get the necessary infrastructure in place to deliver ISMS. West Dunbartonshire would seem to have under-budgeted for its start-up costs, but over-budgeted significantly for its delivery costs. West Dunbartonshire had a low level of throughput at the end of this financial year, which may account for the underspend. As detailed in Chapter 3, there were significant problems in Edinburgh in getting the programme underway, but their budget was largely spent.



**Table 9.2. Expenditure data 2005-06**

|   | <b>Dundee</b>     | <b>East<br/>Dunbartonshire</b> | <b>Edinburgh</b>  | <b>Glasgow</b>    | <b>Highland</b> | <b>Moray</b>    | <b>West<br/>Dunbartonshire</b> |
|---|-------------------|--------------------------------|-------------------|-------------------|-----------------|-----------------|--------------------------------|
| Employee costs (core admin, core frontline, and specialist & sessional staff) | £197,499          | £112,707                       | £263,802          | £185,794          | £0***           | £233,270        | £101,383                       |
| Services purchased  | £379,091          | £243,677                       | £960,007          | £1,434,833        | £368,976        | £15,000         | £150,970                       |
| Training (one off)  | £0                | £3,435                         | £0                |                   | £1,392          | £3,446          | £0                             |
| Training (ongoing)  | £770              | £0                             | £0                |                   | £14,287         | £3,000          | £1,498                         |
| Communications  | £85               | £981                           | £353              | £12,225           | £17,138         | £4,000          | £1,412                         |
| Utilities   | £0                | £12,567                        | £4,529            | £448              | £7,471          | £3,000          | £397                           |
| Premises and head office  | £162,476          | £12,435                        | £7,605            | £30,611           | £50,752         | £16,000         | £73,820                        |
| Equipment   | £0                | £2,401                         | £1,888            | £21,480           | £13,169         | £10,000         | £13,832                        |
| Transport & travel expenses   | £1,556            | £0                             | £1,826            | £3,406            | £43,165         | £9,000          | £1,637                         |
| Other   | £4,802            | £75,762                        | £279,412**        | £12,428           | £0              | £15,000         | £7,274                         |
| <b>Total</b>  | <b>£746,279</b>   | <b>£463,965</b>                | <b>£1,519,422</b> | <b>£1,701,224</b> | <b>£516,350</b> | <b>£311,716</b> | <b>£352,223</b>                |
| <b>Total Underspend (overspend)*</b>  | <b>(£124,379)</b> | <b>(£94,364)</b>               | <b>£578</b>       | <b>(£416,885)</b> | <b>£32,377</b>  | <b>(38,316)</b> | <b>£58,367</b>                 |

Source: Scottish Executive monitoring returns

\* Expenditure 2005-06 minus running costs for the year based on funding (see Table 9.1)

\*\* £270,000 of this expenditure refers to "additional use of other council services"

\*\*\* LA staff time committed to the programme is not claimed for.

### ***2006-07 figures***

9.7 Scottish Executive funding for 2006-07 was maintained at approximately the same levels as in 2005-06 (minus the start-up costs).

9.8 Table 9.3 presents expenditure data for 2006-07. The changes in specific expenditure items year-on-year in the areas is to be expected for a new programme, as the nature of the programme changes and as the needs of the areas change, e.g. they may need to employ more staff due to programme expansion or they may need additional equipment.

9.9 In 2006-07, five of the LAs reported an overspend. Dundee's overspend is, however, much reduced as its premises and head office costs were not re-incurred. East Dunbartonshire is running at roughly the same level of overspend due to higher than anticipated staffing and services costs. Glasgow had higher costs this year, but, proportionally, given the size of the budget, this is not exceptional. In terms of overspend compared to budget, it is at a similar level to West Dunbartonshire and well below that of East Dunbartonshire. West Dunbartonshire now has a fully functioning programme and has moved from underpend to overspend. Edinburgh, again, spent its budget.

9.10 Moray and Highland reported underspends. This may be due to lack of ISMS cases in both areas. In Moray, it may also be because it is currently in rent free accommodation, but the LA does not believe that this will be sustainable in future years.

**Table 9.3. Expenditure data 2006-07**

|   | <b>Dundee</b>    | <b>East<br/>Dunbartonshire</b> | <b>Edinburgh</b>  | <b>Glasgow</b>    | <b>Highland</b> | <b>Moray</b>    | <b>West<br/>Dunbartonshire</b> |
|---|------------------|--------------------------------|-------------------|-------------------|-----------------|-----------------|--------------------------------|
| Employee costs (core admin, core frontline, and specialist & sessional staff) | £205,728         | £183,770                       | £358,515          | £572,969          | £0*             | £109,244        | £195,072                       |
| Services purchased  | £423,128         | £204,114                       | £913,310          | £925,925          | £309,863        | £85,100         | £138,406                       |
| Training (one off)  | £0               | £9,733                         | £1,950            | £0                | £0              | £954            | £3,006                         |
| Training (ongoing)  | £0               | £0                             | £0                | £0                | £12,112         | £0              | £0                             |
| Communications  | £521             | £2,510                         | £267              | £11,840           | £7,273          | £897            | £0                             |
| Utilities   | £0               | £11,957                        | £0                | £44,547           | £4,464          | £0              | £2,657                         |
| Premises and head office  | £7,500           | £16,759                        | £56,557           | £139,282          | £64,618         | £0              | £50,417                        |
| Equipment   | £0               | £0                             | £17,373           | £39,066           | £2,656          | £0              | £2,778                         |
| Transport & travel expenses   | £1,379           | £6,381                         | £2,111            | £14,430           | £41,096         | £10,742         | £7,502                         |
| Other   | £192             | £20,785                        | £169,823          | £175,248          | £0              | £6,683          | £20,601                        |
| <b>Total</b>  | <b>£638,448</b>  | <b>£456,009</b>                | <b>£1,519,906</b> | <b>£1,923,307</b> | <b>£442,082</b> | <b>£213,620</b> | <b>£420,439</b>                |
| <b>Total Underspend (overspend)</b>   | <b>(£16,458)</b> | <b>(£82,253)</b>               | <b>(£1)</b>       | <b>(£235,550)</b> | <b>£32,545</b>  | <b>£52,780</b>  | <b>(£41,943)</b>               |

Source: Scottish Executive monitoring returns.

\* L.A staff time committed to the programme is not claimed for.

## Cost estimates

9.11 Cost information has been collected from all of the LAs following discussion and agreement with Scottish Executive economists as to which data should be obtained.

9.12 There are several key differences between the cost figures and the expenditure figures, which were analysed above.

- **Employee costs.** We only accepted the expenditure figures if all staff were additional, i.e. have been employed specifically to work on ISMS, e.g. New recruits. If staff included are simply displaced from elsewhere within their LA, their costs are separated out from the expenditure figures.
- **Capital expenditure items (such as in premises and head office costs and equipment costs).** We asked the LAs for an estimate of the lifetime of any new capital expenditure, e.g. cost of a new building. This was to provide an annual cost for this type of expenditure rather than treating it as an upfront cost when it may have a lifespan of 25 years or so. We also asked for an estimate of avoided cost in this type of expenditure, e.g. was this new building needed in any case and ISMS funding was used as a suitable source of expenditure? If so, the cost would be removed from the expenditure figures.

9.13 Tables 9.4 and 9.5 provide details of our analysis of these cost figures. Explanation of how the figures deviate from expenditure figures for each of the areas in each of the years is provided below.

- **Dundee** – confirmed that all staff were additional. The 2005-06 Premises and Head Office figure included a sum of £138,000 as capital value. This was used to fund an ISMS resource centre, with Scottish Executive approval. This has proven to be a very useful resource, but the ISMS Team believes that the programme could have been run without it. For this reason, it is excluded from the cost analysis.
- **East Dunbartonshire** – confirmed that all staff were additional. No significant capital costs (rented premises), but there were a number of non-recurring costs covering items such as classroom set-up, educational system set-up, office equipment and repairs and maintenance (£69,766 in 2005-06 and £9,981 in 2006-07, a total of £79,747). We assumed a five-year lifespan for these items and added an annualised cost allowance to other costs included in the ‘other category’, adapting the expenditure figures accordingly.
- **Edinburgh** – confirmed that all staff were additional. Premises are rented. Equipment costs of £19,261 over the two-year period. We have assumed a lifespan of five years for these items, therefore have amended the expenditure figures to show an annualised cost of £3,852.
- **Glasgow** – confirmed that all staff were additional. Premises are rented. There are equipment costs with a capital value of £58,398 over the two-year period. We have assumed a lifespan of five years for these items, therefore have amended the expenditure figures to show an annualised cost of £11,680 (to be added to other equipment costs). There are also non-recurring costs of £108,921 in the 2006-07 return to cover property repairs. Again, we assume a five-year lifespan for these repairs and produced an annualised cost that we added to the other costs in the ‘other costs’ category – net effect is to reduce these ‘other costs’ to £88,111 for 2006-07.

- **Highland** – confirmed that all staff were additional. Premises are rented. There are equipment costs with a capital value of £13,169 over a two-year period. We have assumed a lifespan of five years for these items, therefore have amended the expenditure figures to show an annualised cost of £2,634. There are additional local authority management and administrative costs (not claimed for) at approximately £10,000 per annum. There is also the additional cost of out-of-hours management cover for the emergency respite unit and support service for young people on ISMS. LA first line managers cover 80% of this service, costing £9,500 per annum. Total additional LA staff costs are therefore estimated at £19,500 per annum. This is added to expenditure figures in the cost analysis.
  
- **Moray** – confirmed that all staff were additional. Equipment costs of £10,000 in 2005-06, assuming a five-year lifespan, annualises these costs to £2,000. Premises are currently provided rent free, but the LA believes that it now requires to purchase a building to run the programme for the future, at a cost of £150,000-200,000, also requiring two additional night staff costing £20,000-£30,000 per annum. As these costs are needed to run the programme in Moray now, we have added them to the expenditure figures. We have taken the mid-point of the premises cost (i.e. £175,000) and assumed a 25-year lifespan, i.e. an annual cost of £7,000 for 2006-07. We also have taken the mid-point for the additional staff costs required (£25,000) and added this to employee expenditure for 2006-07.
  
- **West Dunbartonshire** – confirmed all staff were additional. Premises are rented. There were minor capital costs on equipment and transport over the two years, for which we assume a five-year lifespan and provide an annualised cost.

**Table 9.4. Cost data 2005-06**

|   | <b>Dundee</b>   | <b>East<br/>Dunbartonshire</b> | <b>Glasgow</b>    | <b>Edinburgh</b>  | <b>Highland</b> | <b>Moray</b>    | <b>West<br/>Dunbartonshire</b> |
|---|-----------------|--------------------------------|-------------------|-------------------|-----------------|-----------------|--------------------------------|
| Employee costs (core admin, core frontline, and specialist & sessional staff) | £197,499        | £112,707                       | £185,794          | £263,802          | £19,500         | £233,270        | £101,383                       |
| Services purchased  | £379,091        | £243,677                       | £1,434,833        | £960,007          | £368,976        | £15,000         | £150,970                       |
| Training (one off)  | £0              | £3,435                         | £0                | £0                | £1,392          | £3,446          | £0                             |
| Training (ongoing)  | £770            | £0                             | £0                | £0                | £14,287         | £3,000          | £1,498                         |
| Communications  | £85             | £981                           | £12,225           | £353              | £17,138         | £4,000          | £1,412                         |
| Utilities   | £0              | £12,567                        | £448              | £4,529            | £7,471          | £3,000          | £397                           |
| Premises and head office  | £24,476         | £12,435                        | £30,611           | £7,605            | £50,752         | £16,000         | £73,820                        |
| Equipment   | £0              | £2,401                         | £11,880           | £3,852            | £2,634          | £2,000          | £3,322                         |
| Transport & travel expenses   | £1,556          | £0                             | £3,406            | £1,826            | £43,165         | £9,000          | £1,829                         |
| Other   | £4,802          | £21,945                        | £12,428           | £279,412          | £0              | £15,000         | £7,274                         |
| <b>Total</b>  | <b>£608,279</b> | <b>£410,148</b>                | <b>£1,691,625</b> | <b>£1,521,386</b> | <b>£525,315</b> | <b>£303,716</b> | <b>£341,904</b>                |

Source: DTZ analysis of Scottish Executive monitoring returns and discussions with LAs



**Table 9.5. Cost data 2006-07**

|   | <b>Dundee</b>   | <b>East<br/>Dunbartonshire</b> | <b>Glasgow</b>    | <b>Edinburgh</b>  | <b>Highland</b> | <b>Moray</b>    | <b>West<br/>Dunbartonshire</b> |
|---|-----------------|--------------------------------|-------------------|-------------------|-----------------|-----------------|--------------------------------|
| Employee costs (core admin, core frontline, and specialist & sessional staff) | £205,728        | £183,770                       | £572,969          | £358,515          | £19,500         | £134,244        | £195,072                       |
| Services purchased  | £423,128        | £204,114                       | £925,925          | £913,310          | £309,863        | £85,100         | £138,406                       |
| Training (one off)  | £0              | £9,733                         | £0                | £1,950            | £0              | £954            | £3,006                         |
| Training (ongoing)  | £0              | £0                             | £0                | £0                | £12,112         | £0              | £0                             |
| Communications  | £521            | £2,510                         | £11,840           | £267              | £7,273          | £897            | £0                             |
| Utilities   | £0              | £11,957                        | £44,547           | £0                | £4,464          | £0              | £2,657                         |
| Premises and head office  | £7,500          | £16,759                        | £139,282          | £56,557           | £64,618         | £7,000          | £50,417                        |
| Equipment   | £0              | £0                             | £13,628           | £3,852            | £2,634          | £2,000          | £3,322                         |
| Transport & travel expenses   | £1,379          | £6,381                         | £14,430           | £2,111            | £41,096         | £10,742         | £1,828                         |
| Other   | £192            | £26,753                        | £88,111           | £169,823          | £0              | £6,683          | £20,601                        |
| <b>Total</b>  | <b>£638,448</b> | <b>£461,977</b>                | <b>£1,810,732</b> | <b>£1,506,385</b> | <b>£461,560</b> | <b>£247,620</b> | <b>£415,309</b>                |

Source: DTZ analysis of Scottish Executive monitoring returns and discussions with LAs

### ***Expected and actual costs***

9.14 Table 9.6 produces figures on the expected and actual costs for the programme in each LA. It also provides actual average costs per ISMS case by LA based on returns over the two-year period of the evaluation. This can be compared with the expected average costs from the LAs' initial proposals. The expected costs are simply the expected running costs plus an annualised figure for the set-up costs. The actual costs are as detailed above.

9.15 It is interesting to see that, despite the very different proposed models for delivery, different infrastructure requirements, etc., the expected average costs per ISMS case was broadly similar in most of the areas. It was within a range of £49,000 and £63,000 in four of the areas, slightly more expensive than this in Edinburgh and Highland and noticeably less expensive in Moray (where the programme was being run in-house). The average expected cost per case was £60,000.

9.16 **Total expected costs were also very similar to total actual costs in each area, but, due to the much lower than anticipated use of ISMS, actual average costs are considerably higher than expected average costs for all areas,** although the difference is noticeably smaller for West Dunbartonshire. On average, ISMS cost nearly three times as much to deliver per case as had been initially thought, with an average cost figure of just under £174,000.

9.17 We extended this analysis to consider the average weekly cost of those on ISMS (from assessment to the end of the post-MRC phase) by dividing the average cost by the average length of time that a young person spent on the programme in each of the areas. Table 9.6 shows some variation, with the average weekly cost of the programme the lowest in West Dunbartonshire (at a little over £2,500) and highest in Edinburgh (at over £67,000). The low number of actual ISMS cases in Edinburgh is the main reason for this figure.

9.18 ISMS has cost £10,944,404 to roll-out in the seven phase 1 LAs over a two-year period. This equates to around £5.5 million per year. To provide a proxy of how many of the likely ISMS cases that these areas account for, we used children referred on offence grounds as persistent young offenders for 2005-06 (from the SCRA Annual Report 2005-06). Not all persistent offenders will meet section 70(10) conditions and not all ISMS cases will be offenders, but there is evidence that ISMS is targeted at this type of young person and therefore represents a very useful proxy. These seven areas make-up 39% of persistent young offender cases. Based on this, **we would estimate the cost of national roll-out of the ISMS programme to be around £14 million per year<sup>53</sup>.**

9.19 Although local authorities have used the funding well, they have not always used it for the purpose for which it was originally intended. Since a proportion of the money allocated was subsequently spent on general capacity building, or providing intensive supervision to a wider group of young people, this reflects the higher than anticipated average cost.

9.20 On both outcomes and cost data, for most of the local authorities, we found that the information available did not provide sufficiently robust data for evaluation purposes. This is demonstrated by the lack of budget allocated to monitoring and evaluation activity in several of the local authorities' funding proposals (see Table 9.1). **Local authorities need more stringent performance measurement arrangements to be in place to allow future evaluation activity to assess the value for money of these programmes.**

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<sup>53</sup> This differs from our initial estimate of £11 million published in Insight 39 at the end of 2007. This figure has been superseded because we now have more accurate information for the Edinburgh and Highland areas.

9.21 We attempted to measure actual and expected levels of unit cost of the ISMS programme as well, i.e. by separating out the costs incurred purely for ISMS cases. It was not possible to provide accurate estimates of unit ISMS costs for two main reasons.

1. It is difficult to separate ISMS expenditure from intensive support service expenditure. Both programmes are not mutually exclusive and are being run from the same funding stream, but our evaluation focused only on ISMS and did not collect the required data on intensive support service.
2. ISMS funding was made available to provide resources that the LAs needed to run the programme in their respective areas. Each of the areas had different needs and requirements, therefore a fair unit cost comparison is very difficult.

9.22 Given this, we believe that the measuring of the unit cost of the ISMS and intensive support service programmes should be the subject of further research, which attempts to separate out data and costing on intensive support services and ISMS as discrete exercises.



**Table 9.6. Expected and actual costs (for the two-year period)**

|                             | <b>Dundee</b> | <b>East<br/>Dunbartonshire</b> | <b>Glasgow</b> | <b>Edinburgh</b> | <b>Highland</b> | <b>Moray</b> | <b>West<br/>Dunbartonshire</b> |
|-----------------------------|---------------|--------------------------------|----------------|------------------|-----------------|--------------|--------------------------------|
| Expected cost of programme  | £1,269,650    | £750,946                       | £3,053,514     | £3,103,505       | £955,182        | £541,240     | £794,974                       |
| Actual cost of programme    | £1,246,727    | £872,125                       | £3,502,357     | £3,027,771       | £986,875        | £551,336     | £757,213                       |
| Expected number of cases    | 20            | 12                             | 60             | 40               | 12              | 14           | 16                             |
| Actual number of cases      | 11            | 3                              | 28             | 3                | 2               | 4            | 12                             |
| Expected cost per ISMS case | £63,482       | £62,579                        | £50,892        | £77,588          | £79,599         | £38,660      | £49,686                        |
| Actual cost per ISMS case   | £113,339      | £290,708                       | £125,084       | £1,009,257       | £493,438        | £137,834     | £63,101                        |
| Weekly cost per ISMS case   | £2,983        | £8,550                         | £7,358         | £67,284          | £25,970         | £3,938       | £2,524                         |

Source: DTZ analysis of Scottish Executive monitoring returns and discussions with LAs

## Summary of findings from the funding and cost analysis

- Funding and spending patterns are very different across the LAs. This is because they were delivering their own models of service and had different requirements in terms of provisions and resources.
- Total expected costs were very similar to total actual costs in all of the LAs, but, given the much lower number of cases than initially anticipated, actual average costs per case were more than double the expected average costs nationally.
- Rolling-out ISMS nationally is estimated to cost about £14 million, based on the proportion of children referred on offence grounds as persistent young offenders for 2005-06 in the phase 1 local authorities compared to Scotland as a whole.

## CHAPTER TEN CONCLUSIONS AND RECOMMENDATIONS

10.1 This report evaluates the first two years of the ISMS programme in the seven phase 1 LAs of Dundee, East Dunbartonshire, Edinburgh, Glasgow, Highland, Moray and West Dunbartonshire. The report has summarised the policy context for ISMS and the roll-out of the programme across the seven local authorities. The report has attempted to explain the roles of the other key external providers, e.g. Includem, NCH and Serco. Finally, the report has considered evidence from the primary research – principally the surveys and the case studies.

10.2 Below we discuss the main conclusions from our research, attempting to triangulate the evidence (where possible and appropriate) with the findings from each of the research instruments.

10.3 We have based the thrust of this chapter on answering a number of key questions that the Scottish Government put to us in the wake of our research.

### **Does ISMS work?**

10.4 In answering this overall question, we considered a number of related questions, which are detailed below. This is not an easy question to answer as we have examined seven different models of delivery, all at different stages. This is exacerbated by the fact that some of the phase 1 local authorities have very few ISMS cases and that the programme has only run for a short period of time. To prove robustly the extent to which ISMS has produced better outcomes, we would need to conduct a randomised control trial (RCT), which is seen as the gold standard in relation to testing the effectiveness of interventions. Within an RCT, there would have been a closely matched control group which would have allowed us to compare the outcomes at the end of the evaluation for both groups. However, for practical and ethical reasons, it was not possible to do this in this context as young people who met the same conditions would have to be deliberately excluded from a programme from which they could benefit.

10.5 However, this evaluation has gathered a lot of information on the implementation of ISMS in each area, but outcomes data has not been routinely collected by local authorities and is, at best, patchy. The study has collected case study evidence on outcomes for a relatively small number of young people on ISMS and we have based our findings on this data and additional data that we have collected from SCRA and some of the local authorities. However, outcomes data is not available for all young people who have engaged with ISMS.

10.5 There is little to compare with ISMS in the literature because it is a unique intervention. However, there is some research evidence that suggests that elements of the package do work in terms of tackling offending behaviour, especially the intensive support element. The evidence on the effectiveness of electronic monitoring is more mixed, but leans towards limited or no impact on key criteria, such as reduced recidivism.

10.6 However, as demonstrated below, evidence from the case studies and local evaluation and monitoring work indicate that the ISMS and intensive support service programmes have been effective for a significant number of young people in terms of reduced offending, improved attendance rates on programmes, reduced absconding and reduced substance misuse. However, the quality of the local monitoring and evaluation work is variable. Some areas systematically record details on offending, attendance rates, etc., whereas others do not and their evidence tends to be more anecdotal and less robust.

10.7 Providing young people with intensive support while electronically monitoring them in this way is a unique intervention, and therefore was not set-up with a clear evidence basis. There is some evidence that suggests that elements of the package do work in terms of tackling offending behaviour, especially the intensive support element. The previous literature on the effectiveness of electronic monitoring alone is more mixed, but leans towards limited or no impact on key criteria, such as reduced recidivism.

10.8 Further work would be beneficial in establishing an evidence base on ‘what works’ in delivering ISMS and intensive support services. In order to conduct robust outcome evaluation of interventions, a high degree of ‘programme integrity’ at the delivery level is required. ‘Programme integrity’ requires programmes to have clear and consistent aims and objectives which are linked to the methods being used, and to be delivered by appropriately trained, experienced and soundly managed staff. According to Hollin (1995) it “*simply means that the programme is conducted in practice as intended in theory and design*”.

10.9 At this stage, we cannot assume that ISMS and intensive support service implementation has been conducted in accordance with all of the principles of programme integrity, given the level of variation between and possibly within local areas in many aspects of delivery, and so this aspect of ISMS and intensive support service implementation ought to be addressed if outcome evaluation is to be conducted at any future stage.

### ***Does ISMS reduce re-offending?***

10.10 Overall, it is important to bear in mind when considering the impact of this kind of intervention that meta-analysis of research conducted on interventions published between 1964 and 2002. This analysis found that in general programmes with a similar population to ISMS reported a 9% reduction in recidivism for those who had participated in interventions when compared to a control group (Latimer et al 2003). The research which formed part of this meta-analysis was of ‘gold standard’ and therefore the results of this analysis can be seen as robust.

10.11 Within our research two of the local authorities, Dundee and Glasgow, are systematically collecting data, specifically on ISMS, in relation to the effects on offending behaviour and re-offending. However, we are not able to compare these results to a control group (for the reasons outlined earlier in the paper) and therefore the results detailed below can be seen as showing the reduction only for those receiving the intervention rather than showing a comparison with those who had not received ISMS within the same period.

10.12 In Dundee, the ISMS Team has self reported significant falls in offending behaviour before and after ISMS. The reduction in offending of ISMS cases six months pre-assessment and six months post-assessment was 70%. 12 months pre-assessment and 12 months post assessment (for cases where there is information available), the fall was 52%. These large falls were experienced for a number of categories of offences. This data was collected and analysed by the ISMS Team using police data on ISMS cases.

10.13 In Glasgow, the reduction in the average monthly offending rate prior to and during ISMS was 28%. There was also a 14% fall in the seriousness of offending based on the Gravity Scale developed by the Youth Justice Board and Oxford University (see Vaswani 2007).

10.14 Case file information, reviewed as part of the case studies, indicated, generally, that young people on ISMS reduced their incidence and seriousness of offending behaviours. In addition, there appeared to be a similar reduction in levels of offending recorded in the files of young people placed on intensive support services.

### ***Does ISMS reduce indicators of risk of future offending?***

10.15 In Dundee, the reduction in offending behaviour traits is also demonstrated by the reduction in ASSET scores. For those on ISMS, the average ASSET score was 29 at assessment, 20 on coming off the MRC and 20 on ISMS exit (after the throughcare phase). This fall of 31% demonstrates that the risk factors that lead to young people re-offending are reduced by ISMS for these young people in Dundee.

10.16 In Glasgow, there was, again, a more modest reduction, of 8%, in YLS risk assessment scores (from 28.5 to 26.3).

10.17 Other data collected from Includem showed little in the way of improvement in ASSET scores, although behaviour did seem to have stabilised.

10.18 Education attendance also improved for ISMS cases in Dundee, with a 66% attendance rate after ISMS compared to a 37% rate before it. Improved educational opportunities are linked by research with reducing the risk of re-offending.

### ***Does ISMS improve outcomes for young people?***

10.19 All of the phase 1 LAs stated their support for the ISMS programme and believed that it was effective in improving outcomes for young people, although it does have its limitations, e.g. it is difficult to get favourable outcomes in cases where problems are more entrenched and many of the young people coming off the MRC are 16 years-old and resources are not as available to help them afterwards.

10.20 Local teams believed that ISMS had provided significant improvements in the self-esteem of young people during and after the programme. They are better motivated and have increased likelihood of employment, through better links to employment opportunities.

10.21 In our stakeholders' survey<sup>54</sup>, in comparison to the other measures used within the Children's Hearings System, ISMS was generally viewed to be as at least as effective as these measures. ISMS was viewed as more effective than home supervision by 71% of the participants. ISMS also compared favourably with secure accommodation, accommodation other than secure, and intensive support (without MRC). Compared to all three of these other measures, at least half of the respondents said ISMS were more/much more effective.

10.22 A similar story emerged when we asked stakeholders to compare ISMS with measures available in the adult system, again with at least half of the participants viewing ISMS as more or much more effective than these other measures.

10.23 In our survey of Panel Members, the majority of respondents judged ISMS as being no less effective than other measures open to them. ISMS compared least favourably with secure accommodation, however, almost two-thirds of respondents still considered ISMS to be at least as effective as secure accommodation. More than half of respondents said that ISMS was more effective than intensive support alone.

10.24 In our case study research, some parents and foster carers responded that they felt that the increased amount of time within the home environment created the opportunity to re-establish their relationships with each other. The MRC and associated support was seen by some as having greatly assisted parents in being able to re-assert their rules.

10.25 Breaches of the conditions of ISMS were also commonly reported in case files. However, breach is not necessarily failure if it helps young people to engage with interventions, when they had not previously engaged, and if it leads to a drop in their risk factors. For those young women who received ISMS because of absconding, the more substantial breaches were associated with them staying out in the community, often when they were abusing substances and, potentially, placing themselves at risk. It is not clear in other cases if the breaches have any relation to other outcomes.

### **Who is ISMS being targeted at?**

10.26 The data from the phase 1 areas suggests that ISMS is predominantly targeted at males over 15 years-old. It also tends to be targeted at those young people who are a risk to others, i.e. Offenders, rather than those who are a risk to themselves or a risk from others, although ISMS is still used for a number of these cases. It was felt by the ISMS programme co-ordinators in a number of areas that an MRC may cause some of these vulnerable young people unnecessary and additional distress. If the MRC is seen as the punitive part of ISMS (and it is seen in this way by some professional staff, young people and their carers), then punishing young people for being at risk when they are committing no offence seems very harsh to many professionals. However, our case study research covered a number of cases where an MRC had been given because young women had been absconding.

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<sup>54</sup> Stakeholders include teachers and other education services staff, social workers, intensive support providers, those working in the voluntary sector, Serco (monitoring) staff, Reporters, NHS employees, those involved in the legal process, and those working in LA antisocial behaviour services.

10.27 Although ISMS appears to be targeted at young male offenders over 15 years-old, information drawn from the case studies presented a relatively consistent pattern of complex needs in ISMS cases. Both the young men and women considered, generally, have histories characterised by multiple referrals to the Reporter for care and protection and offending grounds. Young men and women placed on ISMS, generally, were found to have been referred earlier in their lives and to have had a history of contact with the Children's Hearings System resulting in Supervision Requirements having been made several years prior to the ISMS. Issues such as substance misuse, truancy and absconding from home appear in the backgrounds of the young men and women.

10.28 The case studies did demonstrate differences in the use of ISMS for young women and young men. Concerns around young women, placed on ISMS, circle around placing themselves at risk through absconding, substance misuse and fears about personal safety (which usually translate into fears about sexual exploitation while out in the community). These young women also have referrals to the Reporter for offending, as well as other offences listed in their case files, but the files maintain an emphasis on reducing their risk from others and not offending issues as the major concerns. For young men placed on ISMS, offending behaviours appeared predominantly to have influenced the use of the disposal.

### **Who do ISMS work for and how?**

10.29 Those leading the programme in Dundee believe that ISMS has demonstrated its ability to tackle the behaviour of those that are a risk to others, e.g. Young male offenders, but it has not yet demonstrated this ability to extend beyond this to other cases. However, the ISMS Team argues that this position may be changing as they and other partners become more comfortable and confident about assessing and managing risk.

10.30 In our survey of Panel Members, ISMS was generally considered as being more appropriate than secure accommodation for persistent offenders and for younger children. Secure accommodation was generally preferred for serious offenders and for cases where there was a risk of self harm or absconding.

10.31 The case studies indicated that most of the positive outcomes attributed to ISMS were perceived by social workers and carers to be a consequence of the range of interventions and access to resources that were the intensive support facet of the package, rather than the MRC. Key elements were perceived to be the 'forced' engagement of young people with services and support, and the length and consistency of support. However, the MRC was believed in having a positive contribution in certain types of cases, e.g. in allowing young people to develop a set of credible reasons for not engaging with offending peers. Some of the young people interviewed appeared to reduce risky behaviours because of the potential consequences of not meeting the ISMS conditions.

10.32 Based on the interviews reviewed in the case studies, the ISMS disposal facilitates access to protective factors in the community, such as engaging with college placements and building relationships with family members and friends. In terms of community accessing resources and maximising social inclusion, the intensive support packages appear to have increased young people's use of education, employment agencies and health agencies. ISMS, therefore, appears to work by allowing young people access to resources that could act as protective factors (which, in turn, reduce risk), and to receive structured interventions that also serve to reduce risk.

## **What does a successful ISMS programme look like?**

10.33 Under Scottish Executive guidance, an ISMS disposal involves the young person receiving intensive support with an MRC for a period of time (which can vary). This is preceded by an assessment phase (of around six weeks, where intensive support is provided) and post-MRC intensive support of the equivalent period for which the MRC was applied. In each of the LA areas, the average time on the ISMS programme and the MRC varies, at 17-38 weeks for the programme and 10-17 weeks for an MRC. These averages seem to be in line with the initial guidance material. The curfew hours also vary, but are normally from evening to early morning.

10.34 The main external provider of ISMS services is Includem in five of the seven phase 1 LAs (Glasgow, Dundee, East Dunbartonshire, West Dunbartonshire and Edinburgh). Highland Council uses NCH, while Moray does not employ an external agency, but delivers these services through an in-house team. This support is complemented by other services such as education, social work, addiction services (where appropriate) and mental health services (where appropriate).

10.35 It is, arguably, Glasgow that has the most developed ISMS programme (it is the most established and has had the biggest throughput) and has the most robust evidence base to support its positive impact. There are seven key elements in the Glasgow ISMS model.

1. Social Work Youth Justice Teams, which provide case management (these workers are trained and in place).
2. The ISMS Project Team are responsible for co-ordinating assessments, accessing services and providing some limited direct work.
3. Includem, providing direct care, out of hours and crisis/respite care.
4. Educational/vocational training provision that will emphasise individual approaches to learning (their recruitment process has started). A specialist education resource is established at the ISMS base.
5. Forensic Child and Adolescent Mental Health Services (FCAMHS) - this service is being enhanced to offer specialist services or will procure more appropriate services from other city services.
6. Youth addiction services – support and intervention to tackle substance misuse.
7. Restorative justice interventions – where these are considered appropriate.

10.36 ISMS delivery in Glasgow has focused on case management to fit complex packages around the needs of individual children in a tailor-made way. This happens in the other areas as well.

10.37 The average weekly interventions by agency at the start of an ISMS programme in Glasgow in 2006-07 were:

|               |            |
|---------------|------------|
| Education     | 13.2 hours |
| Includem      | 10.2 hours |
| ISMS team     | 1.8 hours  |
| Addictions    | 0.7 hours  |
| Social worker | 0.5 hours  |
| FCAHMS        | 0.2 hours  |
| Other         | 1.1 hours  |

10.38 The average total weekly intervention is 25.7 hours. The average MRC is for 70 hours per week.

10.39 However, other areas tend to have higher volumes of Includem or NCH support, normally around 20-25 hours per week on average, and of education support. Total weekly interventions are at around 40-50 hours per week. The elements of the programme are proportionally the same in other areas as in Glasgow. Glasgow intended to have a 50 hour per week programme, but there has been difficulty in getting education provision for the young people up to the levels initially expected. The LA also felt that the initial 50 hour target was too ambitious. Dundee is also a little different, with much wider variations in the timings for particular interventions, which are dependent on assessment of young people's needs.

10.40 There is no clear evidence on what components an ISMS programme needs to have to be 'successful' or what the level of these interventions needs to be in terms of intensity.

10.41 Support services provided by Includem (in five of the LA areas) vary depending on the needs of the young person and their circumstances. At the heart of the Includem model is one-to-one support based on a professional relationship ('pro-social role modelling'). Includem's approach is about supporting and challenging a young person's behaviour at his or her home through these established relationships. This usually involves providing support in the community, addressing offending behaviour and other problems the young person may have, and providing 24-hour crisis support. It is a mixture of informal befriending, e.g. trips to leisure centres and fast food outlets, in order to gain engagement with the young person, before moving on to more structured work around, for example, offending behaviour, substance misuse or relationships. This often involves work with families/carers and key support workers as well as the young person themselves. Service provision by NCH in Highland and the in-house team in Moray follows a similar model.

### ***What are the factors contributing to programme success?***

10.42 There appear to be a number of major factors that need to be in place in order to implement a successful ISMS programme:

1. The programme must be driven forward from an early stage by a suitably skilled individual who takes responsibility for the organisation and implementation of the key elements that need to be in place to provide a service to meet local need. S/he should be appropriately supported to do this.
2. There needs to be high level management support for the programme within the LA.
3. Effective partnership arrangements need to be built early on, especially involving Education, Social Work, external providers and others as appropriate. The different agencies and workers need to be aware of their and other's roles and responsibilities.
4. There needs to be a supply of suitable accommodation for young people in an area.
5. The programme needs to be marketed effectively, especially to the police, the Courts and the Children's Hearings System so that ISMS will actually be used. Its profile also needs raised in the wider community so that people are aware of it and what it is intended to do.
6. There needs to be an effective link-up with secure providers to ensure that those young people in secure are assessed for ISMS and that work (such as assessment work) is not being duplicated.
7. The multi-agency case conference approach to screening and assessment seems to be the best way in which to gather all of the opinions of the professional staff involved in a case and discuss and debate the issues surrounding a young person and what they need.
8. There needs to be flexibility in programme construction and delivery so that the needs of different types of young people are met.

10.43 Difficulties in achieving all of these requirements has led to delays in implementation of ISMS and a lack of throughput of ISMS cases in certain areas during phase 1.

10.44 In our survey of stakeholders, we asked them what they considered to be the most effective aspects of the ISMS programme. The crisis response mechanism had the highest rating (considered by 84% of respondents to be either effective or very effective). This was closely followed by the providers Includem/NCH. Our survey of Panel Members produced similar results.

10.45 The services delivered by Includem/NCH were singled out by the large majority of interviewees in the case studies as being the most positive and effective aspect of the intensive service. Such commendation was also found in many case files and noted in some Children's Hearing reports. There appear to be a number of similarities between case study findings and the wider evidence base on good practice in the supervision of people with complex needs and risk in the community. The Pro-social Modelling approach contains at its core the key elements of engaging with the client's motivation while simultaneously building on the relationship between the worker and the client. The quality of the relationships that developed appeared to involve themes of trust, empathy, a non-blaming approach, holding optimistic views, and being able to articulate the client's and family members' feelings and problems that are entirely congruent with the Pro-social Modelling approach.

10.46 The Programme Manager in Dundee is of the view that ISMS has been a significant success for a number of reasons. Generally, these were shared across the LAs, however, this was the most complete set of reasons given by a Programme Manager in any of the areas and Programme Managers in some of the other areas may not be in full agreement about all of these conclusions.

- The MRC – young people are saying that the MRC enables them to avoid their peer group and parents believe that it acts as a temporary means to control the whereabouts of their children that allows the ISMS Team to work with the young people and their parents to provide them with the skills with which to impose this control when the MRC ends.
- Education – as a means of bringing structure and direction to a young person's life.
- ISMS being an alternative to secure – so that the young people have the responsibility and commitment to make the programme work.
- The crisis hotline run by Includem – parents say that during periods of hostility, the helpline is very useful to express concerns about behaviours and discuss methods to resolve the hostility with the potential of Includem visiting to support.
- The flexibility of Includem support – being able to increase or decrease contact hours depending on changing circumstances.
- Feedback from Serco on non-compliance – which assists the ISMS Team in terms of risk assessment and management (although there were issues about the responsiveness of Serco in a number of other areas).
- The temporary crisis accommodation facility – which can ease tensions at a young person's home and allow the ISMS Team to continue to work with the young person and their parents to help to get the programme back on track.

### ***What are the barriers to programme success?***

10.47 There have been a low number of ISMS cases in phase 1, much lower than initial estimates. In some areas, the estimates were not achieved because insufficient priority was given to the ISMS programme and/or because of ideological concerns about the nature of electronic monitoring. It does seem that the number of cases was over-estimated at the outset, but it also appears that the high use of intensive support services has impacted on the use of ISMS.

10.48 There is an amount of confusion over the guidance on who ISMS should be targeted and this has also affected throughput, with disputes between the different agencies as to whether ISMS is suitable for particular cases. This has been particularly evident in Moray and, given that the agencies need to agree on ISMS before it can be implemented, this sometimes leads to ISMS not being sought. The Scottish Government states that ISMS is intended for those who meet Section 70(10) conditions and, therefore, act as a disposal for a relatively small number of young people. It appears doubtful whether this guidance has been stuck to in all areas throughout the evaluation period, especially with the relatively high number of intensive support service cases in relation to ISMS cases. However, there does seem to be a case for using ISMS (or intensive support services) as a preventative measure for young people who may meet these criteria in the future.

10.49 In some of our case studies, it appears that interventions provided by Includem and other agencies, such as substance misuse services, did not adequately address areas of need that are specifically related to the risk of further offending. It appears, in these cases, that the quality of interventions provided would not meet recent good practice guidelines detailed in *Getting it Right for Children and Young People Who Pose a Risk of Serious Harm (Scottish Government, 2008)*.<sup>55</sup>

10.50 Lack of training for stakeholders is also a barrier in terms of lack of awareness and understanding among key professional groups. In our survey, just over half (53%) of the stakeholders received training, meaning that a large proportion of stakeholders had received no ISMS training. Of those responding to the survey, none of those working in secure accommodation or children's units; legal professions; and ASB services had received any ISMS training. It is likely that training has been targeted at those most core to service delivery, however, it still appears that some key groups of professional staff have still to receive training, notably those working in secure accommodation and children's units.

10.51 Education is a key element of ISMS service provision as many of the young people on the programme will have been out of mainstream education for some time. Achieving levels of educational attainment and/or qualifications are key to future employability as well as in improving self esteem. Direct employment of teaching staff would seem to be the most effective way of providing this, otherwise a key need is not addressed and it is more difficult to keep a young person occupied on a programme. Some areas have undertaken this. Most areas now have the level of education provision that they require, but it has been a challenge to provide it. Other areas, e.g. Moray, are still struggling to provide education at anticipated levels.

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<sup>55</sup>It should be noted that this evaluation pre-dates the publication of *Getting it Right for Children and Young People Who Pose a Risk of Serious Harm (Scottish Government, 2008)*.

10.52 Access to suitable housing and accommodation appears to be a major problem across the phase 1 LAs and means that young people who meet the Section 70(10) criteria do not receive ISMS, as there is nowhere suitable to tag them to, or because it is difficult to maintain them on the programme. The case study research highlighted that being subject to ISMS conditions also appeared directly to have a negative effect on some people, as it was reported that some residential options were taken away because the young person was being or had been electronically monitored.

10.53 Relationships between the core services delivering ISMS (including education, social work and intensive support providers) appear strong, but more work has to be done in integrating other services, notably Housing, Mental Health Services, Employment Services and Addictions Services. In our survey of stakeholders, accommodation services were viewed by 28% of respondents to be either ineffective or very ineffective and a large proportion of respondents (38%) viewed it as neither effective nor ineffective. Employment services, mental health services and addiction services were the other parts of the programme that scored were considered effective by less than 50% of respondents.

### **How are intensive support services being used?**

10.54 The focus of our evaluation is ISMS, not intensive support services, although we have asked LAs for high level figures on intensive support services and included intensive support service cases in our case studies to act as a broad comparator group. However, the evidence gathered on intensive support services alone is limited.

10.55 Intensive support services packages essentially provide the intensive support elements of the ISMS package but without the MRC. Having said this, the nature of the programme may also be different, e.g. less intensive, because intensive support only cases in general, although not always, tend to have lower levels of risk and need than ISMS cases. This fits with the concept of tailoring packages of care and need to the individual young person.

10.56 There have been a large number of intensive support only cases, three times as many as ISMS cases. Many of these cases were considered unsuitable for ISMS because the intensive support that they received during the assessment phase rendered the MRC as no longer necessary. There were other problems in moving many cases on to an MRC, such as a lack of suitable accommodation or difficulties in the young person's family relationships.

### **Who is receiving intensive support services?**

10.57 As highlighted above, it is difficult to answer this question definitively because we have not asked for a detailed breakdown of intensive support service cases (it is not part of the remit of the evaluation). In theory, intensive support service cases should have lower levels of risk and need (because they do not have to meet the Section 70(10) criteria). It also appears that young people at a risk to themselves or from others are more likely to receive intensive support services (rather than those who are referred to the Reporter on offending grounds). However, the case studies demonstrate that there are cases where intensive support service is received by high risk offenders (because there is nowhere suitable to tag them to) and for those at a risk from absconding (because practitioners feel intensive support service is more appropriate).

## **What are the phase 1 areas spending their ISMS money on?**

10.58 The LA spending patterns are all very different. This is not surprising as each LA was delivering its own model and had different requirements for providing ISMS from the start because of different existing provision and resources.

10.59 Despite the very different proposed models for delivery, different infrastructure requirements, etc., the expected unit costs per ISMS case and per assessment in the areas was broadly similar (within a range of £38,000 to £80,000 for ISMS cases).

10.60 Total expected costs were also very similar to total actual costs in each area, but, due to the much lower than anticipated use of ISMS, actual unit costs are considerably higher than expected unit costs for all areas, although the difference is noticeably smaller for West Dunbartonshire.

10.61 ISMS has cost £10,944,404 to roll-out in the seven phase 1 LAs in a two-year period. This equates to around £5.5 million per year. To provide a proxy of how many of the likely ISMS cases that these areas account for, we used children referred on offence grounds as persistent young offenders for 2005-06 (from the SCRA Annual Report 2005-06). These five areas make-up 39% of these cases. Based on this, we would estimate the cost of national roll-out of the ISMS programme to be around £14 million per year<sup>56</sup>.

## **Recommendations for future research**

10.62 Below we list a number of recommendations for future research, particularly targeted at assessing more clearly the impact of ISMS and of providing accurate unit costs of the programme.

1. The Scottish Government should co-ordinate future research into the effectiveness of ISMS/intensive support services using processes that are standardised across LAs that allow the statistical analysis of this relatively small population. The research should be designed to capture sufficient numbers in each LA to make comparisons possible. A quasi-experimental method would permit investigation into the effect of the MRC itself, when combined with multivariate statistical analyses that would control for confounding factors that may influence the outcomes.
2. The Scottish Government should work with the LAs to devise local monitoring and evaluation work consistent across the LAs that will collect data on agreed outcome measures of those on ISMS/intensive support services.
3. Future research could include a closely matched control group to allow the effect of the interventions to be assessed in comparison to another group of young people who did not receive these interventions.
4. Future research could usefully include a longitudinal design, where repeated and consistent data from the same individuals are collected over a longer time period.

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<sup>56</sup> This differs from our earlier estimate contained in *Insight 39: Evaluation of Intensive Support and Monitoring Services (ISMS) within the Children's Hearings System* (2007) (<http://www.scotland.gov.uk/Publications/2007/12/07154352/6>) as we now have full cost data for Edinburgh and Highland.

This methodology allows findings to be disentangled through their temporal relationships and developmental sequences of events to be identified.

5. The measuring of the unit cost of the ISMS and intensive support service programmes should be the subject of further research, which attempts to separate out data and costing on intensive support service and ISMS as discrete exercises.

## **APPENDIX A    ACRONYMS AND ABBREVIATIONS**

|      |  |
|------|--|
| ASBO | Antisocial Behaviour Order   |
| ISMS | Intensive Support and Monitoring Services                            |
| ISS  | Intensive Support Service (programmes in some local authority areas) |
| LA   | Local Authority  |
| MRC  | Movement Restriction Condition                                       |
| MS   | Monitoring Services  |
| RAD  | Referral Administration Database                                     |
| RLO  | Restriction of Liberty Order   |
| SCRA | Scottish Children's Reporter Administration                          |
| YLS  | Youth Level of Service (a risk assessment tool)                      |

## **APPENDIX B      CONSULTEES**

|                    |   |
|--------------------|---|
| Derek Aitken       | Dundee City Council                       |
| Ian Wilkie         | Dundee City Council                       |
| Paula McKellican   | Dundee City Council                       |
| Sheila Gordon      | East Dunbartonshire Council               |
| Susan Maguire      | East Dunbartonshire Council               |
| Andy Martin        | East Dunbartonshire Council               |
| Gwen Ross          | East Dunbartonshire Council               |
| Vance Finnon       | City of Edinburgh Council                 |
| Donny Scott        | City of Edinburgh Council                 |
| Matt Ford          | Glasgow City Council                      |
| Linda Robb         | Glasgow City Council                      |
| Sean McKendrick    | Glasgow City Council                      |
| Nina Viswani       | Glasgow City Council                      |
| Malcolm Hill       | Independent consultant                    |
| Furzana Khan       | Independent consultant                    |
| Pol McClelland     | Highland Council                          |
| Joyce Gartshore    | Highland Council                          |
| Gary Westwater     | Includem                                  |
| Sandy Jamieson     | Includem                                  |
| Jane Murphy        | Moray Council                             |
| Andy Johnstone     | Moray Council                             |
| Richard Campbell   | Moray Council                             |
| Sue Holden         | Moray Council (later Scottish Government) |
| Mike Mawby         | NCH Scotland                              |
| Norman Brown       | Reliance Monitoring Services/Serco        |
| David Fotheringham | Scottish Government                       |
| Sharon Grant       | Scottish Government                       |
| Kate Vincent       | Scottish Government                       |
| Lisa Bennett       | SCRA                                      |
| Karen Brady        | SCRA                                      |
| Alyson Evans       | SCRA                                      |
| Gillian Henderson  | SCRA                                      |
| Morag MacNeil      | UHI Millennium Institute                  |

Dr. Bob Stradling

Jim Watson

Tommy Long

UHI Millennium Institute

West Dunbartonshire Council

West Dunbartonshire Council

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## APPENDIX D SURVEY QUESTIONNAIRES

### STAKEHOLDER QUESTIONNAIRE

#### ALL INFORMATION PROVIDED IN STRICT CONFIDENCE

### ISMS evaluation

#### *Questionnaire for wider stakeholders*

##### *Section 1 - Involvement with ISMS*

1) Have you been directly involved in an ISMS case (this includes referring or assessing someone for an ISMS who did not receive one, or being at a Children's Hearing when an ISMS was considered in a case)?

Yes

No

#### **IF NO, PLEASE GO TO QUESTION 5**

2) How many ISMS cases have you been involved in? \_\_\_\_\_

3) Over what period of time (years, months and weeks) \_\_\_\_\_

4) In which part(s) of the ISMS cases(s) were you involved? (Please tick all that apply)

Referral

Assessment

Children's Hearing

Service delivery

Case review

Aftercare (post-tag)

Other

(Please specify) \_\_\_\_\_

5) What do you think is the reasoning behind the ISMS programme? (Please tick all that apply)

To control young people to protect communities

To help young people

To punish young people

To help those caring for young people

To offer a cost effective alternative to secure accommodation

Don't know

Other

(Please specify)

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---

---

6) Do you agree or disagree with this approach?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

7) Could you please explain your reasons why?

.....

.....

.....

**Section 2 – Referral and assessment processes**

8) How effective do you believe the ISMS referral process is? (Please tick one box only)

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective
- Very ineffective
- Don't know

9) Please provide a reason for your answer.

.....

.....

.....

10) How effective do you believe the ISMS assessment process is? (Please tick one box only)

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective
- Very ineffective
- Don't know

11) Please provide a reason for your answer.

.....

.....

.....

12) Do you think that the assessment process should be: (Please tick one box only)

- Extended?
- Shortened?
- Stay the same?
- Don't know

a) If extended/shortened, by how many months? \_\_\_\_\_ or weeks? \_\_\_\_\_

**Section 3 – Service delivery**

13) Please rate the following elements of the ISMS package in your local authority areas based on your experience. (Please tick one box only in each row)

|   | Very effective           | Effective                | Neither effective nor ineffective | In-effective             | Very ineffective         | Don't know               |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| INCLUDEM/NCH                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The monitoring service (electronic tag) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training services                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment services                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Addiction services                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offending behaviour programmes          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accommodation services                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite and time-out                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crisis response                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assisting family/carer                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please specify)

---

14) Do you believe that the ISMS package could be improved?

Yes

No

Don't know

a) If YES, what changes do you believe could be made to the ISMS package to improve it?

.....  
.....  
.....

15) In which parts of the ISMS programme (if any) do you think that there are unmet needs that ISMS is not providing for?

.....  
.....  
.....

16) In which parts of the ISMS programme do you think that good practice exists?

.....  
.....  
.....

17) What length of time would you generally expect young people to take to engage with ISMS? (in weeks) (A range is acceptable)

\_\_\_\_\_

18) What length of time would you generally expect young people to take to begin to change their behaviour and attitudes while on an ISMS programme (in weeks) (A range is acceptable)

\_\_\_\_\_

**Section 4 – Inter-agency working**

**IF YOU DO NOT HAVE INVOLVEMENT IN ISMS, I.E. ANSWERED NO TO QUESTION 1, PLEASE GO TO QUESTION 21**

19) How would you describe your relationship with other agencies which you working with on ISMS?

|  | Work with them closely   | Work with them occasionally | Do not work with them    |
|--|--------------------------|-----------------------------|--------------------------|
| ISMS Team                              | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Social Work - Children & Families      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Social Work – Youth Justice            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| INCLUDEM/NCH                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| SERCO (electronic monitoring provider) | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Education                              | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Training services                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Employment services                    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Addiction services                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Mental health services                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Other health services                  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Not applicable                         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Other<br>(Please specify)              | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

---

20) How effective is your working relationship with those services with which you work with on ISMS? (Please tick one box only in each row)

|                                   | Very effective           | Effective                | Neither effective nor ineffective | In-effective             | Very ineffective         | Don't know               |
|-----------------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| ISMS Team                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Work - Children & Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Work – Youth Justice       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INCLUDEM/NCH<br>SERCO             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (electronic monitoring provider)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment services               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Addiction services                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other health services             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other<br>(Please specify)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

21) How could inter-agency working be improved in delivering ISMS?

.....

.....

.....

22) Where does good practice exist in inter-agency working?

.....

.....

.....

23) Which particular agencies are working well together?

.....

.....

.....

24) Which particular agencies are having difficulties working together? What are the main reasons for these difficulties?

.....

.....

.....

**Section 5 – Comparisons with other measures**

25) Generally, how effective do you believe ISMS is in relation to other measures for children and young people. (Please tick one box only in each row)

a) In the Children’s Hearing System

|   | Much more effective      | More effective           | As effective             | Less effective           | Much less effective      | Don’t know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| At home under Social Work supervision                             | <input type="checkbox"/> |
| Secure accommodation  | <input type="checkbox"/> |
| In other accommodation (e.g. children’s home, residential school) | <input type="checkbox"/> |
| Intensive support only  | <input type="checkbox"/> |

b) In the adults’ system

|                              | Much more effective      | More effective           | As effective             | Less effective           | Much less effective      | Don’t know               |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Custodial sentence           | <input type="checkbox"/> |
| Community Service Order      | <input type="checkbox"/> |
| Probation Order              | <input type="checkbox"/> |
| Supervised Attendance Order  | <input type="checkbox"/> |
| Restriction of Liberty Order | <input type="checkbox"/> |
| Antisocial Behaviour Order   | <input type="checkbox"/> |
| Fine                         | <input type="checkbox"/> |

**Section 6 – Children’s Hearing System and the Scottish Children’s Reporter’s Administration (SCRA)**

26) Do you believe that the SCRA Reporters in your local authority area are supportive of the implementation of ISMS?

- Wholly supportive
- Partially supportive
- Neither supportive nor  
unsupportive
- Partially unsupportive
- Wholly unsupportive
- Don’t know

27) Please give a reason for your answer

.....

.....

.....

28) Do you believe that the Children’s Hearing System panel members in your local authority area are supportive of the implementation of ISMS?

- Wholly supportive
- Partially supportive
- Neither supportive nor  
unsupportive
- Partially unsupportive
- Wholly unsupportive
- Don’t know

29) Please give a reason for your answer

.....

.....

.....

30) What are your opinions of the methods that Children’s Hearing System uses in considering ISMS cases (including use of assessment material, consideration of alternative measures and consideration of behavioural change)? (Please tick one box only in each row)

|                     | Very effective           | Effective                | Neither effective nor ineffective | In-effective             | Very ineffective         | Don't know               |
|---------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| On referral         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At a review hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On termination      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31) What do you think about the methods used for ISMS cases within the Children’s Hearing System

a) on referral?

.....

.....

.....

b) at review hearing?

.....

.....

.....

c) on termination?

.....

.....

.....

**Section 7 – Post MRC support (i.e. the child/young person receiving a period of intensive support after the tag is removed for broadly the same time as the MRC had been on)**

32) How important do you think the post-MRC (tag) element is in ISMS? (Please tick one box only)

- Very important
- Important
- Neither important nor unimportant
- Not very important
- Not at all important
- Don't know

33) Do you think that this post MRC element should be: (Please tick one box only)

- Extended?
- Shortened?
- Stay the same?
- Don't know

a) If extended/shortened, by how many months? \_\_\_\_\_ or weeks? \_\_\_\_\_

**Section 9 – Training and guidance**

34) Have you received any training or guidance on ISMS?

- Yes
- No

**IF NO, GO TO QUESTION 38**

35) What form did this take? (Please tick all that apply)

- Formal course
  - Presentation/seminar
  - Reading material
  - On-the-job training
  - Other
- (Please specify)
-

36) What was your opinion of the training/guidance that you received? (Please tick one box only)

- Very useful
- Useful
- Neither useful nor not useful
- Not useful
- Not at all useful
- Don't know

37) Please provide a reason for your answer.

.....

.....

.....

38) What current training needs do you have in relation to ISMS?

.....

.....

.....

**Section 8 – Summary**

39) What would you say are the main strengths of the ISMS programme?

.....

.....

.....

.....

40) What would you say are the main weaknesses of the ISMS programme?

.....

.....

.....

.....

41) Are there any further comments that you wish to add?

.....

.....

.....

.....

***Section 9 – Personal details***

***(Please note that this section is to allow us to identify who has responded, so we do not contact you again. This information will not be held on file and you will not be identified in any analysis)***

Name \_\_\_\_\_

Job title \_\_\_\_\_

Organisation \_\_\_\_\_

Local Authority area \_\_\_\_\_

***MANY THANKS FOR YOUR HELP AND COOPERATION***

# PANEL MEMBER QUESTIONNAIRE

## ALL INFORMATION PROVIDED IN STRICT CONFIDENCE

### ISMS evaluation

#### *Questionnaire for Panel members*

##### *Section 1 - Involvement with ISMS*

1) Have you been directly involved in an ISMS case (i.e. you were part of a Children's Hearing that discussed ISMS in a case)?

- Yes, considered an ISMS Order based on a recommendation
- Yes, imposed an ISMS Order
- Yes, at a review hearing of an ISMS case
- Yes, on termination of an ISMS case
- No

#### **IF NO, PLEASE GO TO QUESTION 4**

2) How many of these ISMS cases have you been involved in? \_\_\_\_\_

3) Over what period of time (years, months and weeks) \_\_\_\_\_

4) What do you think is the reasoning behind the ISMS programme? (Please tick all that apply)

- To control young people to protect communities
  - To help young people
  - To punish young people
  - To help those caring for young people
  - To offer a cost effective alternative to secure accommodation
  - Don't know
  - Other
- (Please specify)
- 
- 
-

5) Do you agree or disagree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

6) Could you please explain your reasons why?

.....

.....

.....

7) Are there circumstances when you would consider ISMS to be more appropriate for a young person than secure accommodation? (Please tick one box only)

- Yes
- No
- Don't know

a) If YES, please tick all that apply.

- If the young person was 15-16 year-olds
- If the young person was 13-14 year-old
- If the young person was under 13 year-olds
- If the young person was a serious offender
- If the young person was a persistent offender
- If the young person was in risk of absconding
- If the young person was in risk of harm to themselves
- If there were other welfare issues, e.g. risk of prostitution
- Other

(Please specify)

---

b) If YES, please explain your reasons for this

.....

.....

.....

8) Are there circumstances when you would consider secure accommodation to be more appropriate for a young person than ISMS? (Please tick one box only)

- Yes       No       Don't know

a) If YES, please tick all that apply.

- If the young person was 15-16 year-olds
- If the young person was 13-14 year-old
- If the young person was under 13 year-olds
- If the young person was a serious offender
- If the young person was a persistent offender
- If the young person was in risk of absconding
- If the young person was in risk of harm to themselves
- If there were other welfare issues, e.g. risk of prostitution
- Other

(Please specify)

---

b) If YES, please explain your reasons for this

.....

.....

.....

***Section 2 – Referral and assessment processes***

9) Are you aware of the ISMS referral process?

- Yes       No

**IF NO, PLEASE GO TO QUESTION 12**

10) How effective do you believe the ISMS referral process is? (i.e. the process of referring a young person for an ISMS assessment) (Please tick one box only)

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective
- Very ineffective
- Don't know

11) Please provide a reason for your answer.

.....

.....

.....

12) Are you aware of the ISMS assessment process?

- Yes
- No

**IF NO, PLEASE GO TO QUESTION 16**

13) How effective do you believe the ISMS assessment process is? (Please tick one box only)

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective
- Very ineffective
- Don't know

14) Please provide a reason for your answer.

.....

.....

.....

15) Do you think that the assessment process should be: (Please tick one box only)

- Extended?
- Shortened?
- Stay the same?
- Don't know

a) If extended/shortened, by how many months? \_\_\_\_\_ or weeks? \_\_\_\_\_

**Section 3 – Service delivery**

16) Please rate the following elements of the ISMS package in your local authority areas based on your experience. (Please tick one box only in each row)

|   | Very effective           | Effective                | Neither effective nor ineffective | In-effective             | Very ineffective         | Don't know               |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| INCLUDEM/NCH                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The monitoring service (electronic tag) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training services                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment services                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Addiction services                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offending behaviour programmes          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accommodation services                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite and time-out                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crisis response                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assisting family/carer                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please specify)

---

17) Do you believe that the ISMS package could be improved?

Yes

No

Don't know

a) If YES, what changes do you believe could be made to the ISMS package to improve it?

.....  
.....  
.....

18) In which parts of the ISMS programme (if any) do you think that there are unmet needs that ISMS is not providing for?

.....  
.....  
.....

19) In which parts of the ISMS programme do you think that good practice exists?

.....  
.....  
.....

20) What length of time would you generally expect young people to take to engage with ISMS? (in weeks) (A range is acceptable)

\_\_\_\_\_

21) What length of time would you generally expect young people to take to begin to change their behaviour and attitudes while on an ISMS programme (in weeks) (A range is acceptable)

\_\_\_\_\_

***Section 4 – Inter-agency working***

22) How could inter-agency working be improved in delivering ISMS?

.....  
.....  
.....

23) Where does good practice exist in inter-agency working?

.....  
.....  
.....

24) Which particular agencies are working well together?

.....  
.....  
.....

25) Which particular agencies are having difficulties working together? What are the main reasons for these difficulties?

.....  
.....  
.....

**Section 5 – Comparisons with other measures**

26) Generally, how effective do you believe ISMS is in relation to other measures for children and young people. (Please tick one box only in each row)

|   | Much more effective      | More effective           | As effective             | Less effective           | Much less effective      | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Under home supervision requirement                                | <input type="checkbox"/> |
| Secure accommodation  | <input type="checkbox"/> |
| In other accommodation (e.g. children's home, residential school) | <input type="checkbox"/> |
| Intensive support only  | <input type="checkbox"/> |

**Section 6 – Children's Hearing System and the Scottish Children's Reporter's Administration (SCRA)**

27) Do you believe that the SCRA Reporters in your local authority area are supportive of the implementation of ISMS?

Wholly supportive

Partially supportive

Neither supportive nor unsupportive

Partially unsupportive

Wholly unsupportive

Don't know

28) Please give a reason for your answer

.....

.....

.....

29) Do you believe that the other Children’s Hearing System panel members in your local authority area are supportive of the implementation of ISMS?

- Wholly supportive
- Partially supportive
- Neither supportive nor unsupportive
- Partially unsupportive
- Wholly unsupportive
- Don’t know

30) Please give a reason for your answer

.....

.....

.....

31) What are your opinions of the methods that Children’s Hearing System uses in considering ISMS cases (including use of assessment material, consideration of alternative measures and consideration of behavioural change)? (Please tick one box only in each row)

|                     | Very effective           | Effective                | Neither effective nor ineffective | In-effective             | Very ineffective         | Don’t know               |
|---------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| On referral         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At a review hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On termination      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32) What do you think about the methods used for ISMS cases within the Children’s Hearing System

a) on referral?

.....

.....

.....

b) at review hearing?

.....  
.....  
.....

c) on termination?

.....  
.....  
.....

**Section 7 – Post MRC support (i.e. the child/young person receiving a period of intensive support after the tag is removed for broadly the same time as the MRC had been on)**

33) How important do you think the post-MRC (tag) element is in ISMS? (Please tick one box only)

- Very important
- Important
- Neither important nor unimportant
- Not very important
- Not at all important
- Don't know

34) Do you think that this post MRC element should be: (Please tick one box only)

- Extended?
- Shortened?
- Stay the same?
- Don't know

a) If extended/shortened, by how many months? \_\_\_\_\_ or weeks? \_\_\_\_\_

**Section 9 – Training and guidance**

35) Have you received any training or guidance on ISMS?

- Yes       No

**IF NO, GO TO QUESTION 39**

36) What form did this take? (Please tick all that apply)

- Formal course   
Presentation/seminar   
Reading material   
On-the-job training   
Other   
(Please specify) \_\_\_\_\_

37) What was your opinion of the training/guidance that you received? (Please tick one box only)

- Very useful   
Useful   
Neither useful nor not useful   
Not useful   
Not at all useful   
Don't know

38) Please provide a reason for your answer.

.....  
.....  
.....

39) What current training needs do you have in relation to ISMS?

.....  
.....  
.....

**Section 8 – Summary**

40) What would you say are the main strengths of the ISMS programme?

.....

.....

.....

.....

41) What would you say are the main weaknesses of the ISMS programme?

.....

.....

.....

.....

42) Are there any further comments that you wish to add?

.....

.....

.....

.....

**Section 9 – Personal details**

*(Please note that this section is to allow us to identify who has responded, so we do not contact you again. This information will not be held on file and you will not be identified in any analysis)*

Name \_\_\_\_\_

Local Authority area \_\_\_\_\_

***MANY THANKS FOR YOUR HELP AND COOPERATION***

## QUESTIONNAIRE FOR INTERVIEWING YOUNG PERSON WHILE ON THE MRC

|                   |       |          |
|-------------------|-------|----------|
| ID No:            | Area: | Name YP: |
| Age:<br>Sex (M/F) |       |          |

Introduction: Thanks for agreeing to see me and take part in an interview that is based on the intensive services you have received, and how they might be improved. I will only need about an hour of your time, but this will depend on how much you want to say to me.

### 1 General

|   |
|---|
| Q1 Can you tell me what you think the main reason is for your being asked to participate in the Intensive Support and Monitoring Service (ISMS)?  |
| Q2. How did you feel about receiving it?  |
| Q3 What help did you want to get from this service?   |
| Q4 What help have you actually got so far?  |
| Q5 Do you feel that your views were listened to about:<br><br>a) being tagged? Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>What makes you say that?<br><br>b) the support you get with the service Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>What makes you say that? |
| Q6. Do you feel that the workers have treated you with respect since you have been getting the ISMS service? Yes <input type="checkbox"/> No <input type="checkbox"/>   |

What makes you say that?

**2 Help Provision (show card 1)**

|  |   |
|--|---|
| <p>I am going to ask you a list of questions now and I would like to ask you if you have needed help with any of the following since you've been getting an ISMS service</p> <p><i>Offending</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p> <p>Who else has helped you?<br/>_____</p> | <p>Overall, can you tell me now if things have improved or not since I saw you last time?</p> <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p><i>Alcohol use</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p> <p>Who else has helped you?<br/>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p>   |
| <p><i>Drugs use</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p>   |

|  |   |
|--|---|
| <p>Who else has helped you?</p> <p>_____</p>   |   |
| <p>Self harming</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Anger management</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Keeping to appointments with medical services (e.g. doctors, psychologists)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p> | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |

|  |   |
|--|---|
| <p>Keeping appointments with non medical services (e.g. social security benefits, children's panel, social work)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p> | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Getting on with family members</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Dealing with official type people</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>   | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Self confidence in your own abilities</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |

|  |   |
|--|---|
| Who else has helped you?<br>_____  |   |
| <p>Feeling in control over how your future might be</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p> <p>Who else has helped you?<br/>_____</p>                                      | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Taking responsibility for your own actions and the how these can affect how your life</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p> <p>Who else has helped you?<br/>_____</p> | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Attending education or employment training courses</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?<br/>_____</p> <p>Who else has helped you?<br/>_____</p>                                    | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |

|  |   |
|--|---|
| <p>Personal safety</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>   | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Participating in prostitution</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p>   | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Participating in unsafe sex, that's having sex without using a condom</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> <p>_____</p> | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Exposure to situations that could lead to you getting abused either physically or mentally</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p>                         | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |

|  |   |
|--|---|
| <p>Who else has helped you?</p>  |   |
| <p>Staying away from home/ the place you live without permission</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p>                        | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Being able to speak your mind and say how you feel in front of the Children's Panel?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p> | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Attending court when you are meant to?</p> <p><i>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A <input type="checkbox"/></i></p> <p>Who has helped you most?</p> <p>_____</p> <p>Who else has helped you?</p>           | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |
| <p>Feeling that there are people there who will help you if you need help</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>  | <p><input type="checkbox"/> (1=LotI, 2=LitI,3=NIW,4=LitW, 5=LotW)</p> <p>What makes you say that?</p> |

|  |  |
|--|--|
| Who has helped you most?<br><hr style="width: 80%; margin: 5px 0;"/> |  |
| Who else has helped you?   |  |

Q2. What or Who has been the most helpful thing for you so far?

What makes you say that?

Q3. What or Who has been the least helpful thing for you so far?

What makes you say that?

Q4. What help were you receiving before ISMS?

Who did you get this help from?

Q5. What would you say are the main differences between the help that you were getting before ISMS and the help you have got as part of ISMS?

Is the help that you have had since you got ISMS better or worse than the help you got before it?

Better       Worse

What makes you say that?

Q6. Would you say the help that you are getting under ISMS is enough?

Yes  No

What makes you say that?

Q7 Have you asked for help with anything and not got it?

Yes  No

**If Yes,** what have you wanted help with that you have asked for?

What reasons were you given for not getting that help?

### 3. Relationships (show Card 3)

Q1. Have there been any changes on how well you get on with the people around you on a day-to-day basis? Yes  No

If Yes, what have these been?

Q2. What have been the main challenges for you in terms of changing your behaviour?

Q3. How have you coped with being put in a position where you've needed to change?

|  |   |
|--|---|
| <p>Q4. Now I would like to ask you about other people you might be working with or who you are in contact with just now. Can you first of all tell me if you are in contact with the following</p> | <p>I would like you ask you how well you feel you get on with them. Would you say you get on with them very well, well, nether get on nor not get on with them, not get on with them a little, or not get on with them at all</p> |
| <p>Your social worker<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LNotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Moray Youth Justice project worker<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LNotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Mental health worker<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LnotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Drugs worker<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LnotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Your main teacher, either at school or in another education placement<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LNotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Your leaving care services worker?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LNotW, 5=LotNotW)<br/>What makes you say that?</p>   |
| <p>Other (please specify)</p>  | <p><input type="checkbox"/> (1=VW, 2=W,3=NwornotW, 4=LNotW, 5=LotNotW)<br/>What makes you say that?</p>   |

#### 4. Friends

Q1 Since you have been under the tagging order, have you spent more, the same or less time with friends you would get in to trouble with before you were tagged?

More  Same  Less

Q2 Since you have been under the tagging order, have you been caught doing things that you should not have been doing?

Yes  No

**If Yes,** what have you been caught doing?

What do you think is going to happen to you now that you have been caught?

I'd like to move on now and ask you few question about the tagging system itself.

#### 5. Tagging

Q1 What were you told about what you had to do in order to comply with the rules of the tagging order?

Q2 Have you found that you have needed encouragement to help you comply with the rules of your tagging order, by, for example, keeping away from areas you were told not to go to, and keeping to curfew times?

Yes  No  **If No go to Q4 this section**

**If Yes,** who has encouraged you so far?

Has it helped? Yes  No

What makes you say that?

Q3 How hard have you found it to keep to the rules? Have you found it very hard, a little bit hard, neither hard or easy, quite easy or very easy?

(1= vH, 2=litH, 3=NHorE, 4=QuE,5=vE)

Why do you think it has been like that?

Q4 Has the thought of what might happen to you if you do not comply with the tagging order helped you comply with the order?

Yes  No

Why is that?

Q5 Have there been any difficulties in actually using the tagging system that was set up for you in the place you live?

Yes  No

**If yes**, what have these been?

Q6 You have had to stay at home for certain periods of the day. Can you tell me what you do to pass the time?

Q7 Has that affected how you get on with other people who live in the house? Yes   
No

**If Yes**, can you tell me what you mean?

Q8 Have you breached your curfew time at all since you've been under the tagging order? Yes  No

Why was that? (What did you do when you were out?)

Q9 Have you gone to areas you are not supposed to go to since you have been under the tagging order? Yes  No

Why was that? (What did you do while you were there?)

### 6. Secure care accommodation

Q1 Has you ever been in secure care accommodation?

Yes  No  **If No go to Section 7**

Q2 Would you say that being tagged with the intensive support, has been better or worse for you than being in secure accommodation? **Show card 4**

(1=LotB, 2=LitB,3=NBW,4=LitW, 5=LotW)

What make you say that?

### 7. Tag Only prospect

Q1. What do you think would happen if you had been tagged but did not get the intensive support as well?

Is that a good or a bad thing? Good  Bad

Why?

## 8. ISMS Service Improvement

Q1 Can you think of any ways that the ISMS service could be improved?

Q2. What has been the best thing about getting an ISMS service?

Q3 What has been the worst thing about getting an ISMS service?

## 9. ISMS Team

I would now like to ask you a few questions about the service that you have been receiving from the ISMS Team

Q1 Out of the help that the ISMS team has given you, what has been the most helpful part?

What makes you say that?

Q2. Out of the help that ISMS Team have given to you, what has been the least helpful part?

What makes you say that?

Q3. Do you think that the ISMS Team has the same or different aims and hopes for you as other people who work with you? Same  Different

**If different, who has different aims for you and what are these differences?**

**10. Closing**

Q1 Finally, is there anything you would like to add to what you have already said about the services that you have had from ISMS?

**Thanks and close.**

**If Offender, do Crime Pics (Section 11)**

### 11. Crime Pics II (show CARD 5)

Finally, I am going to read you out a list of statements and I would like you to tell me how much you agree with them.

|   | SA          | A | NA<br>or<br>D | D | SD | Tot |
|---|-------------|---|---------------|---|----|-----|
| 1. Crime doesn't pay  |             |   |               |   |    |     |
| 2. I have never hurt anyone by what I've done                                 |             |   |               |   |    |     |
| 3. I will always get into trouble   |             |   |               |   |    |     |
| 4. Crime has now become a way of life for me                                  |             |   |               |   |    |     |
| 5. Crime can be a useful way of getting what you want                         |             |   |               |   |    |     |
| 6. I believe in living for now, the future can take care of its self          |             |   |               |   |    |     |
| 7. Most people would commit offences if they knew they could get away with it |             |   |               |   |    |     |
| 8. I definitely won't get into trouble with the police in the next six months |             |   |               |   |    |     |
| 9. I don't see myself as a real criminal                                      |             |   |               |   |    |     |
| 10. Committing crime is quite exciting  |             |   |               |   |    |     |
| 11. I find it hard to resist an opportunity to commit a crime                 |             |   |               |   |    |     |
| 12. Many so called crimes are not really wrong                                |             |   |               |   |    |     |
| 13. My crimes have never harmed anyone  |             |   |               |   |    |     |
| 14. If things go wrong for me, I might offend again                           |             |   |               |   |    |     |
| 15. I am not really a criminal  |             |   |               |   |    |     |
| 16. I always seem to give into temptation                                     |             |   |               |   |    |     |
| 17. When people have no money, they can't be blamed for stealing              |             |   |               |   |    |     |
| 18. There was no victim of my offences  |             |   |               |   |    |     |
| 19. I won't commit offences again   |             |   |               |   |    |     |
| 20. Once a criminal, always a criminal  |             |   |               |   |    |     |
|   | Total Score |   |               |   |    |     |

## APPENDIX E BASES OF SAMPLES AND RESULTS IN CHAPTER 8.

**Figure 8.1. Risk profile of sample at first test and most recent test**

|           | Current ISMS |             | Current ISS |             | Exited ISMS |             | Exited ISS |             |
|-----------|--------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
|           | First Test   | Second Test | First Test  | Second Test | First Test  | Second Test | First Test | Second Test |
| Low       | 0            | 0           | 0           | 0           | 0           | 1           | 0          | 0           |
| Moderate  | 5            | 6           | 2           | 2           | 2           | 2           | 8          | 5           |
| High      | 10           | 9           | 6           | 6           | 4           | 4           | 10         | 12          |
| Very High | 2            | 2           | 0           | 0           | 2           | 1           | 2          | 3           |
| Total     | 17           | 17          | 8           | 8           | 8           | 8           | 20         | 20          |

**Figure 8.2. Overall change in YLS Scores**

| Change in Overall Risk Category |                              | Case_Type |     | Total |
|---------------------------------|------------------------------|-----------|-----|-------|
|                                 |                              | ISMS      | ISS |       |
| Current                         | Significantly Decreased Risk | 1         | 0   | 1     |
|                                 | Decreased Risk               | 4         | 2   | 6     |
|                                 | No Change                    | 7         | 4   | 11    |
|                                 | Increased Risk               | 5         | 2   | 7     |
|                                 | Total                        | 17        | 8   | 25    |
| Exited                          | Decreased Risk               | 3         | 1   | 4     |
|                                 | No Change                    | 5         | 14  | 19    |
|                                 | Increased Risk               | 0         | 5   | 5     |
|                                 | Total                        | 8         | 20  | 28    |

**Figure 8.3. The overall effectiveness of ISMS/intensive support service**

| Effective |     | Neither Effective nor Ineffective |     | Ineffective |     |
|-----------|-----|-----------------------------------|-----|-------------|-----|
| ISMS      | ISS | ISMS                              | ISS | ISMS        | ISS |
| 11        | 4   | 2                                 | 1   | 3           | 2   |

**Figure 8.4. Perceived changes in behaviour by different behavioural types**

| Offending |     | Alcohol use |     | Drug use |     |
|-----------|-----|-------------|-----|----------|-----|
| ISMS      | ISS | ISMS        | ISS | ISMS     | ISS |
| 19        | 10  | 19          | 10  | 14       | 8   |

**Figure 8.5. Perceived changes in mental health**

| Thoughts of, or actual self-harming |     | Other mental health issues |     |
|-------------------------------------|-----|----------------------------|-----|
| ISMS                                | ISS | ISMS                       | ISS |
| 6                                   | N/A | 7                          | 6   |

**Figure 8.6. Perceived changes in attitudes towards others**

| <b>Controlling their temper</b> |     | <b>Getting on with family members</b> |     | <b>Dealing with officials (police etc)</b> |     |
|---------------------------------|-----|---------------------------------------|-----|--|-----|
| ISMS                            | ISS | ISMS                                  | ISS | ISMS                                       | ISS |
| 18                              | 10  | 17                                    | 9   | 19   | 6   |

**Figure 8.7. Perceived changes in attitudes towards oneself**

| <b>Building self-confidence</b> |     | <b>Speaking their mind at Panels/Reviews</b> |     |
|---------------------------------|-----|--|-----|
| ISMS                            | ISS | ISMS   | ISS |
| 10                              | 8   | 10   | N/A |

| <b>Feeling that there were people who would actually help them</b> |     | <b>Feeling in control over their future</b> |     |
|--|-----|---|-----|
| ISMS   | ISS | ISMS  | ISS |
| 17   | 7   | 13  | 7   |

| <b>Taking responsibility for their own actions</b> |     |
|--|-----|
| ISMS   | ISS |
| 18   | 9   |

**Figure 8.8. Perceived changes in attendance rates**

| <b>Keeping appointments (medical services)</b> |     | <b>Keeping appointments (non-medical)</b> |     |
|--|-----|---|-----|
| ISMS   | ISS | ISMS                                      | ISS |
| 11   | N/A | 12  | 6   |

| <b>Attending education/employment</b> |     | <b>Attending Court</b> |     |
|---------------------------------------|-----|------------------------|-----|
| ISMS                                  | ISS | ISMS                   | ISS |
| 17                                    | 9   | 7                      | N/A |

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