

GOOD PRACTICE

Intensive Support and Monitoring

Introduction

For some of our most vulnerable and troubled young people, the appropriate and proportionate help that they require is an intensive package of support;

The intensive nature of that support will require that it be provided by a number of agencies working together;

For some of those young people, that intensive package of support may require to be supplemented by a condition of a supervision requirement that restricts their movements and electronically monitors whether that restriction is adhered to.

This can be achieved using a movement restriction condition as part of a supervision requirement with intensive support, or, for the purposes of this document, **Intensive Support and Monitoring**¹.

This document outlines the roles and responsibilities, and the process and procedures to be followed when a children's hearing imposes a movement restriction condition (electronic monitoring) on a child or young person.

The document is for all those practitioners and managers working with children and young people who may be made subject to or who are subject to a movement restriction condition (electronic monitoring) by the Children's Hearings system such as children's reporters, panel members, social workers, teachers, police officers and social care and residential staff.

This document explains what Intensive Support and Monitoring is, how to plan for and how to use Intensive Support and Monitoring. It sets out what is legally required by the Intensive Support and Monitoring Regulations 2008, the Children (Scotland) Act 1995 and good practice when using Intensive Support and Monitoring. This document is intended as guidance. It does not provide a definitive interpretation of the legislation, and where necessary, independent legal advice should be taken.

The document also sets out the essential elements of an intensive support service (without the electronic monitoring) for any child or young person identified as needing one.

This good practice document has been produced by the Scottish Government in consultation with a wide range of professionals, drawing on experience from phase 1 of Intensive Support and Monitoring (April 2005 – March 2008) which was implemented across seven local authorities in Scotland.

¹ For the purposes of this document Intensive Support and Monitoring and Movement Restriction Condition with intensive support, or a MRC, are essentially one and the same.

Getting it Right for children who pose a high risk

The Scottish Government has produced a good practice document on multi-agency responses to managing high risk young people. It covers our expectations of what agencies should do with regard to information sharing; monitoring of activity and measuring progress and risks; ensuring transition plans are in place for those likely to need support from adult services and ensuring there is continued supervision within the children's hearings system for those that have reached 16 years of age who present a future risk but are not offending at that point. This document should be read in conjunction with the document, *Getting it Right for children who pose a high risk: Good practice* (available on the Scottish Government website.)

The child's plan

It should be kept in mind whilst reading this document that a child's plan should be in place in respect of any child or young person going to a hearing who needs one. The plan should help identify and meet needs. In respect of young people who are considered high need and/or high risk, the plan should identify risks, and include how they will be managed and what is required to reduce them. Further information on how Intensive Support and Monitoring can be incorporated are set out in parts 2 and 3 of this document. For further information on the child's plan more generally please see the document, *Guidance on the child's or young person's plan*: <http://www.scotland.gov.uk/Publications/2007/02/16155146/0>

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Part 1

What is Intensive Support and Monitoring?

A movement restriction condition is a condition of a supervision requirement that;

- **restricts a child's movements in such a way as may be specified by the children's hearing; and**
- **puts a duty on the local authority to prepare a plan for providing intensive support to the child.**

Intensive Support and Monitoring is the name given to this entire disposal for the purposes of this document.

A movement restriction condition is not about punishing children or young people. It aims to give them the support and boundaries they need to change their behaviour, reduce the risks to themselves and others and help them reach their potential. Intensive support is maintained as a requirement of a movement restriction condition in the Children's Hearings system as set out in the Intensive Support and Monitoring (Scotland) Regulations 2008 (the 2008 Regulations.)

Who is Intensive Support and Monitoring for?

Intensive Support and Monitoring is aimed at children and young people who are high need and/ or high risk and who meet the criteria set out in Section 70 (10) of the Children (Scotland) Act 1995 (the 1995 Act)

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1

This measure strengthens the role of the Children's Hearings system and professionals by providing a robust and flexible option for supporting the most troubled and troublesome children and young people while keeping them in the community².

A MRC can be imposed on any child or young person in the Children's Hearings system including 16 & 17 year olds whose cases are being dealt with by the children's hearing. There is no lower age limit for a MRC set in the regulations. However, we would not expect that a child or young person aged under 12 years would be made subject to a MRC, given their likely capacity to engage with interventions.

This document sets out the legal requirements and good practice when planning for and implementing Intensive Support and Monitoring.

² Where this document refers to "in the community" it means young people living with their families, in residential units, on leave from a secure unit and any other residence which is not secure

Why use Intensive Support and Monitoring?

Experience from the first phase of Intensive Support and Monitoring showed that it was most effective at meeting needs and reducing risks when the child or young person received intensive support during the assessment, movement restriction period (electronic monitoring) and the “relapse/ prevention” periods of Intensive Support and Monitoring.

This is supported by the findings of the evaluation of the first phase, “Evaluation of the Intensive Support and Monitoring Services within the Children’s Hearings system <http://www.scotland.gov.uk/Publications/2007/12/07154352/0>

This is why a local authority is required to prepare a plan for providing intensive support to the child or young person when a MRC has been made.

A MRC seeks to provide a robust and well supervised structure within which comprehensive work can take place to address a child or young person’s needs and behaviours. It may remove the need for secure care while supporting the child or young person when they are at home with their family or in the community. However retaining a high risk young person within the community can bring risks, both to the child or young person, and to the community. As well as meeting individual needs, good practice requires agencies to identify and manage those risks.

The electronic monitoring element of the MRC monitors whether or not the child or young person is where he/she should be at specific times. It can also be set up to monitor that he/she is not present at certain locations where it is undesirable for him/her to be. It provides a structure for accountability between the child or young person and his/her family and/or intensive support provider. It is important to be clear that the electronic monitoring does not physically *prevent* a young person leaving a residence nor keep them away. It monitors whether they are in a specified place (normally their residence) at a specified time and alerts the provider if that person leaves during their restriction period. Therefore it is clear that the young person and their carers must understand the conditions of their MRC and make a personal commitment to comply with them. Positive engagement is needed to ensure this happen.

Who might benefit from Intensive Support and Monitoring?

To be considered for Intensive Support and Monitoring a child or young person has to meet the conditions set out in Section 70(10) of the 1995 Act, the same criteria used for admissions to secure accommodation. These are that the child:

(a) having previously absconded, is likely to abscond and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or

(b) is likely to injure himself or some other person.

If a child or young person meets this criteria, the Children's Hearing may then consider whether a condition restricting movement would be an appropriate disposal.

Evidence from the first phase of Intensive Support and Monitoring showed that the majority of young people considered for the package had lifestyles fraught with constant change and unrest, which undoubtedly had an effect on the success of the order. Therefore contingency and respite arrangements and the availability of rapid relapse prevention services may be crucial to success (more about this in Part 3).

Within the structure intervention which Intensive Support and Monitoring provides, work can take place to engage with the child or young person and address the factors which contributed to the need for Intensive Support and Monitoring.

These factors may include;

- Offending behaviour
- High risk behaviour
- Alcohol or drug misuse
- Family and relationship breakdowns;
- Education and training deficits; and
- Mental and physical health care deficits.

Diversity

Agencies should identify and give due consideration to diversity issues – whether, in respect of either the child or the actual or potential victim, there are gender, age, sexuality, racial, religious, disability or any other issues which may lead to unfair and unlawful discrimination which affect the assessment and the management of risks.

Statutory criteria

The legal structure for Intensive Support and Monitoring

A children's hearing may consider that compulsory measures of supervision are necessary in respect of a child or young person because of the risks or needs identified in the child's plan.

Section 70 of the Children (Scotland) Act 1995 (as amended by Section 135 of the Antisocial Behaviour etc (Scotland) Act 2004) enables children's hearings to impose as a condition of a supervision requirement, a "movement restriction condition" the meaning of which is set out a Section 70 (11) of the 1995 Act as: a condition;

(a) "restricting the child's movements 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 (a) above as may be so specified.

Section 135(2) amends section 70(9) of the 1995 Act to enable a children's hearing to provide for a child or young person to be kept in secure accommodation or alternatively to impose a movement restriction condition. In either case the children's hearing must be satisfied that the child or young person meets the criteria for secure accommodation, as set out in Section 70(10) of the 1995 Act. These are that the child:

(a) having previously absconded, is likely to abscond and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or

(b) is likely to injure himself or some other person.

If a child or young person meets the secure criteria, the children's hearing can then consider whether a condition restricting movement would be an appropriate disposal for that child or young person.

Statutory responsibility

Section 136 of the 2004 Act provides that local authorities have a duty to implement the decisions of children's hearings contained in supervision requirements. It also allows the children's hearings to ask the Reporter to apply for an order from the sheriff court requiring a local authority in breach of its duty to perform that duty. Section 136 sets out the procedures to be followed.

The legislation for restriction of movement in the 2004 Act is set out in Annex A. Scottish Ministers have made regulations - The Intensive Support and Monitoring (Scotland) Regulations 2008 - as to the provision of the arrangements for an MRC. These regulations are attached at Annex C.

Part 2

Planning for Intensive Support and Monitoring

This section outlines legal requirements and good practice in relation to planning for a movement restriction condition through the children's hearings system. The good practice elements of this guidance are informed by the first phase of Intensive Support and Monitoring (2005-2008.)

Multiagency working

The evaluation of the first phase of Intensive Support and Monitoring found that effective implementation of intensive support with an electronic monitoring is a multi-agency responsibility. A MRC with intensive support will only help the child or young person reduce the risk that they present, provide alternative opportunities for them to reengage in their community and get their lives back on track if the decision to impose and sustain the MRC and intensive support is owned by all the relevant agencies. Therefore it is good practice to adopt multi-agency working practices.

Commissioning and arranging availability of services

It is good practice for agencies to develop access to an appropriate range of services with the range, capacity and expertise to meet the needs of the children and young people as set out in each child's plan. This planning should be reflected in wider local authority planning mechanism, such as community planning partnership work.

Agencies providing intensive support must demonstrate that they have the capacity, knowledge and skills to work with the child or young person and their family to the extent that Intensive Support and Monitoring requires.

Out of hours and crisis response service

An out of hours and crisis response capacity is an essential and **legally required** element of Intensive Support and Monitoring and must be made available by the local authority 24 hours per day, 7 days per week (see regulation 4 (3)(b)). This ensures that there is no time when a child or young person subject to a MRC, their family or carers and other professionals working with the child or young person are without support.

As a matter of good practice the out of hours and crisis response service should provide;

- immediate advice and assistance when contacted;
- follow up counselling or action and face to face involvement to address crisis and introducing alternative problem solving approaches; if necessary this should be available immediately
- access to respite services (residential and non-residential);

- appropriate response to the electronic monitoring contractor in the event of non-compliance with monitoring out with normal working hours.

To be effective and meet the needs of the child or young person, it is essential that the crisis response service is fully engaged with each case and is familiar with the status of each case at all times so that their response can be well informed and appropriate to the circumstances.

More information is provided in Part 3

It is good practice for agencies who are considering using Intensive Support and Monitoring to:

- Identify the **likely level of Intensive Support and Monitoring provision** which will be necessary for those children or young people meeting, or at risk of meeting the section 70 criteria using statistics on historic secure care use and the child's plan;
- Identify the **potential provider of each element of Intensive Support and Monitoring**, whether from within the local authority, the health service or third sector;
- Identify the capacity of providers currently operating (whether directly provided or purchased) to make a dedicated contribution to meeting the needs of these children or young people, and secure that contribution through negotiation and service level agreements or protocols;
- Using the child's plan, identify gaps in Intensive Support and Monitoring availability, define the service developments necessary to remedy these deficits, with likely cost and potential provider agencies. The capacity for joint service development between inter-site partnerships should be assessed;
- Define local training requirements applicable to services individually and jointly in order to support a child or young person on a MRC, ensuring that MRC principles and practice are well understood and incorporated into casework;
- Specify the expectations relevant to the provision of a MRC, along with arrangements for case recording, data collection and information sharing in line with Getting it Right for Every Child, and ensure that necessary contracts, service level agreements and protocols are in place to underpin service provision;
- Approve service monitoring and reporting arrangements to ensure effective performance measurement, and appropriate evaluation of the work by inspectorates, in line with the good practice set out in the document; "Getting it Right for children who pose a high risk";
- Ensure that effective individual case management is in place, to ensure that compliance with Intensive Support and Monitoring is maintained and good practice followed in all service engagements;
- Ensure that any alteration to the proposed level, pattern and content of the movement restriction condition must be recorded in the child's plan, agreed with other professionals working with the child and be reviewed by the children's hearing where appropriate.

Part 3

Implementing Intensive Support and Monitoring

This section outlines legal requirements and good practice in relation to implementing a movement restriction condition through the children's hearings system. It is divided into 5 sub-sections;

- Child's or young person's plan,
- The lead professional,
- assessment
- essential components of Intensive Support and Monitoring
- Electronic monitoring

The good practice elements are informed by the first phase of Intensive Support and Monitoring (2005-2008.)

Child's plan

As explained in the introduction to this document, the child's plan should be in place in respect of any young person going to a hearing who needs one. The plan should help identify and meet needs of the child or young person. In respect of young people who are considered high need and/or high risk, the plan should identify risks, and include how they will be managed and what is required to reduce them. As such the plan is an integral part of implementing Intensive Support and Monitoring.

Different agencies are at different stages in implementing the changes aspired to in Getting it Right for Every Child. However, there is an expectation that reports for Reporters and/or children's hearings will have been developed in a way which addresses key elements of planning. These are that:

- all the relevant needs of the child have been considered. The assessment triangle in the Plan Guidance focuses what is needed for the child's development and wellbeing.
- all relevant agencies and adults in the child's network and where appropriate the child have been consulted about the plan

It is also expected that reports will contain information about the planning for the child. These are that:

- there is a clear indication of who will do what to help the child or young person and what is expected of the child or young person and the family;
- there is a detailed analysis of both needs and risk and a clear plan to meet need and mitigate risk;
- there are specified outcomes and milestones identified to enable progress to be measured and a review date to be set as appropriate;

- there is information about when and how the child or young person and his/her family were involved in the planning, what their views are and how those views have been taken into account against what is being proposed;
- there is agreement by all relevant agencies, adults in the child's or young person's network and where appropriate the child or young person to securing what is proposed and a commitment to make sure that what is proposed will be undertaken or, if there is disagreement, an explanation of who disagrees and why and of the justification of the proposed action.

Regulation 4 of the 2008 regulations stipulates that a local authority should ensure that a child's plan is produced which sets out how a child's needs will be met when implementing a MRC. As good practice, and where possible, this should be done using the single plan as aspired to by Getting it Right for Every Child.

The role of the lead professional

Children and young people should get the help they need when they need it. Professionals and agencies should do what is required to help the child. A lead person/professional will be required where there is a need for multi-agency involvement. They will co-ordinate activity and ensure action happens to improve the child's situation.

The lead person/professional will be the individual best placed for ensuring the co-ordination of action for the child. Action should be appropriate, proportionate and timely. Therefore the child's or young person's needs will determine the individual who is best placed as well as the input required from agencies involved in the child's or young person's life. It is likely that in many cases, the lead person/professional may be working in the statutory sector, although persons appointed may also come from the voluntary sector. The views of the child or young person and the lead person/professional should also be taken into account. The person designated should be an individual with whom the child or young person and his/her family can communicate.

When considering a movement restriction condition, it is good practice for the lead professional to:

- Draw up and be responsible for the review of the child's plan in line with the requirements in the 2008 Regulations, to provide clear guidance as to the role of all agencies working with the child or young person and his/her family/carer, seeking advice as required from line management and other professionals;
- Negotiate provision of the required level of intensive support from within the local authority, health service, education and training providers and third sector to meet each child's needs, and ensure that service provision, whether directly provided or through partnership arrangements, is suitably defined in protocols, service level agreements or contracts;
- Put in place contract management and performance monitoring arrangements;

- Ensure arrangements are in place for case recording, data collection and performance reporting on the part of all participant services to ensure each child's needs are met and good outcomes are achieved;
- Ensure that protocols are in place for information and data sharing between services;
- Be familiar with the principles of Intensive Support and Monitoring and be able to plan, implement and monitor this challenging programme and engage the child or young person and his/her family/carers in this process;
- Ensure that the programme of interventions is implemented timeously and to an appropriate standard and co-ordinate multiple service interventions where this is required;
- Liaise with the electronic monitoring contractor with regard to implementation of monitoring arrangements, checking compliance and initiating changes to monitoring arrangements as appropriate;
- Manage the process of ongoing assessment (using YLS, ASSET or other appropriate tools as set out in the good practice document "Getting it Right for children and young people who pose a high risk", or in non-offence cases other suitable assessment tools), regular review and regular reporting to the children's hearing, including recommending amendment or termination of the movement restriction condition where and when appropriate.;
- Ensure continuity of planning and service provision beyond the duration of Intensive Support and Monitoring.

On a frequent basis, the lead professional should:

- review the MRC arrangements on a weekly basis with the young person, family/carers and the support and monitoring service providers;
- evaluate progress and report regularly on progress to other professionals working with the child or young person and report to the children's hearing where appropriate with recommendations as necessary;
- provide direct one to one support as part of the child's plan as appropriate;
- plan with other professionals continuing service involvement which may be required beyond the MRC, as identified in the child's plan.

Assessment

Pre- Assessment Screening

Experience from the first phase of Intensive Support and Monitoring showed that using a screening process to identify whether a child or young person is suitable for a MRC was beneficial. This process should include an assessment of whether he/she meets the legal criteria set out in Part 1 of this document. If it is considered that the criteria are met, then an assessment to establish whether the child or young person is suitable for and would benefit from Intensive Support and Monitoring should be commissioned. It may be possible to undertake this work by using processes that local areas already have in place.

Therefore the main elements of the pre-assessment screening process are;

- whether the legal criteria for a MRC have been met;
- proportionality of response to need and risk;
- appropriate use of structured needs assessment (including ASSET/YLS or other tools where appropriate) with suitable planned programme content;
- full assessment of any risks, with appropriate risk management proposals; and
- appropriate use of electronic monitoring and technical assessment if required

Assessment is an essential part of Intensive Support and Monitoring for the following reasons;

- to ensure the **legal criteria for a MRC have been met;**
- a MRC is intensive, demanding and necessarily intrusive on the rights of the child or young person and his/her family or other carers. It therefore needs to be justified by a robust assessment which establishes that it is a **proportionate response** to the seriousness of the circumstances. If the need for a MRC is not established through assessment, then the use of such a response could be deemed to breach the rights of the child and other parties. The assessment should identify a MRC as the most suitable, commensurate means to safeguard the individual welfare of the young person and/or to reduce most effectively the risk to the young person or the risk to the wider community arising from his/her conduct;
- to promote welfare, positive influence on thought and behaviour and to manage and reduce the risks, Intensive Support and Monitoring should be based on a **systematic assessment of needs** which can lead to comprehensive programme planning and implementation;
- a tightly monitored and structured community programme carries a number of factors of risk, including risk to the young person subject to the MRC - whether from self, family/carers or wider community. On the other hand the risk may be from the young person's behaviour towards those around him/her. The **level and nature of risk** should be assessed in order that Intensive Support and Monitoring may be implemented where appropriate with awareness of risk factors and with effective management of those risks; and

- Electronic Monitoring is suitable for most family homes; however where it is being considered that the child or young person may be restricted to, or from, larger type accommodation such as a Children's Residential Unit an electronic monitoring technical assessment may be required. Advice should be sought from the Electronic Monitoring Contractor.
- The child or young person and their family/carers must agree that electronic monitoring equipment can be installed in their home/residential unit.

The assessment process to consider whether a MRC is appropriate can be supported by two elements of good practice;

- Firstly, the use of structured, validated assessment tools which promote confidence in the comprehensiveness and reliability of the assessment.
- Secondly, a process of pre-hearing screening of all assessments when a MRC is under consideration ensure that the assessment has been comprehensive and appropriate conclusions drawn.

Assessment Tools

The guidance on the child's plan contains an assessment triangle which focuses attention on the child or young person and what is needed for his/her development. The plan should also contain the information required to manage risks posed by the child or young person. In addition to the child's plan other assessment tools may be used.

ASSET or YLS should be used in the vast majority of assessments of a young person being considered for a MRC primarily on offending grounds. The strength of ASSET and YLS are in the analysis of service needs which the young person may have. Additional assessment of risk factors should be carried out to ensure that the ASSET or YLS needs assessment is balanced by comprehensive risk evaluation. This should be carried out in line with the good practice document, "Getting it Right for children and young people who pose a high risk." Assessment should also separately ensure that legal criteria are met, and that any proposal for a MRC is proportionate to the needs and/or risks relating to the young person.

It may take some time to carry out the comprehensive assessment required for an MRC, in order to identify needs and risks and develop a suitable and robust management plan. The experience from the first phase of Intensive Support and Monitoring suggests that this should take a maximum of 6 weeks. However where a young person is known to professionals, less time may be needed. As a matter of good practice, intensive support should be provided during the assessment period.

Assessment – for a child or young person not involved in offending

In certain circumstances, the children's hearing may consider that a MRC is necessary to address the needs of a young person who is not involved in offending. In such cases, ASSET or YLS will not be the most appropriate tool. The local authority's existing assessment procedures for children and young people should be used in these cases.

Assessment for a MRC is intensive for the child or young person and his/her family, who may receive daily contact and intensive support. In the first phase of Intensive Support and Monitoring, in some cases the support provided through the assessment period altered the behaviour of the child or young person, negating the need for a MRC as the child or young person no longer exhibited the acute challenges that led to the assessment being commissioned. As a result, subsequent to the assessment the child or young person no longer met section 70 requirements and therefore did not meet the criteria for a MRC.

However, in the first phase of Intensive Support and Monitoring, the assessment indicated that there would be a relapse if the intensive support was withdrawn at the end of the assessment period. Therefore, continued intensive support or a MRC may be helpful to allow tentative changes to embed.

Compliance with assessment

Effective compliance from the child or young person during the MRC assessment process will not be straightforward in all cases. Secure care or community based alternatives, such as a MRC, are likely to be considered in cases where the child or young person has previously been uncooperative with support and supervision. The child or young person may have a chaotic lifestyle and/or substance misuse issues which may make it difficult to plan for and meet the needs and address the risks of the child or young person.

Role of the assessor

The assessor will require to motivate, engage, organise and support the child or young person throughout the assessment process. If carried out successfully, this process will lay good foundations for the MRC, both by ensuring that the assessment is well conducted, and also by establishing a positive working relationship with the child or young person.

These factors may extend beyond the child or young person and include their family and/ or carers. It is good practice for the child's plan to be jointly agreed between the child or young person, their parents and professionals (ideally and where possible the lead professional.) Their views should be taken into account but occasionally professionals may insist on or recommend something to which parents or young people, object. However, feelings of anxiety or frustration, or a sense of risk, may all impair their capacity to contribute. There is likely to be a background of sustained or intermittent involvement with local authority services - which can be both advantageous and disadvantageous to the process of engaging with the child or young person and his/her family/carers in the assessment. The legacy of this case history may be that there is an existing or potential working relationship which can be built upon - but may also contribute to feelings of antipathy or disillusionment. Additionally, the assessment may itself be complex and may involve a number of different agencies and services (for example, health, addiction, education and employment training for example) who require to contribute to the process.

The assessor will normally require to work with family/carers through the assessment process. This will seek to ensure that;

- they are fully aware of the nature and implications of a MRC, including the technical component of electronic monitoring;
- their support and co-operation is secured, and they are convinced that the child or young person's needs are being appropriately met;
- they recognise the extent of support and assistance which will be available, including help in times of crisis.

The opportunity to develop an alternative to the perceived 'last resort' of secure care and to remain and be supported in their community will motivate some children and young people and their families and/or carers. The structure and intensity of a MRC will also have an appeal to those who see a need to make changes in their current circumstances and acknowledge their need for support to achieve this objective.

If the MRC is to be used as a tool to support and supervise a young person leaving a secure unit, the assessment may be carried out within a secure environment. Some young people may be able to leave secure care earlier than expected if the right support and supervision are in place. It will be critical in these cases that families and/or carers buy into the assessment process.

The assessor will need to take into account the confusion and chaos that is characterised by these children, young people and their families. An important part of the assessment will be to explore what crises could be expected and consider what solutions and contingency plans should be written into the child's plan. These contingency plans should cover the electronic monitoring element as well as the intensive support.

The consequences of non-compliance will in most cases be referral to a children's hearing to consider other appropriate options, one of which may be secure accommodation.

Essential Components of Intensive Support and Monitoring

Support services for Intensive Support and Monitoring will normally have five main components;

- A range of **structured intervention services** for the child or young person, as identified in the child's plan;
- Full time **education and training** opportunities;
- Access to 24 hour/7 day support which will be able to provide **intensive support and crisis intervention** for the child or young person and family/carers out with the hours of normal structured intervention. This will also be available to advise the electronic monitoring contractor on issues arising out with normal working hours;
- **Respite and 'time-out'** options (including staying with other family members or carers) (residential and non-residential) which can provide respite both as part of planned service intervention and as a crisis response.
- The need to plan for **continuity of support** beyond the duration of the movement restriction condition to ensure that the foundations laid are built upon. This should include a relapse prevention period.

It should be noted that the only **legal requirement** for intensive support, which must be provided by the local authority, is set out in Regulation 4, namely the provision of a crisis response service (24 hour/7 day support) including a telephone contact facility. The other components above are good practice. However Regulation 4 also states that the child's plan should "address the immediate and longer term needs of the child with a view to safeguarding and promoting the child's welfare" and that the plan must include arrangements for review of the plan.

Structured intervention services

Local authorities should work cooperatively (Education, Community Safety, Community Education & Youth Work) and with local partners, such as the third sector and health boards, to ensure that support for children and young people, including support of an intensive nature, is in place. These services and options should be incorporated into the child's plan where they are identified as meeting the needs and reducing the risks of the child or young person.

The main components of the structured intervention may include the following (to be used selectively within case plans according to the specific needs of the young person's circumstances):

- Individual one to one counselling and support;
- Alcohol and drug interventions which are age specific and will include a suitable range of approaches, from prevention and awareness raising, through early interventions to rehabilitative work with dependent substance users.
- Where effective, group work programmes, especially in respect of offending behaviour, but also able to cover more general themes, for example, of personal development, cognition and problem solving approaches.

- Where core needs relate to offending behaviour (and possibly in other circumstances also) programmes which raise victim awareness and provide opportunities for reparative work of individual and community benefit
- A health component, covering physical and mental health, which not only identifies and treats current health needs but also tackles health awareness and health promotion in fields such as sexual health, addiction, diet and exercise.
- Work with families and relevant carers, separately and together with the young person, to enhance the support context, address relationship issues and create a platform for continuing positive support.
- Social and leisure activities to promote constructive use of time.
- Mentoring, to support and sustain the young person through Intensive Support and Monitoring and beyond.

Education and Training

When a child or young person is subject to a MRC, the education and training needs as identified in the child's plan should continue to be met by the local authority. Education and schools are key partners in the delivery of the intensive support element of Intensive Support and Monitoring.

A child or young person subject to a MRC may have a history of finding education difficult, leading to challenging behaviour and possibly exclusion. Evidence from the first phase of Intensive Support and Monitoring has shown that an imaginative use of a combination of the intensive support and education agreed between relevant professionals may motivate the child or young person to re-engage with mainstream provision. The child or young person retains his/her right to appropriate educational provision and this should be provided in whatever way is most effective for the individual.

Intensive support and crisis intervention services

The use of intensive support should not be limited to a MRC. Local authorities should provide intensive support to any child or young person who needs it. This may be part of a supervision requirement, but is not restricted to compulsory measures. Intensive support can be part of preventive work in the spectrum of children and family services available locally.

Where a MRC is in place, intensive support must be provided in line with the Intensive support and Monitoring (Scotland) Regulations 2008

The level and nature of support a child or young person receives will be determined by the needs and risks identified in his/her child's plan. When a child or young person is subject to a MRC, this support may vary, with greater intensity in early stages, reducing as objectives are met. As a MRC is intended for children and young people with the most intensive needs, and who may pose a high risk to others

and/or to themselves, so it is expected that support will be time-intensive and challenging. A MRC is creating a level of service engagement which would normally be expected in a secure residential context. As a guide it would be expected that programmes, **in their most intensive phases**, would incorporate around 30 hours of direct work involving the child or young person individually or jointly with family or carers. In some very challenging cases, more input may be required. This is in addition to the child's or young person's right to appropriate educational provision as set out in the second essential component above and does not include time which requires to be devoted separately to the support and assistance of family and carers.

Out of hours service and crisis response

The 24 hour/7 day and crisis response capacity may build on existing services with this capacity - such as "out of hours" social work services, existing extended hours support services or residential services. This is a **legal requirement** under the 2008 Regulations. It is important however that their contribution to Intensive Support and Monitoring is planned and implemented in a way which is specific to the child's plan. In many instances this will call for more focused, intensive and sustained engagement than may be current practice. This element of Intensive Support and Monitoring must connect closely to the total pattern of support and supervision and the provider(s) of the service are an integral part of the total programme development. Learning from the first phase of Intensive Support and Monitoring suggests that the agencies or services providing intensive support are likely to be best placed to provide the 24/7 support as they will have a knowledge of and a relationship with the young person and his/her family.

It is likely that the majority of incidents of non-compliance will take place during out of office hours. Robust arrangements to ensure a speedy response to reports of non-compliance, for example from the electronic monitoring contractor; parents; residential homes or members of the public, are essential for the public's; the children's hearings' and stakeholders' confidence in the effectiveness of Intensive Support and Monitoring.

Police

Each local authority area should develop and expand on its existing protocols for reporting missing young people to the police. It is essential that local police stations have clear, effective communications with the key people involved in Intensive Support and Monitoring, know who to contact and what the processes are if it comes to their attention that a young person has not complied with his/her MRC. **It should also be made clear that non-compliance with a MRC is not an offence.** The police have no additional powers where a child is not complying with a MRC, however Section 82 of the Children (Scotland) Act 1995 will apply as usual, and the child can be arrested without warrant, if the child has absconded from a residential establishment (in the event that the MRC restricts the child or young person to that establishment.)

Respite, time out and contingency planning

Respite and 'time out' may provide back up to the structured intervention and should be seen as an integral part of the MRC. Whether as a planned arrangement, or as a crisis response, respite should be considered as part of a movement restriction condition as a matter for good practice.

Evidence from the first phase of Intensive Support and Monitoring showed that the majority of young people considered for the package had lifestyles fraught with constant change and unrest, which undoubtedly had an effect on the success of the order. It is therefore suggested that, as a matter of good practice and where possible, contingency arrangements should be written into the MRC from the outset, taking account of the young person's identified needs. Assessment of family circumstances should be taken into account when considering these arrangements, including the support that can be put in place to help the family or carers support the young person. It should be made clear who has responsibility for implementing these contingency plans and what the triggers should be.

Contact the electronic monitoring contractor for advice in relation to the technical aspects of electronic monitoring contingency planning. See **Part 5**.

Where a young person requires contingency arrangements, the appropriate checks need to be made on the responsible individual at the second residence in line with the Fostering of Children (Scotland) Regulations 1996. The views of the child and the child's parents should also be taken into consideration.

Consideration of respite and contingency planning is set out in regulation 7 of the 2008 Regulations. It should be noted however that legally the Hearing is only required to impose respite and contingency arrangements as part of a MRC if it considers it necessary in the child's case.

Continuity of support

The children or young people who need the level of intensity of support provided by Intensive Support and Monitoring will have many needs and may present a serious risk to themselves or others. Evaluation from Phase 1 of Intensive Support and Monitoring demonstrates that these children or young people and their families respond positively to the intensive support offered. **It is important that this support is not removed in its entirety as soon as the child or young person starts to settle and change their behaviours.**

If the child or young person is to continue to do well then they will require consistency of relationships and a transition from intensive support to other provision. Work on desistance suggests that this is not a smooth process; there will be lapses and relapses and the young person will continue to need support to manage these. **It is therefore important that the intensive support is integrated with other services who can continue to provide support when the need for the intensive phase has passed.**

The responsibilities for continued support should be clearly set out in the child's plan, with contingency plans in place to address relapses.

Summary – essential elements

In relation to all five of the essential components, attention should be paid not only to the content of the input but also the manner in which it is presented and made available, particularly where extended family or carers are providing the support. This should include:

- consistent modelling of pro-social behaviours;
- consistent expectation of accountability by the child or young person and challenging of unacceptable responses and non-compliance;
- clarity of purpose and consistency in approach with close co-ordination and co-operation between services where there are multiple service inputs;
- reliability of response and flexible availability of services to meet the needs of the case;
- services may be expected to be provided from within existing service capacity where this exists and from newly developed or commissioned services. Relevant experience and expertise can be drawn on from within the local authority and from contracted external providers.

Part 4

What is legally required?

This section sets out what is legally required when a Children's Hearing imposes a MRC as part of a supervision requirement.

This document provides information on how best to implement Intensive Support and Monitoring. This section clarifies;

- the legal provisions in relation to a MRC;
- the legal provisions in relation to the preparation of a child's plan;
- the best practice guidance in relation to the detailed content of the child's plan; the services to be provided as part of that plan; the inter-agency arrangements to underpin the use of the MRC; the hearing considering such a plan before making a MRC; and the provision of intensive support where there is no MRC.

Legal provisions in relation to a MRC;

- From 1 April 2008 all powers to use Intensive Support and Monitoring will be available to children's hearings across all local authorities in Scotland;
- Only a children's hearing can impose a MRC;
- Before imposing a MRC, the children's hearing must establish that the young person meets the criteria for secure accommodation set out in section 70(10) of the Children (Scotland) Act 1995;
- The regulations specify the electronic monitoring contractor and the devices they will use;
- The local authority must prepare a child's plan which, in terms of regulation 4 of the 2008 Regulations, shall:
 - address the immediate and longer term needs of the child or young person;
 - include details of the services which are to be provided relative to a MRC, in particular, the provision of, or means of accessing, alternative accommodation; the provision of a crisis response service and the arrangements for evaluating the child or young person's participation and co-operation in relation to the child's plan (including written reports;)
 - arrangements for review of the child's plan (arrangements for the reviews of the MRC are explained below;) and
 - a copy of the plan should be provided to the Principal Reporter (*Regulation 4 of the 2008 Regulations.*)

- The arrangements for review of a MRC are the same as that for secure accommodation and are set out in section 73 of the Children (Scotland) Act 1995;
- The Hearing must designate a local authority officer and a monitoring compliance officer (usually a designated person within the electronic monitoring contractor) to monitor the child's compliance with all conditions in the Supervision requirement and review these weekly (*2008 Regulations, regulation 5;*) and
- Section 70 (12) of the Children (Scotland) Act 1995 gives Hearings the power to impose prescribed conditions when imposing a MRC as part of a supervision requirement. Regulation 7 of the 2008 Regulations sets out conditions relating to a MRC which the Hearing shall impose if they consider it necessary in the child's case.. However, these conditions are not mandatory (although as a matter of good practice, the conditions at regulations 7(a) and (b) which require the MRC to state accommodation and restriction periods would appear to be essential components of a MRC.)

It is good practice for;

- The local authority to implement all the services set out in the child's plan;
- The Hearing to consider the child's plan fully before imposing a MRC as part of a supervision requirement;
- The Hearing to include in the MRC as part of the supervision requirement arrangements for review of the MRC in addition to those specified in section 73 of the Children (Scotland) Act 1995;
- The Hearing to provide for legal representation for the child or young person at the point they are being considered for a MRC; and
- In implementing Intensive Support and Monitoring the service should be delivered with multi-agency working practices.

The electronic monitoring contractor – contract requirements:

Under the current contract with the Scottish Government the electronic monitoring contractor must;

- install the monitoring equipment within 24 hours of being notified of the MRC;
- ensure that when installing equipment on a person under the age of 16 the tag must be fitted by a female officer.

The electronic contractor – good practice:

The **electronic monitoring contractor** may (but is not legally required to);

- provide daily updates on the child's non compliance with the MRC;
- ensure that installation is arranged in consultation with the Lead Professional and normally occurs on the same day the MRC is imposed.

Part 5

Monitoring a movement restriction condition in the Children's Hearings system

Electronically monitoring a MRC can be a complex task, which may include different patterns of monitoring (*to* some locations and *from* others) and selective timing (e.g. not applying every day of the week and having different restriction times daily.)

This section defines;

- **the role of the electronic monitoring contractor;**
- **circumstances which constitute non-compliance with the MRC, what action will ensue and who will be responsible for taking the action;**
- **the relationship between the local authority and the electronic monitoring contractor.**

The role of the electronic monitoring contractor

It is the role of the electronic monitoring contractor to monitor and report on the child or young person's compliance with the Movement Restriction Condition (MRC).

Notifying the Electronic Monitoring Contractor of a Movement Restriction Condition

The electronic monitoring contractor is given a copy of the supervision requirement and it is their role to monitor whether the young person complies with the MRC. Electronic monitoring equipment cannot be installed until a competent MRC has been received by the electronic monitoring contractor. This should be accompanied by a completed *Movement Restriction Condition Information form*. This form provides the electronic monitoring contractor with information required prior to installation as well as full contact details for relevant authorities. An example of a *Movement Restriction Condition Information form* can be found at Annex B.

Installation of Equipment

The electronic monitoring contractor must install the monitoring equipment within 24 hours of being notified of the MRC. However good practice dictates that installation is arranged in consultation with the Lead Professional and normally occurs on the same day the MRC is made.

If for any reason contact with the Lead Professional is not able to attend, by default the electronic monitoring contractor will proceed as dictated by the contract as follows:

- If the child or young person is absent when the electronic monitoring contractor visits to install the equipment, they will leave information for the young person asking them to contact the electronic monitoring contractor as soon as they return home. The child or young person's parent or guardian must be present at every visit made by the electronic monitoring contractor.
- If however no contact has been made within the first five minutes of the first restriction period the electronic monitoring provider will contact the appropriate person (Social Work or Crisis Response Team) by telephone to inform them that all attempts to contact the young person have been unsuccessful.

When installing equipment on a person under the age of 16 the transmitter (tag) must be fitted by a female officer

Non-compliance - action and responsibilities

Non compliance with the MRC can be either an absence from the place of restriction, during the restriction period, presence at an address the child or young person is restricted away from, or intentional damage to the electronic monitoring equipment.

Action taken by the electronic monitoring contractor in respect of non compliance during a restriction period.

In the event that the child or young person fails to return to the restriction address at the start of a restriction period, or leaves the restriction address during the restriction period, the electronic monitoring contractor will:

- Take no action if the *absence* is less than 2 minutes.
- Telephone the Youth Justice Team and/or Crisis Response Team (or another named person within the local authority) within 15 minutes of the absence being registered to advise of the absence
- Telephone the restriction address within a further 15 minutes if the absence lasts for 1 hour
- Notify the Youth Justice Case Worker (or another named person within the local authority) within 24 hours of the absence being registered
- Telephone the restriction address within 15 minutes of *return* being registered to obtain reason for absence
- Telephone the Youth Justice Team and/or Crisis response Team (or another named person within the local authority) within 15 minutes of the return of the child or young person to advise them of the return

If the child or young person denies the absence, the electronic monitoring contractor will:

- Visit the same evening within the first hour of the restriction period but no later than midnight. Children's Hearings should bear this in mind when setting restriction times. The electronic monitoring contractor cannot under any circumstances visit the child or young person after midnight even

where it is to reinstall equipment (for example if the child or young person has damaged the electronic monitoring equipment).

If a problem with equipment is identified the electronic monitoring contractor will:

- Take steps to identify the problem and to rectify it
- Replace the equipment, if required, within 24 hours.

If no problem with the equipment is identified, if the child or young person admits to the absence, or if the child or young person fails to answer the telephone when the system shows he/she is in the restriction address, non compliance action will be taken as detailed below.

Action taken by the electronic monitoring contractor in respect of a presence at a 'restricted away from' address

In the event that a child or young person is shown to be present at a restricted address the electronic monitoring contractor will:

- Telephone the person staying at the restricted away from address within 15 minutes of the notification that the child or young person is in the vicinity to determine if the child or young person is at the address
- Speak to the child or young person if he/she is at the restricted away from address advising them that they are not complying with the terms of their MRC and they should leave immediately
- Instigate immediate non compliance action

Action taken by the electronic monitoring contractor in respect of equipment damage

In the event of a tamper alert (notification that the electronic monitoring transmitter (tag) has been interfered with in some way) or a case tilt (the monitoring unit has been moved or bumped) the electronic monitoring contractor will:

- Telephone the child or young person within 15 minutes of the tamper alert/case tilt and undertake a personal visit to carry out any repairs or replacement of equipment as necessary

If the equipment damage was caused intentionally the electronic monitoring contractor will:

- Instigate immediate non compliance action

Levels of Non Compliance

There are three levels of non compliance. Each level requires a different response from the monitoring contractor.

Level 1

Where Level 1 Non Compliance is notified the electronic monitoring contractor will:

- Initiate immediate non compliance action
- Send a Non Compliance Report to the Youth Justice Case Worker (or another named person within the local authority) within 24 hours
- Where the non compliance is due to the removal of or damage to the transmitter (tag) this will be replaced. If the child or young person damages the transmitter (tag) again, electronic monitoring *may* be suspended pending the child or young person's referral to the reporter and attendance at a hearing.

An example of a Non Compliance Report can be found at Annex B

Level 2

Where Level 2 Non Compliance is notified the electronic monitoring contractor will:

- Send a warning letter to the Youth Justice Case Worker within 24 hours.

If a second Level 2 Non Compliance is reached within a 3 month period the electronic monitoring contractor will:

- Send a warning letter to the Youth Justice Case Worker within 24 hours, advising that any recurrence will result in a referral to the Reporter.

If there is a third Level 2 Non Compliance within a 3 month period the electronic monitoring contractor will:

- Send a Non Compliance Report to the Youth Justice Case Worker and Reporter within 24 hours.

An example of a warning letter can be found at Annex B

Level 3

Where Level 3 Non Compliance is notified, the electronic monitoring provider will:

- Advise the Youth Justice Team and/or the Crisis Response team by telephone within 15 minutes
- Send a Non Compliance Report to the Youth Justice Case Worker within 24 hours

Daily Non Compliance Updates

As a matter of good practice the electronic monitoring contractor will provide daily updates of non compliance to the Youth Justice Case Worker to ensure that the Youth Justice Case Worker has current information when meeting with the child or young person.

An example of a Non Compliance Update can be found at Annex B

Authorised Absences

No authorised absences are allowed. These are tantamount to variations of the MRC, which only the Children's Hearing has the power to vary.

Variation of MRC

Only the Children's Hearing may vary the terms of a child or young person's MRC.

Termination of MRC

On written notification of the MRC ending the electronic monitoring equipment will be removed within 12 hours unless a later time is requested.

The relationship between the local authority and the electronic monitoring contractor

It is good practice for the lead professional to build formal and informal links with the contractor delivering the electronic monitoring element.

To encourage compliance with the MRC it is good practice for all agencies to work together, including the electronic monitoring contractor. Joint working and strong relationships with clear information sharing protocols are essential to success.

In order to ensure the electronic monitoring contractor receives information in respect of the client, risks associated with visiting the restriction address (if any) and relevant contact details of all agencies involved in the support of the child or young person, as previously mentioned, the *Movement Restriction Condition (MRC) of Supervision Requirement – Child Information form* should be completed and forwarded to the electronic monitoring contractor.

Contingency planning – technical possibilities

Technical opportunities can assist with planning for a child's or young person's Intensive Support and Monitoring.

As explained in Part 3 above that where possible, contingency arrangements can and should be written into the original order taking into account the likelihood of the Young Person's identified needs.

Based primarily on the risk of the child or young person being unable to remain at one particular address for the duration of the MRC, this is an option which may provide a series of options to be utilised at times of potential crisis.

It may also be used to give the child or young person and other family or household members a 'break' during what is perceived to be an extremely intense period of time.

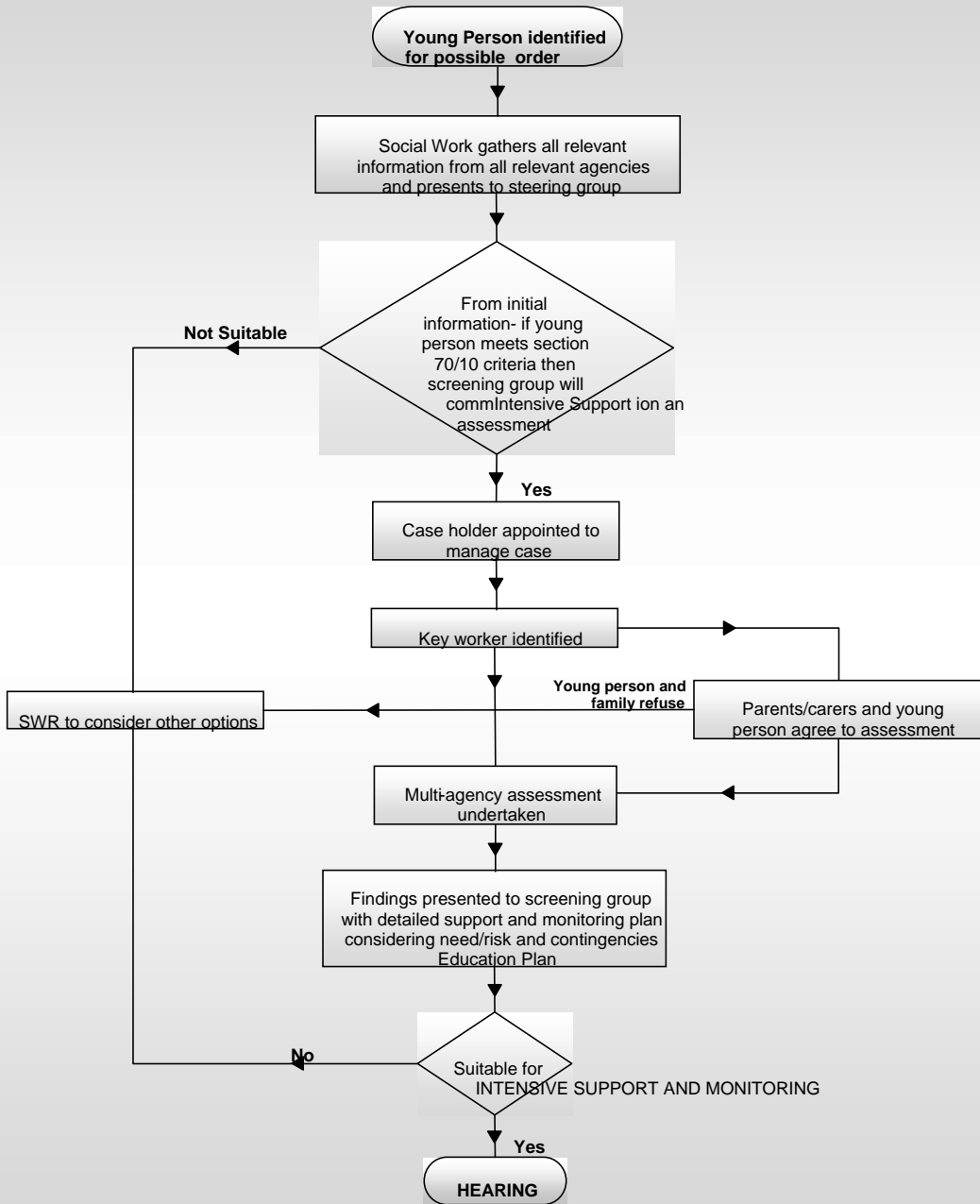
Ideally, this contingency can be written into the MRC (by virtue of regulation 7(g)) in a way that permits the child or young person to be at any given address during the set restriction times. Each specified address would have electronic monitoring equipment installed capable of picking up the child or young person's PID (tag). Therefore, as long as the child or young person is at an address with monitoring equipment installed, he/she would be complying with their MRC and feel comfortable that they have the flexibility to move to another address without incurring non-compliance action.

It may be however that each specified address is not suitable for the child or young person all the time. For example, if a child or young person has both the family home and an Aunt's address as suitable places of restriction during the MRC and it is considered suitable for the child or young person to stay in the family home at all times during his/her restriction times. However, if it is identified that the Aunt has an alcohol problem that is prevalent at the weekend this should also be considered within the MRC, i.e. the order should list both restriction addresses but not permit the child or young person to be at the Aunt's address for the duration of the weekend (regulation 7(g)). Any such notification received on the Electronic Monitoring System would initiate non-compliance action as it would be considered to be putting the Young Person at risk.

Respite care

The provision of planned respite arrangements by virtue of regulation 7(h) as part of the MRC is similar in nature to contingency planning in that it is designed to give the Youth Justice Team (or Standby Team) some flexibility should the Young Person's circumstances change in a short space of time or immediately.

REFERRAL PROCESS OF ISMS



Annex B

Useful links - including a link to Section 70 of the Children (Scotland) Act 1995 and the Intensive Support and Monitoring (Scotland) Regulations 2008.

Intensive Support and Monitoring (Scotland) Regulations 2008

http://www.opsi.gov.uk/legislation/scotland/ssi2008/ssi_20080075_en_1

Children (Scotland) Act 1995 (Sections 70-73 are most relevant)

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

Guidance on the Child or Young Person's Plan

<http://www.scotland.gov.uk/Resource/Doc/163531/0044420.pdf>

Evaluation/research reports

www.scotland.gov.uk/Publications/2007/12/07154352/6

<http://www.includem.org/docs/Includem%20ISS%20Evaluation.pdf>

http://www.scra.gov.uk/home/movement_restriction_conditions.cfm

Annex C Examples of forms to be used in the monitoring of a child

EXAMPLE

1st Warning Letter

Child/Young Persons Name
Restriction Address
.....
.....
.....

This letter is formal notification to advise you that the above named child/young person is endangering the terms of their Movement Restriction Condition by

Missing a substantial period of their restriction on the

Absences incurred by the child/young person have already been notified to you via faxed daily update(s).

Please remind the child/young person that they have consented to comply with the terms of their Movement Restriction Condition, and that complying with these terms is mandatory.

Subsequent absences could result in a further warning or a non compliance report being issued.

If you require further information or clarification on absences incurred by the child/young person, please do not hesitate to contact our Serco Liaison Officer or our 24-hour Free Phone Helpline number for advice.

Liaison Officer 01355 593379 - 24-hour Free Phone 0800 288 9890

Date: _____

Signature: _____

EXAMPLE

2nd Warning Letter

Child/Young Persons Name

Restriction Address

.....

.....

This letter is formal notification to advise you that the above named child/young person is endangering the terms of their Movement Restriction Condition by

Missing a substantial period of their restriction on the

Absences incurred by the child/young person have already been notified to you via faxed daily update(s).

Please remind the child/young person that they have consented to comply with the terms of their Movement Restriction Condition, and that complying with these terms is mandatory.

Continued absences have resulted in this 2nd warning being issued. Please be advised that any recurrence of this level of absence will result in a referral to the Reporter.

If you require further information or clarification on absences incurred by the child/young person, please do not hesitate to contact our Serco Liaison Officer or our 24-hour Free Phone Helpline number for advice.

Liaison Officer 01355 593379 - 24-hour Free Phone 0800 288 9890

Date: _____

Signature: _____

EXAMPLE - Level 1 Non Compliance Report

**Level 1 non compliance report for a young person
subject to a movement restriction condition**

client details:

SUBJECT NAME	DONALD SCOTT
SUBJECT ID	3132
ADDRESS	FLAT 2/1
	5 BROWN STREET
	GLASGOW
	G5 8SB
DATE OF BIRTH	8 TH JULY 1992

order details:

1.1 ORDER MADE AT	GLASGOW CHILDREN'S HEARING PANEL
1.2 DATE MRC IMPOSED	20 TH JANUARY 2008

1.3 DATE OF INSTALLATION	20 TH JANUARY 2008
1.4 DATE MRC ENDS	20 TH APRIL 2008
1.5 DAYS OF RESTRICTION	7 DAYS
1.6 TIMES OF RESTRICTION	20:00HRS – 07:00HRS

report details³:

1.7 PREVIOUS REPORTS	NONE
1.8 LIST OF ATTACHMENTS	COMPUTER GENERATED REPORT SIGNED AS PER SECTION 73(9)(E) OF THE CHILDREN SCOTLAND ACT

¹The Secretary of State Certification: I, Laura Palmer being nominated for the purpose of Section 73 (9)(e) of the Children Scotland Act, certify that the statement attached relates to the above named who is subject to a Movement Restriction Condition at the dates and times shown in the statement.

GENERAL BACKGROUND:

A Movement Restriction Condition was received from Glasgow Children’s Hearing Panel on the 20th January 2008, for Donald Scott. The electronic monitoring equipment was duly installed at the above named property this same day. Since commencement of this Condition Donald has incurred four time infringements totalling 2 hours 3minutes and 5seconds. These absences were dealt with according to procedures and resulted in a warning letter being issued on 7th February 2008.

The purpose of this report is to inform the relevant Authority that Donald has now incurred a Level 1 non compliance of his Movement Restriction Condition as a result of his failure to

return to his restriction address on 23rd March 2008. Details of this further non compliance are noted below and highlighted on the attached Computer Generated Report.

circumstances of violation:

23rd March 2008 @ 18:26hrs – Monitoring Officer James Robertson received a telephone call from Victoria at the Out of Hours /Crisis Response Team to advised that Donald had been out with staff that day and had ran away, therefore they were not expecting him back for his curfew that evening.

23rd March 2008 @ 20:00hrs – An “*Absence during curfew*” alert was recorded at Serco Electronic Monitoring Control Centre. Monitoring Officer Frances Green telephoned Victoria at the Out of Hours /Crisis Response Team to advise that Donald had failed to return home.

23rd March 2008 @ 21:05hrs – Monitoring Officer James Robertson telephoned Donald’s restriction address where Donald’s father confirmed Donald had failed to return home for the start of his restriction period and was not aware of his whereabouts.

24th March 2008 @ 20:05hrs – A “*Returned during Curfew*” alert was recorded at Serco Electronic Monitoring Control Centre. Monitoring Officer Paul Devine telephoned Donald’s restriction address and spoke to Donald’s father who confirmed Donald had been brought home by the Police adding that he had been at his friend’s house and was under the influence of something.

24th March 2008 @ 20:08hrs – Monitoring Officer Paul Devine telephoned the Out of Hours/ Crisis Response Team to advise that Donald had returned to his restriction address.

conclusion:

Serco Electronic Monitoring *will continue to electronically monitor* Donald Scott’s compliance to his Movement Restriction Condition.

Serco Electronic Monitoring await any decision made in relation to this matter and will submit a monthly update accordingly until notification of any decision is intimated to Serco.

If you require any further information please do not hesitate to contact this office.

Laura Palmer
Report Administrator
Serco Limited – Electronic Monitoring
25th March 2008

EXAMPLE - Level 2 Non Compliance Report

Level 2 non compliance report for a young person subject to a movement restriction condition

client details:

SUBJECT NAME	KAREN DOYLE
SUBJECT ID	3003
ADDRESS	FLAT 3/7
	DUMBARTON CHILDREN'S UNIT
	17 RAITH DRIVE
	EAST DUNBARTONSHIRE
	G5 8SB
DATE OF BIRTH	18 TH DECEMBER 1992

order details:

1.9 ORDER MADE AT	EAST DUNBARTONSHIRE CHILDREN'S HEARING PANEL
1.10 DATE MRC IMPOSED	20 TH JANUARY 2008

1.11 DATE OF INSTALLATION	20 TH JANUARY 2008
1.12 DATE MRC ENDS	20 TH APRIL 2008
1.13 DAYS OF RESTRICTION	7 DAYS
1.14 TIMES OF RESTRICTION	20:00HRS – 07:00HRS

report details⁴:

1.15 PREVIOUS REPORTS	NONE
1.16 LIST OF ATTACHMENTS	COMPUTER GENERATED REPORT SIGNED AS PER SECTION 73(9)(E) OF THE CHILDREN SCOTLAND ACT

¹ The Secretary of State Certification: I, Laura Paterson being nominated for the purpose of Section 73 (9)(e) of the Children Scotland Act, certify that the statement attached relates to the above named who is subject to a Movement Restriction Condition at the dates and times shown in the statement.

GENERAL BACKGROUND:

A Movement Restriction Condition was received from East Dunbartonshire Children's Hearing Panel on the 20th January 2008, for Karen Doyle. The electronic monitoring equipment was duly installed at the above named property this same day.

Serco Electronic Monitoring received notification from East Dunbartonshire Children's Hearing Panel on the 12th February 2008, informing us that Karen had been granted time off from her Movement Restriction Condition from the 1st March 2008 to the 3rd March 2008.

The purpose of this report is to inform the Reporter and the Local Authority on the compliance of Karen to her Movement Restriction Condition.

Since commencement of this Condition, Karen has incurred a number of absences resulting in two warning letters being issued on 7th February and 15th March 2008 respectively. Karen's continued non compliance has resulted in this Level 2 Non Compliance Report. Details of this further non compliance are noted below and highlighted on the attached Computer Generated Report.

compliance:

<i>Date</i>	<i>Event</i>	<i>Absence</i>	<i>Reason</i>
22 nd January 2008	Absent during Curfew x 3	32mins: 32secs	No Reason Given
24 th January 2008	Absent during Curfew	8mins: 59secs	The bus was late.
7 th February 2008	Absent during Curfew	2hrs: 3mins: 15secs	Out with her family visiting – 1 st warning issued
15 th March 2008	Absent during Curfew	2hr: 12mins: 14secs	No Reason Given – 2 nd warning issued
25 th March 2008	Absent during Curfew	3hr: 7mins: 56secs	Out with friends – Level 2 Non Compliance

Serco Electronic Monitoring telephoned the Out of Hours/Crisis Response Team and Karen's restriction address with regards to the above noted absences. Reasons given for these absences are noted in the table above.

conclusion:

Serco Electronic Monitoring *will continue to electronically monitor* Karen Doyle's compliance to her Movement Restriction Condition.

Serco Electronic Monitoring await any decision made in relation to this matter and will submit a monthly update accordingly until notification of any decision is intimated to Serco.

If you require any further information please do not hesitate to contact this office.

Laura Paterson
Report Administrator
Serco Limited – Electronic Monitoring
26th March 2008

EXAMPLE – Monthly update after a Non Compliance Report

monthly update on compliance of a young person
subject to a movement restriction condition

client details:

SUBJECT NAME	DONALD SCOTT
SUBJECT ID	3132
ADDRESS	FLAT 2/1
	5 BROWN STREET
	GLASGOW
	G5 8SB
DATE OF BIRTH	8 TH JULY 1992

order details:

1.17 ORDER MADE AT	GLASGOW CHILDRENS PANEL
1.18 DATE MRC IMPOSED	20 TH JANUARY 2008
1.19 DATE OF INSTALLATION	20 TH JANUARY 2008

1.20 DATE MRC ENDS	20 TH APRIL 2008
1.21 DAYS OF RESTRICTION	7 DAYS
1.22 TIMES OF RESTRICTION	20:00HRS – 07:00HRS

report details⁵:

1.23 PREVIOUS REPORTS	LEVEL 2 NON COMPLIANCE REPORT DATED 25 TH MARCH 2008
1.24 LIST OF ATTACHMENTS	COMPUTER GENERATED REPORT SIGNED AS PER SECTION 73(9)(E) OF THE CHILDREN SCOTLAND ACT

¹The Secretary of State Certification: I, Laura Palmer being nominated for the purpose of Section 73 (9)(e) of the Children Scotland Act, certify that the statement attached relates to the above named who is subject to a Movement Restriction Condition at the dates and times shown in the statement.

general background:

A Movement Restriction Condition was received from Glasgow Children’s Hearing Panel on the 20th January 2008, for Donald Scott. The electronic monitoring equipment was duly installed at the above named property this same day.

This report should be read in conjunction with the previous report dated 25th March 2008.

The purpose of this report is to update relevant Authority(s) on the compliance of Donald to his Movement Restriction Condition since the last report submitted on 25th March 2008. Details of this are noted below.

compliance:

Since the Level 2 Non Compliance report dated 25th March 2008, Donald has incurred 3 time infringements totaling 27 minutes and 50 seconds. These absences were dealt with according to procedure and duly noted as any decision to the Level 2 Non Compliance previously reported has not been intimated to Serco.

The Local Authority has been made aware of the above absences via daily fax updates.

conclusion:

Serco Electronic Monitoring *will continue to electronically monitor* Donald Scott' compliance to his Movement Restriction Condition.

Serco Electronic Monitoring await any decision made in relation to this matter and will continue to submit a monthly update accordingly until notification of any decision is intimated to Serco.

If you require any further information please do not hesitate to contact this office.

Laura Palmer
Report Administrator
Serco Limited – Electronic Monitoring
25th April 2008

Annex D Guidance and good practice from the seven Phase One Intensive Support and Monitoring areas, including case studies.

This chapter of the document is the work of the Phase One Sites, Includem and NCH. It aims to share useful practice and learning from the initial implementation of Intensive Support and Monitoring

Contents

- i. MRC**
- ii. Definition of Intensive Support**
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- v. Action plans**
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- vii. Monitor/review**
- viii. Funding**
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i. Movement Restriction Condition

All Children's Hearings have the power to make an MRC for a child who meets the s70 (10) criteria.

Research has demonstrated that for our most vulnerable young people MRC's can be a very effective tool used as part of an Intensive Support package.

Research and best practice have shown that the MRC will be ineffective unless it is accompanied by an Intensive Support package.

When compiling an Intensive Support Package a MRC may be an effective element of that package where secure measures are being considered.

"What works" research emphasises the importance of matching an intervention to the level of risk and need. Therefore it is likely that when a MRC is used, Intensive Support will commence at the highest level, that is daily contact, education support, 24 hour crisis access, at least in the early stages.

ii. Definition of Intensive Support

The initial definition of Intensive Support centred on the amount of time spent with a young person. This was generally accepted to be 25-30 hours over and above full time education.

The phase one sites felt that the definition on time alone was not accurate enough and suggest the following:

Intensive support should be seen as a highly focussed, multi-agency, community based service designed to meet all the identified needs of our most complex, vulnerable and challenging young people and their families.

It will have the following components:

- Access to an MRC if appropriate
- Appointed co-ordinator or lead professional to manage the plan
- At least one daily contact
- Access to planned respite and emergency residential and out of hours crisis support
- Proactive planning and case management
- Access to after care to ensure relapse does not occur once stability/progress has been achieved in all the target areas
- Focussed, driven, time limited approach to planning and review
- Easy access to mental health services
- Flexible access to education/training/ employment opportunities, including assessment and placement – delays minimised and alternatives always in place.
- Suitable/safe accommodation base for the young person
- Good anticipation and contingency planning

- All intensive support services should progress on the basis of comprehensive assessment and follow a practical action plan with agreed timescales and protocols for review

It must be emphasised that the MRC is an intrusive measure and in order for Intensive Support and Monitoring to be considered the young person must be seen to meet section 70 (10) requirements. Intensive Support and Monitoring is a direct alternative to a secure placement.

iii. Assessment

A multi-agency, community based, comprehensive and rigorous assessment is crucial to identify risks and needs. This will ensure that the most appropriate and effective package is in place.

Process of arriving at Intensive Support and Monitoring decision – practice from Glasgow, East and West Dumbarton

The Intensive Support and Monitoring Team may be a dedicated team or group identified by the Local Authority as central to the delivery of Intensive Support . The manager is the person who coordinates the efforts of this group.

When a young person is causing considerable concern they should be discussed at the multi-agency Secure Screening Group or whatever system is in place to determine whether a secure placement may be indicated. Where this is the case and community placement remains the preferred option the young person should be referred for an Intensive Support and Monitoring assessment.

Equally for reasons outlined above a Children's Hearing might also be continued in order to seek an Intensive Support and Monitoring assessment.

In these circumstances the normal process would be:

When a young person has been referred an assessment meeting is convened and an Intensive Support and Monitoring worker allocated. The Social Worker is informed and other relevant agencies alerted. An Intensive Support and Monitoring manager will co-ordinate the first assessment within 7 days and will ensure that all relevant parties are informed. During this time the Intensive Support and Monitoring team will take the lead role in family contact and activate links with other agencies. Specialist and NGO Intensive Support providers also meet the young person and their family to explain their service input.

Throughout there will be a co-ordinated approach to client contact.

By the time the assessment meeting happens the Intensive Support workers have:

- Gathered detail on problems and needs;
- Provided information about what intensive support looks like in practical detail;
- Engaged with the family and young person to bring them on board; and
- Undertaken a preliminary assessment of risks and vulnerabilities.

This is an interactive and urgent process and workers responses need to reflect this. The key to a successful assessment meeting is getting all the relevant information together.

The Assessment Meeting

All the relevant stakeholders are invited to this meeting. Health and Addiction Services are included even if they are not yet active in the case. The Police may also be invited where appropriate.

- A check is made that everyone knows what Intensive Support and Monitoring or INTENSIVE SUPPORT looks like.
- Specialist workers/gaps are identified.
- The need for further assessment is explored.
- Work is allocated within timescales.
- The practical elements of support are identified and a timetable of support put in place.
- The issues and difficulties identified over the 7 day initial assessment are discussed with an emphasis on clarity and practical talking so that the family and young person really understand what this is about.
- A check list is then prepared detailing what is required (proforma attached)
- Agencies should leave this meeting with a written statement of roles/times/tasks.
- The family and young person will also leave with a written timetable of the support and activities in place during the assessment period.

If workers require to clarify/negotiate respective inputs the assessment meeting may be in 2 parts and it may be that a smaller core group meet with the young person and their parents.

At this stage the input of education/mental health and addiction services will have to be explored and if necessary contact triggered. A second meeting is scheduled to prepare for a hearing. This is an update meeting and concentrates on the care plan that will be presented to the Hearing.

During the assessment phase there will be a need for more multi-agency meetings to clarify input or respond to events or changes of circumstance.

From the moment the assessment process is underway there is a clear accountability system for all involved. A weekly review meeting is not negotiable as there may be need for changes. As more information on needs and risks is gathered there will need to be adjustments and these may involve agencies, individual workers, the family and the young person. All involved commit to these meetings and the ongoing monitoring process.

During Assessment

The Intensive Support and Monitoring/Intensive Support team/core workers will have daily contact. This contact will involve different times/functions/places. Issues are dealt with as they arise. Regular meetings are held involving the young person and there will be written adjustments to the plan.

Specialist appointments will be facilitated by the Intensive Support and Monitoring core team. There will be an Intensive Support and Monitoring lead worker and co-ordinator.

A second assessment meeting is chaired by the Intensive Support and Monitoring Manager. At this meeting the following decisions are made:

- Whether an MRC is an essential condition of the supervision requirement.
- The conditions/arrangements for the MRC
- The focus and nature of support, level and timetable
- Written risk management plan including contingency measures and communication arrangements
- At the end of the meeting a composite report is prepared for the hearing to reflect the group conclusions and recommendations.
- The MRC provider should also have been kept informed of developments in the case and will have made their contribution regarding the practicalities of the electronic monitoring.

iv. Practice

The key components for effective Intensive Support practice with this group are seen as revolving around the following issues:

- The quality of workers engagement with the family and the young person is central to successful outcomes;
- Accommodation needs to be settled, safe and appropriate to the status of the case and the assessed risk;
- Education must be provided either full or part time and arrangements made to facilitate the young persons attendance;
- Health concerns should be attended to timeously and speedy access to health professionals is an integral part of the service arrangements;
- Evidence based cognitive work in a form that matches the young persons learning needs and abilities is a core element of the change programme;
- Family support and parental involvement will take a variety of forms – one to one, group work, crisis work – and will be challenging as well as supportive;
- Participatory social experiences and leisure activities enhance the longer term goal of social inclusion and preventing relapse; and
- Access to a range of services and the principle of service responsivity underpins all this activity

Good/helpful practice	Poor/least helpful practice
Answer the phone – return calls asap Be there when you say you will be there Visit the family home Try something new and unexpected when difficult to engage Be proactive and innovative	Forgetting to return calls Give up after a few attempts Stay centre based Not researching new ideas and methods Leave the child to engage with you Not understanding your role

<p>It is your (the professionals) responsibility to engage. Believe in what you are doing Be available in a crisis Help out practically Don't tell untruths Be resilient – keep going back Apologise when you make a mistake Praise them when you should</p>	<p>Be negative about family/child Poor access points No lead case coordinators Deny your mistakes – you will make them Taking complete ownership Failure to respond flexibly or to out of hours contact No contingency planning Poor recording practice Absence of risk management tools/procedures Failure to update and review action plan</p>
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v. Action Planning and Review

Action planning operates on two levels and is contained within the overall Child's Plan and more specifically the Looked After Care Plan.

To be effective planning requires:

- Agreement with child and family; and
- Agreement between professionals about their commitment and contribution.

The Action Plan provides the detail of who, what, when, on implementation and monitoring of the Intensive Support/Intensive Support and Monitoring action plan. The logistics of maintaining this complex plan should not be underestimated.

As a minimum there should be a weekly meeting during the assessment stages and during the early stage of the programme. This meeting of the core group provides the opportunity, on a planned basis, to review experience and make adjustments to the plan (e.g. resources, hours, focus of contact, respite) as well as promoting practical accountability amongst participants.

Within the Intensive Support and Monitoring there are two points where formal review is a statutory requirement. The first to determine whether an MRC is required and to make a recommendation to the hearing and secondly at 3 monthly intervals to determine whether the MRC condition remains necessary.

Given that Intensive Support and Monitoring can be an alternative to secure placement other reviews are essential to maintain the momentum of the plan. Formal reviews chaired by the manager and attended by all professionals would take place on a monthly basis during the early stages and perhaps bi-monthly once the MRC is removed.

Weekly review and Action Planning with a smaller core group during the early stages provides the opportunity to engage families and young person in the support

programme. More formal meetings of the wider group may be convened to consider whether the service is working.

The 3 monthly review will consider the necessity of the MRC, how to move on the plan and exit or relapse prevention arrangements.

How is progress sustained?

While the MRC should be viewed in many cases as a relatively short term measure it is important that progress is sustained through continuity of workers and after care planning which focuses on desistance and practical steps to monitor ongoing risk and build social inclusion.

Intensive Support and Monitoring is a high cost service directed at the most vulnerable and/or challenging young people. Monitoring the benefits of the service and individual outcomes is essential to building confidence in stakeholders.

Information is available from a variety of different sources:

- Risk assessment tools (ASSET/YLSCMI)
- Specific local authority systems - information from the case record (a variety of sources)
- Police and Reporter provide hard information (this may be integrated with L.A. systems.)

Frequency of monitoring meetings in the longer term might be more flexible and determined by the schedule of ongoing multi agency risk assessment mechanism in place to over view high tariff cases indicated by the following examples:

- Police information
- Safety / vulnerability
- Drug and alcohol misuse
- Cooperation / compliance

vi. Crisis Intervention, respite and 24 hour support

24 hour service access

Young people and their families must have access to a 24 hour on call service during the time the young person is subject to a Movement Restriction Condition. It is the intention that this service can offer flexible face to face support in order to help the family or the young person and to deal with any difficulties they may encounter as a result of the MRC. General out of hours services provided by the Council would need to be supplemented/enhanced in order to provide the level of support that can be required. In phase one areas the Intensive Support and Monitoring services have set up their own 24 hour on call service. Management support and good risk management systems need to be in place for this component to operate safely and effectively

Respite service

Young people who meet the criteria for Intensive Support and Monitoring have a high level of need and lead chaotic and troubled lives. They demand a huge amount of support from the adults who care for them and it will be necessary to build in some respite care (residential or community based) in order to help to sustain families or care situations during periods of extreme stress.

Crisis Intervention

The young people on Intensive Support and Monitoring lead chaotic and drama laden lives. A seemingly settled situation can spiral out of control very quickly. A crisis service can intervene rapidly, provide alternative accommodation (in the short term) or other practical measures in order to help the chaos to be resolved. The ability to offer this sort of immediate wrap around service is also useful at any stage of Intensive Support.

vii. Evaluation: How to measure progress

The phase one areas were subject to an external evaluation. Data was collected in order to provide evidence for this. Each area has used their own measure of effectiveness of the whole scheme and measure of the young persons progress. However, essential information from the Intensive Support and Monitoring case record system provides a basis for evaluation and should include:

- Service Uptake
- Legislation
- Personal details
- Address
- Ongoing charges
- Drug/alcohol use
- In education/employment
- Length of time on MRC/IS
- Level of contact
- Exit and after care arrangements

viii. Funding

The provision of Intensive Support and Monitoring is expensive though that cost should be set against the alternative of placement insecure accommodation. The young person requires full time education and in addition especially in the early phases at least 25 hours support and a 24 hour on call service. Each area will have a different costing for each child. In general terms the community based Intensive Support and Monitoring is less expensive than residential school/care.

ix. Case studies

Case Studies from Glasgow

Case One:

14 year old male from the Easterhouse area of the city.

Family :

Lives with his mother and younger brother in a GHA home.

Currently placed on 22 day place of safety order at secure placement.

Mother previously has an addiction habit using illegal drugs. Mother has been charged and will appear in court on the charges of supplying illegal drugs.

Offences: YLS Score 31 indicates a High risk of re-offending.

Offences include: BOP, Resisting arrest, theft, possession of cannabis. Possession of a weapon.

Lifestyle: Immersed in the local gang culture with his peers.

Alcohol and cannabis are the drugs of choice, suspicions that other substances are being taken.

Education: History of disruptive schooling. Non attendance at school since Nov 2006.

Refusal to meet Educational Psychologist and refusal to attend Children's Hearings.

Intensive Support and Monitoring Involvement:

Referred 20-2-08 by his Social Worker

First Assessment meeting 3/3/08: Decision was to recommend a place in secure accommodation to enable an assessment of risks and needs.

Hearing on 4-3-08 Decided that the assessment should take place in the community and he was returned home.

Initial emergency contacts put in place to cover the weekend period when the risks of offending are at their highest.

Education: Commenced his education at the Intensive Support and Monitoring Education base on the 10-3-08 following his induction on the 7-3-08. To date he has 100% attendance.

14-3-08 Second Intensive Support and Monitoring Assessment meeting.

Decisions: He met the secure care criteria and was appropriate for a full Intensive Support and Monitoring package with the decision that he should be subject to a movement restriction condition due to the risks he posed to himself and the wider community.

Programme of Intervention

MRC seven days weekly from 19.00pm to 07.00am

Education: Remain at the Intensive Support and Monitoring education base where he will receive schooling.

Addiction: The local Community Addiction Team will undertake an assessment to determine what work is required in this area.

Offending Work: Referral made to the SW Programmes team who are currently undertaking their assessment. Following the assessment a decision will be made as to what programme is appropriate.

Health: Mental Health screening took place on the 20-3-08

Additional Supports: Includem service provide four contacts weekly with the initial focus on pro-social activities.

NCH: Local service focussing on the gang culture and anti social behaviours. Attendance once weekly

Outcomes

MRC: No reported breaches from date of tagging to 3-4-08

Education: 100% attendance at the Intensive Support and Monitoring school base. Following the April school holiday period he will be moved to the morning group. This will result in increased education time with more subjects.

Programmes: Has met and completed the tests. Awaiting admission onto next offending Programme.

Includem: 100% attendance to 3-4-08.

Addiction: Still waiting on outcome of assessment.

Offending: No reported offences since the referral date to Intensive Support and Monitoring.

Case Two:

14 year old female currently in local authority care within a children's unit.

Family: Accommodated at aged three by the local authority.

Early years with foster carer before a brief return home to mother.

Breakdown of home environment saw her being re –accommodated to be placed in a local authority children's unit.

Subsequent behaviour issues combined with absconding saw her placed in a secure unit where she remained for 5 months.

Prior to secure accommodation the client refused to engage with Intensive Support and Monitoring or any other service.

The Client has difficulties in trusting adults and has a history of refusing to engage.

As with all young persons in secure care the Intensive Support and Monitoring team are in contact with the appropriate social worker with a view to being in attendance at the LAAC meetings. Young people who secure care are discussed for an Intensive Support and Monitoring support package on release.

The Intensive Support and Monitoring team maintained regular contact with the client during her time in secure. This contact was used to build relationships and allow the client to view the service as beneficial to her.

Assessment meeting 5-12-07

Concluded that the client was suitable for a support package for the following reasons

She was leaving a structure secure environment to return to a local community where she may be tempted to lapse back into previous behaviours.

Previous worries over absconding were still evident

Concerns over alcohol and drugs remain

Concerns over her anger and her ability to control her temper

Her previous behaviour within her last children's unit was concerning.

Areas of work:

Maintaining her within the nominated Children's unit. Allowing her to build relationships with the CU staff and other residents.

Education: Finding an appropriate place.

Social: Providing an outlet to develop new or existing interests.

Anger management: Developing strategies to assist in managing anger.

Risks: Absconding and alcohol misuse.

Hearing: took place on the 14-12-08 where she was released into the care of the local authority placed within an existing children's unit.

Programme of Intervention

MRC:A movement restriction condition was agreed to assist the young person adhere to boundaries. The restriction period was from 21.00pm to 07.00am.

Education: Within the local authority Community learning and support service.

Programmes: Anger management programme

Additional Supports: Includem service twice weekly and the staff from the children's unit.

Intensive Support and Monitoring Key worker: Two contacts weekly.

Outcomes

MRC: During the first six week period the client had several minor breaches of her order. On most occasions she had returned to the unit prior to 21.20pm and remained at the unit. Only on one occasion did she return later than 21.30pm. On this occasion she maintained telephone contact with the unit staff.

Following the review hearing at six weeks the MRC times were altered to 22.00pm to 07.00am Sun to Thurs and 22.45pm to 07.00am Fri and Sat.

Education: The client was placed at the Community Learning and Support education unit. After the first week she refused to attend stating a desire to attend college.

The client has now commenced a Photography course with the support from the Intensive Support and Monitoring worker. She is to prepare a portfolio for her college application for HNC Photography.

Additional supports: Very good levels of contact with the Intensive Support and Monitoring key worker and good contacts with the Includem workers.

The level of contact is now 100% with the client focusing on leisure activities and looking for a part-time job.

Anger Management: Did not want service.

Alcohol: The client rarely takes alcohol or any other substances. Advice on this area was provided by Includem following consultation with the addiction team.

At a hearing on the 14-3-08 the movement restriction condition was removed.

The support plan remains in place and the client continues to attend and participate in all aspects.

She has no new offences or significant incidents since the commencement of the Intensive Support and Monitoring care plan.

Case Studies from Includem

Case study A male

A is 15 when referred for Intensive Support and Monitoring Assessment from the secure screening group.

He has become well known to police on account of drugs / alcohol use and association with a local gang. His parents are separated & he lives with his mother & brother. Mum is struggling to cope on account of A being erratic & at times violent behaviour – she perseveres but is becoming increasingly frightened as A is a well built young man. A has 6 outstanding charges at the point of referral.

A is referred for assessment and during the period the family receive 15 hrs planned support from Includem, attendance at the day unit ran by the local authority Intensive Support and Monitoring and referral to drugs support. They also have access to the Helpline and mum uses it when she is stressed.

During the 6 week assessment A complies with his contacts though commitment is superficial – one of his friends is in secure accommodation out with the area during this period. Mum is happy to have support from all parties. A gives the impression that a tag will give him the excuse to avoid his mates.

The Hearing accept the joint recommendation for electronic monitoring and INTENSIVE SUPPORT.

A remains on this for 92 days & receives continued support at the same level after the electronic device is removed.

During the first phase A's behaviour continues to be erratic and there are incidents of abuse within the home as well as poor attendance at the day unit and the lure of his former associates is strong. There are occasions when workers are called out to find him because he has not returned by his curfew deadline. On the whole however, he complies fairly well with the terms of the tag & does seem to use it as an excuse for avoiding certain friends. However, he also makes good connection with his key worker and responds to challenge & work focus on his drugs / alcohol use /anger management. He begins to talk about his father's departure from home & his desire to meet with him again. Although frequently in denial about his drugs use, gradually A talks more honestly about past and current use. Mum is using the Helpline a great deal & is also persuaded to be more honest about what is actually happening in the home.

A is supported to meet with his father & to have the conversation with him that he has rehearsed since he is abandoned by him years earlier. There is turbulence during this time & A has a short period of respite as well as a spell at Dad's.

The Helpline & the aftercare support is critical throughout this time as well as the joint monitoring that takes place out of hours by the police, local authority & Includem. There is a plan about how difficulties in the community are responded to [the result of weekly, then forth nightly planning meetings] & A learns to be much more accountable.

A is now working, continues to live at home and has not re-offended. Although there were 3 occasions when A did not comply with the tag by being late, he was always found by workers at the time.

The electronic tag was an important part of the structure offered to A and his family and allowed the relationship based & focussed support to be effective. On average that joint support amounted to 25hrs [excluding police & the accommodation support]

A can articulate the value of the Intensive Support and Monitoring & is positive about the benefits.

Case study B Male

B is 15 and has never been in care although at the point of referral to Intensive Support and Monitoring for assessment he has 90 offences & court is outstanding. He is from an extended family which is well known in the area and K who is small for his age is regarded as both a nuisance and with sympathy, Mum is tired – she has other children, copes on her own but does not appear to exercise much influence or control over B who is often left to his own devices, even when ill. He goes around with older boys and as well as being involved in offending is frequently the victim of assaults. School attendance is erratic and his name has been on Case Progression meeting agendas for many months. B has received support from Group work & Includem but to no great benefit. Because of his alcohol misuse he is seen as both a risk to himself and others.

B is referred from the screening group and for a variety of reasons, the Children's Panel date is rescheduled a number of times. The assessment lasts for 136 days but to all intents and purposes B views himself as an Intensive Support and Monitoring case from the outset. There are difficulties during the assessment as B continues to lead the same erratic lifestyle – however, an attentive key worker who shares B's interest in the outdoors gradually captures his interest and along with attendance at the ISMS day centre, B begins to invest in those who are showing him interest. When he is placed on an electronic monitor by the Hearing, progress is already being made and during the 77 days that it is in place no offences are committed although he is late on a couple of occasions – found by workers. His mother who has a care history and has been hostile to agencies in the past is persuaded to join a parent support group run by the ISMS staff and responds positively to this & the changes she sees in B's behaviour.

B comes off his MRC to go away on the Tall Ships and although he over celebrates on return, there is no relapse to the former pattern of behaviour. Only education remains a problem in that B is attached to the ISMS base.

B's progress is remarkable and the process of Assessment, MRC and INTENSIVE SUPPORT have given him and his mother a positive experience of social services through the dedicated support of a small group of workers.. Mum says she was encouraged to own her responsibility – she thinks that all the elements were important but the weekly planning meetings & practical approach by workers made her change her response to everything.

The time commitment during assessment and MRC has been planned 18-21 hours from Includem, day support from the ISMS, joint group-work. After care support continues.

Case study C MALE

C is only 13 at referral and has already been in secure accommodation – he has been in care on 3 occasions since the age of 10. His brother is in prison and he has 2 younger siblings one of whom is in residential school. He has witnessed a great deal of violence at home most recently when his mother 'fell' from a window during an argument. Mum has a care background and struggles with her own alcohol, drugs issues. The family are in temporary accommodation following anti social behaviour

action by the council. C is referred for assessment which lasts 48 days and the Hearing agree to an MRC condition.

Although the issues are complex it is agreed that MRC with INTENSIVE SUPPORT will -

- Provide structure and help mum be more involved with C
- Help C be his age – alcohol, street life and petty offending at par for the course
- Provide insight into what problems belong where within the household
- Monitor care standards

C stays on the MRC for 214 days but with a brief interruption when he returns to Secure Accommodation for 3 weeks when there is extreme instability in the household.

C enjoys the Intensive Support and Monitoring support both from the day unit and the Includem workers. The family benefit from the Helpline especially at week-ends when mum has periods of 'absence' in the evening. C & Mum form a good relationship early on with the Includem assistant who is able to confront care issues directly. C enjoys attendance at the ISMS base where he receives positive attention and stimulation – he struggles with transfer to another education base and it is agreed that the move has been premature.

Workers learn that C's non compliance periods relate to difficulties at home though it takes some time for him to acknowledge this to workers. He is fiercely loyal to his mum and over time worker meetings and group support help her to recognise that she too needs to work on her alcohol / drugs problems.

The Helpline and Crisis Team are used extensively during difficult periods and the focus needs to be on all the family – C responds well to this.

Although the work continues, C is making good progress and Mum has invested in the INTENSIVE SUPPORT. His offending has stopped and there is order in his life. Mum identifies with the service and wants to see her children avoid care for positive reasons.

Time investment has varied from the normal 15-20 INTENSIVE SUPPORT with day support and Helpline monitoring with much greater investment during periods of crisis.

Case study D FEMALE

D is in Secure Accommodation far from her home at referral and has been there for over a year. There is a history of abuse, rejection and violent episodes in the community.

At referral to Intensive Support and Monitoring there are mixed views expressed about the use of the MRC but on balance it is agreed that early discharge from

secure requires to be managed and D will need support to cope in the community & to deal with the community response to her which is linked to violence. It is agreed that the MRC should be used for a brief period to support the transition – in total she has been in care for 2 years with no local contact. The Hearing agree to discharge of the secure condition on that basis.

She returns home and has the support of an aunt and the INTENSIVE SUPPORT female workers. She remains on the MRC only for 12 weeks until her 16th birthday and she is careful about her behaviour in the community during that time. Support continues from the after care workers who work on the same issues which triggered secure placement although the issues do not manifest in offending.

Key issues in success;

- Good joint working between local authority & voluntary organisation – at all levels, mutual regard and flexibility;
- Local authority structures are clear -screening group role in planning and supporting Intensive Support and Monitoring assessment process, weekly planning meetings, monitoring monthly through case progression meetings, full participation of vol org throughout;
- All meetings recorded in simple pro forma format – e.g. weekly planned hours, who does what, outcomes;
- Flexible response during out of hours by vol. org. ISMS team and management report system next morning. Relationship with Serco (electronic monitoring contractor;)
- Support of police and education – input to meetings and to workers: and
- Dedicated staff responding to out of hours calls – i.e. who knew client situation in detail & manager back up.

Case Studies from NCH

ISS Case Study No 1

JS

Male

15yrs

Rural home base.

Referral Criteria :- Little or no education.
Lacks understanding of the consequences of his actions.
Does not accept his actions were inappropriate.
Little or no motivation to change.
Offending in the community. (Vandalism).
Absconding

Action Plan :- ISS to work intensively with JS on his attitude to offending and his motivation to change his behaviour.
JS has a large amount of time to spend unproductively.
ISS will support JS in obtaining skills that will help in his future career.

LA Educ Dept :- Pupil Support to assist in JS maintaining his education with a possible work placement. **(6hrs per week)**.

LA SW Dept :- YAT to continue to case hold and work on Time to grow as appropriate.**(2hrs per week)**.

ISS Input :- 6 Weeks average 10hrs per week

Early mornings 10am-12pm
Afternoons 2pm- 5pm
Evenings 5pm-8pm
Weekends Saturday appointments.

Total Hours **60**

Outcome:- JS has joined a full time college course for 3 months and is run by the Army.

Parents comments :- Mrs P (mother) J is in such a better place than he was eight weeks ago.

ISS Case Study No 2

LW

Female

14yr

Urban home base

Referral Criteria :-

Little or no education
Risk taking behaviour (sexually active)
Alcohol misuse (hospitalised twice)
Offending in the community (vandalism)
Family relationships.

Action Plan :-

ISS to work intensively with LW on her risk taking behaviour.

ISS to work intensively with LW on her attitude to offending and alcohol consumption.

ISS to work with the family in putting appropriate boundaries in place.

LA Educ Dept ;-

LW to attend the Bridge Educ Unit (**2.5hrs per day 4 days per week**).

Tuition Services (**1hr per day 2 days per week**).

LA SW Dept :-

YAT to continue to case hold and work with YP (**2hrs per week**).

ISS Input :-

6 Weeks

average 8hrs per week

Evenings

6pm – 9pm

Weekends

6pm – 9pm

Total Hours **49**

Outcome :-

LW has maintained a placement in the family home,
She has reduced her offending, her alcohol use and her risk taking behaviour.

LW is looking into joining a drama group.

Parents comments:-

Mrs W (mother) L is a pleasure to have in the house, she is choosing her friends with more care now.

Intensive Support Case Study No 3

JF

Female

15yrs

Semi-rural home base.

Referral Criteria :- Sexual Health (2 STI's to date and wants a baby)
Little or no education.
Possible depression
Offending (absconding)
Alcohol misuse

Action Plan :- **INTENSIVE SUPPORT** to work intensively with JF on her offending,

alcohol misuse and sexual health.
INTENSIVE SUPPORT to provide a **Virtual Baby** to help JF address the

consequences of her being sexually active.
INTENSIVE SUPPORT to work with the Bridge Educational Unit in assisting JF to maintain her educational placement.

LA Educ Dept :- JF to attend the Bridge (**18hrs per week**).

LA SW Dept :- YAT to continue to case hold and work with JF (**2hrs per week**).

INTENSIVE SUPPORT Input :- 6 Weeks average 15hrs per week.

Afternoons 2.30pm – 5.30pm
Weekends 10am – 3pm (sat and sun when working with the virtual baby)

Total 100

Outcome :- JF has maintained her home placement and has not absconded.
She has had a contraceptive implant inserted.
She has stated she no longer wants a baby.
Her alcohol use has greatly reduced.
She is attending the Bridge regularly.

Parents comments :- Mrs F (mother) J is much happier at home now and I don't worry so much when she is out.

Case Studies from Moray

Young Person A.

15 year old female (when she came to our service in 2007.) Young person was at risk through absconding from home and various residential establishments for days at a time and putting herself at risk by having unprotected sex with unknown older men. Young person vulnerable with mild learning difficulties. Young person showed little awareness of how her absconding caused panic, worry and upset to her parents, extended family or others who were responsible for her safety and welfare. **Intensive Support and Monitoring** assessment was considered to be best option available as young person frequently absconded from various units.

Young person started assessment and then asked to go to secure as she felt unable to continue with constant support. Secure placement was found but this decision was challenged by family and young person was returned to home on MRC.

This worked for 3 days when young person removed MRC. Youth Justice Team provided "human tag" until advice was sought from Children's Reporter and Scottish Executive.

Because of concern re allegations, staff worked in pairs which had an impact on the costs for supporting this young person.

Young person was re-tagged and sustained it for several weeks when she cut it off again.

Another Hearing decided to remove MRC altogether and young person started downturn

There was substantial improvement in behaviour when working with Team.

Clear boundaries put in place to minimise manipulation by young person.

Young person and family requested more input from education, this never happened.

Young person still continued to verbally threaten to abscond but failed to carry out these threats. Appeared to be more settled at home for a few months but Y/P still continued to verbally threaten to abscond but failed to carry out these threats. Appeared to be more settled at home but family relationships broke down. Youth Justice continued to support her whilst a residential placement sought. Young person moved to residential school and remains there currently.

Young Person B

15 year old female (still live.) Young person assessed for **Intensive Support and Monitoring**, used as an alternative to secure. 5 weeks into programme with minimum compliance, young person continued to offend. Police Assault 6+ episodes, substance misuse, "valium." Young person was moved back home from Residential Unit

5 weeks into programme with minimum compliance, young person continued to offend.

Young person moved onto full MRC, tagged Friday, Saturday and Sunday evenings 10pm-6am. Young person remained at home. After several non-compliances of the MRC, young person continued to assault police and continued substance misuse, it was decided at Children's Hearing to place young person in secure accommodation for her own safety, initially for 21 days and then for a further 3 months. Currently undergoing psychological and Unit Assessment. Young person at present still in secure but with privileges earns home time, recently she has begun staying out late, pushing boundaries set by parents, approaching sixteenth birthday and has expressed that she would like independent living, and engaging with throughcare aftercare, concerns now as to her commitment and how she can sustain such a placement,

Case Study 1

John is 15. He has been known to the Social Work Department since he was 8. He lives with his mother, step father and 2 younger step siblings (aged 3 & 1). He first came to the attention of the Social Work Department when he was referred for failing to attend school. At this time his Mum was receiving treatment for depression and health services were supporting her. John was given additional support to help him to attend school and he was referred to a local project for support to manage his role as carer and some of the challenging behaviours he was displaying in school. This intervention worked well for John and he did not receive further support until he was 13 when he came to the attention of the authorities for his offending behaviour. The Social Worker allocated at this time discovered that John's mother had recently married and John was unable to accept his stepfather. John began to stay away from the house, stopped regular attendance at school and became a part of an antisocial peer group. All his offending appeared to be committed with this group and when under the influence of alcohol. John attended a Hearing and was placed on supervision.

John was initially re-referred to the community project where he had received support previously, however he continued to stay away from home and commit offences. At this point he was referred to the Youth Justice team who began to work with John and his family. Although John had not been able to accept the step father he continued to want to spend time with his mother. His behaviour within the home was designed to get mother to himself. He was very jealous of his step siblings. Although John had rejected any attempt by step father to build a relationship the step father displayed a wish to continue to try. The pressure had contributed to Mum needing further support and health services were providing this. The Youth Justice Team supported John with his education and began work to help John cease offending. John was very angry at this time and was referred to take part in a programme of support to help him understand and manage this.

Multi agency meetings to discuss John, share assessment information and devise an action plan to meet his needs happened regularly. They were chaired by his Social Worker and attended by : Police, The community project, the guidance teacher, the youth justice workers, Mums CPN. Mum, Step Dad and John.

Despite this level of support John continued to offend, he now had over 100 offences and the Police were becoming increasingly concerned that John was moving from being led by his antisocial peer group to leading it. He had, however, started to attend school and he was beginning to talk about his relationship with Mum.

Matters escalated one weekend with John going missing from home for two nights. During this time he committed at least 12 offences, including theft of a car, theft from lock fast premises, dangerous driving, breach of the peace and 2 serious assaults. The Social Worker immediately compiled a report which highlighted the fact that John was under the influence of alcohol whilst committing the offences, John was remorseful and had expressed a desire for help to stay away from the peer group. This report also highlighted the danger that John was placing himself in and the danger he was presenting within the community. The report also highlighted the need for an increase in the services provided to John and his family.

This report was then considered by the steering group which consists of Head of Services from Education, Social Work, Youth Justice and Health.

The Social Worker recommended to this group that an Intensive Support and Monitoring would enable John to have a period of detailed assessment, a wrap around service of intensive support, the time to help him rebuild his relationship with Mum and electronic monitoring to encourage him to stay at home. The screening group considered the support that John was receiving, the analysis of needs and risks that John presented and whether or not John met the Section 70(10) criteria. They then authorised an Intensive Support and Monitoring assessment, during which John and his parents would receive intensive support. Following this assessment a report was then considered by the screening group who then sent it to the Reporter who called a hearing to consider John's latest offences and circumstances. The report gave the panel members the view of the multi-agency team that an Intensive Support and Monitoring could be considered. The report contained a detailed action plan for the Intensive Support, education and monitoring. The Social Worker had discussed this possibility with both John and his family who had agreed with this course of action.

Case Studies – demonstrating contingency plans

A

Danny is 14, he lives with his Mother. He has an 8 month old step brother. His Mum has a boyfriend (step brothers father) who comes to stay at the house from time to time. Danny does not like the boyfriend and matters can be very fraught when he chooses to come and stay, this can escalate to violence. The boyfriend's visits are unpredictable and when he arrives Mum always lets him in.

When Mum is on her own with Danny and the baby the relationships work well.

Danny has an Aunt who lives about a 10 minute walk away. Danny likes and trusts her and when matters get too difficult at home he will seek help from Aunt.

Danny was considered for an Intensive Support and Monitoring due to his very high level of offending. He was leaving the house when Mum went to bed and staying out all night housebreaking and stealing cars. During the assessment for Intensive Support and Monitoring the circumstances of his home life were taken into consideration.

Danny's movement restriction condition was between 11pm and 8am. For most of this time he was expected to be in the house with Mum during this time.

A contingency plan was built in by installing a second monitoring box at his Aunts so that if the boyfriend arrived and circumstances became difficult Danny could immediately go to his Aunts house. The monitoring agency and 24 hour help line would immediately be informed of change of accommodation by Aunt. They would also be informed when Danny returned to Mums.

B

Natalie is 15. She lives with foster parents but the placement is at risk due to her risk taking and challenging behaviour. She has been placing herself at risk by staying out all night. There are concerns that her older boyfriend is acting as her pimp.

In order to support the foster parents the ISMS 24 hour help service is available and staff are prepared to take Natalie on a crisis intervention residential at very short notice to give the foster parents respite. There is also planned respite of 2 x 2 days per month.

The Intensive Support and Monitoring assessment identified these difficulties.

Natalie has a movement restriction condition between the hours of 10pm and 6am where she is expected to stay in her foster parents house. The contingency plan for Natalie includes the ability to provide crisis respite residential care at short notice. During this crisis care Natalie will be with staff from the crisis team at all times. It will be their responsibility to inform the monitoring agency immediately a crisis intervention is required. Natalie goes to the same foster parents for her respite a

second monitoring device will be placed at this house and the monitoring agency will be given dates of planned respite.

Proformas used by Glasgow

INTENSIVE SUPPORT & MONITORING SERVICES

1st Assessment Form

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Child Surname	Known as	Forename/s	Carefirst No	Date of Birth (ddmmyy)	Sex M/F

Address	Current Address (if not at home)

Legal Status of child Other (Please specify)

Area Team Social Worker

Agencies involved

Participants in Discussion

Name	Agency	Tel Number	Reports Available Yes/No

Risk Factors

Absconding

Offending

Alcohol

Prostitution

Drugs

Self Harm

Immediate issues of Concern

Brief Details of General Discussion

Family and Social Background

YLS/Offending Behaviour

Education/Training

Addictions

<u>Health/Mental Health</u>
<u>Programmed Interventions</u>
<u>Additional Supports (e.g Includem, YWP)</u>
<u>Movement Restriction</u>

Details of ISMS Action Plan

Decisions	Person Responsible	Timescale

Date of Next Meeting	
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Chairperson Name		Designation	
Chairperson Address		Tel number	

Chairperson Signature		Date	
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Minute Signature	Taker		Date	
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INTENSIVE SUPPORT & MONITORING SERVICES
2nd Assessment Form

Date	
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Child Surname	Known as	Forename/s	Carefirst No	Date of Birth (ddmmyy)	Sex M/F

Address	Current Address (if not at home)

Legal Status of child **Other (Please specify)**

Area Team **Social Worker**

Agencies involved

Participants in Discussion

Name	Agency	Tel Number	Reports Available Yes/No
Linda Robb	Operations Manager Youth Justice Services		

Risk Factors

Absconding

Offending

Alcohol

Prostitution

Drugs

Self Harm

Immediate issues of Concern

Brief Details of General Discussion

Family and Social Background

YLS/Offending Behaviour

Education/Training

Addictions

Health/Mental Health

Programmed Interventions

Additional Supports (e.g Includem, YWP)

Movement Restriction

Details of ISMS Action Plan

Decisions	Person Responsible	Timescale

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Date of Next Meeting	
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Chairperson Name		Designation	
Chairperson Address		Tel number	

Chairperson Signature		Date	
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Minute Taker Signature		Date	
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Essential Information sheet**Name of young Person:**
Care first number:**Date of Birth:****Legislation:****Date of referral: 8/8/06****Home Address****Contact person****Home Tel No(s)****Mobile phone No(s)****Family
Name****Contact
allowed****Relationship****Address****Phone/Fax**1.
2.
3.
4.
5.
6.**Friends
Name****Contact
allowed****Relationship****Address****Phone/Fax**1.
2.
3.
4.

Social contacts Organisation/contact name:	Address	Phone/Fax
SW Contacts Social worker Area Team PTL Reporter F-camhs <p style="text-align: center;">1.24.1 Includem</p> Add any other relevant contact details	Team and Address	Phone/Fax

GP's Practice				Phone/Fax
Essential Medical info				
Drug/alcohol misuse				
Education/Employment		Address		Phone/Fax
Description		Hair Colour/Style		
Height				
Weight		Clothing style		
Eye colour		Distinct features		
Details of referral:				
Example: current charges, concerns.				

Attitudes and Orientation

Tasks	Means of Achievement	Outcome

Offending Behaviour

Tasks	Means of Achievement	Outcome

General

Chronology of Significant Events

Name, D.O.B and Carefirst No:

Family Composition

Social Worker:

ISMS Worker:

Date of Event	Event	Agency

S:\Admin\ISM YOUNG PEOPLE\Chronology of Significant Events.doc

INTENSIVE SUPPORT & MONITORING SERVICES

4 Weekly Review

Date	22/06/2007
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Child Surname	Known as	Forename/s	Carefirst No	Date of Birth (ddmmyy)	Sex M/F
McGinlay		John	J66923	19/03/2007	M

Address	Current Address (if not at home)
101 Glenlora Drive, Priesthill, G53	

Legal Status of child

Sect 70(9)(3)(b)

Other (Please specify)

Area Team

South West CHCP

Social Worker

Janice Malone

Agencies involved

ISMS
Area Team
South West CHCP

Participants in Discussion

Name	Agency	Tel Number	Reports Available Yes/No
Linda Robb	Operations Manager Youth Justice Services		

Risk Factors

Absconding

Offending

Alcohol

Prostitution

Drugs

Self Harm

Immediate issues of Concern

Brief Details of General Discussion

Family and Social Background

YLS/Offending Behaviour

Education/Training

Addictions

Health/Mental Health

Programmed Interventions

Additional Supports (e.g Includem, YWP)

Movement Restriction

Details of ISMS Action Plan

Decisions	Person Responsible	Timescale

Date of Next Meeting	
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Chairperson Name		Designation	
Chairperson Address		Tel number	

Chairperson Signature		Date	
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Minute Taker Signature		Date	
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INTENSIVE SUPPORT & MONITORING SERVICES

YP Closure Form

Date	
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Child Surname	Known as	Forename/s	Carefirst No	Date of Birth (ddmmyy)	Sex M/F

Address	Current Address (if not at home)

Legal Status of
child

Other (Please specify)

Area Team

Social Worker

Agencies involved

Participants in Discussion

Name	Agency	Tel Number	Reports Available Yes/No
Linda Robb	Operations Manager Youth Justice Services		

Risk Factors

Absconding

Offending

Alcohol

Prostitution

Drugs

Self Harm

Immediate issues of Concern

Brief Details of General Discussion

Family and Social Background

YLS/Offending Behaviour

Education/Training

Addictions

Health/Mental Health

Programmed Interventions

Additional Supports (e.g Includem, YWP)

Movement Restriction

Details of ISMS Action Plan

Decisions	Person Responsible	Timescale

Date of Next Meeting	
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Chairperson Name		Designation	
Chairperson Address		Tel number	

Chairperson Signature		Date	
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Minute Taker Signature		Date	
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