



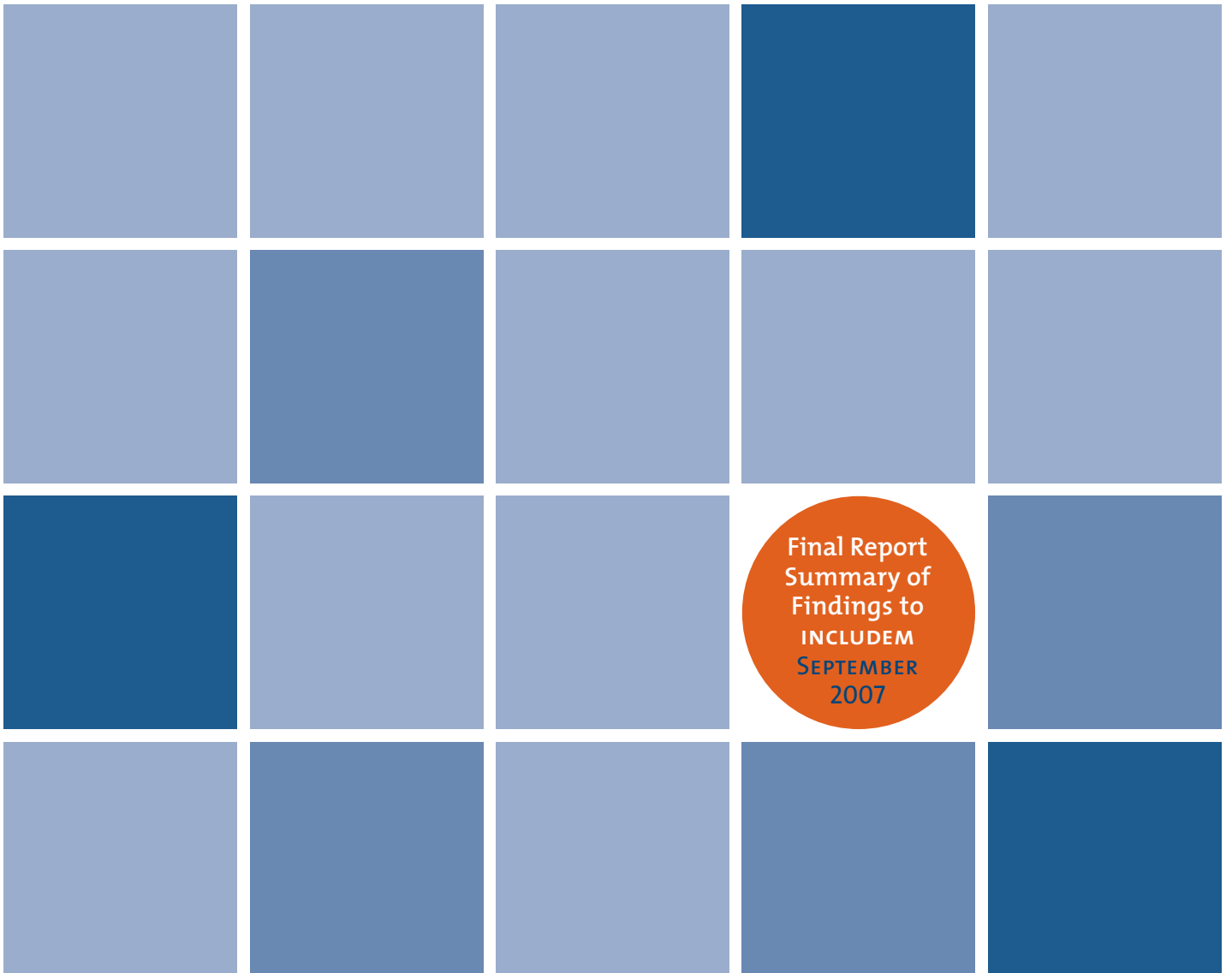
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Evaluation of INCLUDEM's Intensive Support Services



Introduction

The Anti-Social Behaviour etc (Scotland) Act 2004 introduced Intensive Support and Monitoring Services (ISMS) in Scotland in 2005 as part of a disposal to be used by children's hearings in circumstances that would otherwise warrant placement in secure accommodation. Young persons would be subject to a Movement Restriction Condition (MRC) and at the same time receive Intensive Support Services for up to 3 months (renewable for 3 months).

In 2005, Includem commissioned a two-year evaluation of its Intensive Support Services. Some of these had a Movement Restriction Condition, or 'tag' (ISMS) and some did not (ISS).

Acknowledgements

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About the authors

Furzana Khan is an associate member of The Glasgow Centre for the Child & Society, a member of The British Society of Criminology, and The Scottish Centre for Criminology. She has worked as professional researcher and evaluator since 1993 specialising in evaluating projects involving vulnerable young people. Research has involved project design and management, qualitative and quantitative schedule design, gathering data from young people, carers, professionals (including the police, area children's reporters, Procurator Fiscals, staff working directly with young people in providing services, and wider stakeholders). Work has been carried out independently or in collaboration with other researchers, research teams (including local authority research and information providers) and research centres.

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Malcolm Hill is a Research Professor at Glasgow School of Social Work, University of Strathclyde. Formerly a social work practitioner, he has been teaching and carrying out research in Scotland for nearly 30 years. For ten years he was Director of The Glasgow Centre for the Child & Society. A consistent interest has been children who are looked after or adopted. He has conducted a number of evaluations concerned with services for young people who offend or engage in activities that put themselves or others at risk. Recent work has covered topics such as ethnicity and the transition to secondary school; teenagers and their grandparents; children's hearings; childhood and parenting in disadvantaged communities; children's views of services; and young fathers.

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About us

Includem is a registered charity set up in 2000 to provide support and supervision to the most chaotic and vulnerable young offenders in society. Includem currently provides services to over 500 young people across 18 local authorities in Scotland. Includem's ethos is based on the capacity of close one-to-one relationships, built on mutual respect, to change the behaviour, lifestyle, attitudes and prospects of Scotland's most troubled and troublesome young people.

Our aim is to reduce offending behaviour and tackle the social exclusion of young people who are experiencing a troubled transition to

adulthood by offering tailored packages of personal support and supervision. Includem does not refuse referrals on the basis of difficulty or complexity. We endeavour to maintain young people within the community and promote reintegration of those in residential institutions.

Our model is based on providing a scaffolding of support using pro-social modelling, a 24 hour crisis helpline for young people and their parents / carers, a commitment to stick with young people no matter what, close inter-agency working to connect young people to other services, and ongoing monitoring and evaluation to evidence and improve our effectiveness.

The implementation of ISMS in Scotland

- Five of the seven local authorities (Edinburgh, Glasgow, Dundee, East Dunbartonshire, and West Dunbartonshire) reached agreement with Includem that it would provide intensive support for their ISMS cases. Includem also provides intensive support to young people without a movement restriction condition.
 - Between April 2005 and May 2007, Includem had serviced 69 ISMS cases and 147 ISS cases in these five areas.
 - An evaluation conducted by Glasgow Council showed that Includem provided on average about half the service input per week (13 hours) for their ISMS cases. Half of the social work staff consulted believed that Includem provided the most important element of the overall service. The young people on ISMS showed a considerable reduction in frequency and seriousness of offences.
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The Includem ISMS / ISS evaluation: Study aims, design and samples

- The prime purposes of the evaluation were to obtain feedback about the contribution made by Includem services to ISS/ ISMS cases and to compare the ISMS and ISS cases.
 - Ninety young people were interviewed (60 ISS and 30 ISMS), and 51 of these participated in a follow up interview, aimed to be undertaken when they were due to exit service provision, however no ISS cases were due to exit at the time of follow up interview while all but one ISMS were due to exit.
 - Parents/carers of 31 out of the 90 young people were also interviewed. Fifteen of them were interviewed twice.
 - Sixty-two local authority social workers were interviewed towards the end of the fieldwork. Of those interviewed, 54 were responsible for young people who took part in the study.
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The young people in the sample

- Most of the young people (85%) were aged 14-16, and two-thirds were male. They were drawn from the five local authority areas broadly in proportion to the distribution of all cases in each. Nearly all (98%) had been referred to the Reporter for offending prior to service uptake.
 - Social workers, parents/carers, and young people themselves, reported that young people allocated ISMS and ISS services had multiple problems they needed help with.
 - Offending and anger were the two most common issues that young people thought they needed help with.
 - More than half the young people needed assistance with education/employment and family issues and over a third with drug and alcohol misuse. These are all issues that previous research has found to be associated with persistent offending.
 - In a great majority of cases, according to social workers, the main reason for the young person receiving intensive support was their pattern of offending. Other important considerations in some cases were to facilitate exit from secure accommodation or tackle absconding and exposure to exploitation or abuse in the community.
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Service input

- Includem normally provided around 15 hours of support, except in one authority which preferred flexible but generally lower levels of input from Includem.
 - Young people's key workers, project assistants and mentors undertook one-to-one work with them. This was often supplemented with family work.
 - Besides this regular contact, many young people had made use of Includem's out of hours and crisis supports. More than half the ISS sample said they had used the 24 hour helpline and about one fifth had received crisis support in the community. A smaller number (7) had received respite care to give them a break from family tensions or from residential care.
 - Social workers had been working with the young people for a wide range of periods, but most commonly between one and two years. Most of the ISMS workers reported that they devoted more time to ISMS cases (with the MRC) than to similarly complex cases.
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Note:

See appendix for summary of improvement in different areas according to young people and carers at first and second interview, and according to social workers overseeing these young people's cases.

Progress made by young people

- High proportions of the sample were said to have improved in relation to offending, family relationships, anger and education/employment. Four fifths of those needing help with offending were said to have improved.
- Smaller proportions were found to have made good progress in regards to drug misuse, getting on with officials, speaking at children's hearings and safe sex.
- No significant differences were found between ISMS and ISS cases in addressing the issues young people needed help with, except for anger management. Young people in ISMS were more likely to have deteriorated in this than ISS young people.
- ISS young people were no more or less likely to show negative change in offending than those in receipt of ISMS services.
- The follow up interviews with young people showed that good progress had been maintained. Indeed the proportions who reported improvements were generally higher at this stage than for the initial interviews.
- About two thirds of the whole sample said they spent less time with friends who they would get into trouble with, since service provision began.
- Includem analysis of YLS data indicated that many young people on both ISMS and ISS still had high offending risk scores at the time of second testing, i.e. some time after the start of intensive support.
- Crime pics data showed that attitudes to offending had worsened among the small number of ISMS young people who completed the scale. The opposite was apparent among ISS young people whose attitudes mostly improved. The former group were about to exit the service, whereas the latter were not. This suggests that the ending of ISMS may have been premature.
- The evaluation did not assess if ISMS has been value for money or not, the cost of Includem contribution to ISS provision was found to be of good value for money.

¹ Where young people cited Includem along with another agency or person as helping them most, this was coded as Includem only, unless the young person simply said 'everyone' in which case this was coded as 'everyone'.

What helped young people

- On nearly all issues, the most common principal reason given for improvement by the young person was the intensive service provided by Includem.¹
- More than half of young people thought that Includem was the main reason things had got better in relation to believing they would be helped if they needed help, getting on with family, attending medical and non-medical appointments, offending, and education/employment.

Views on the services provided

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- Around 84% of young people reported having a good relationship with Includem workers and a similar proportion said the same about Includem mentors. All the parents/carers reported good relationships with Includem key workers.
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- Many favourable comments by young people were made in relation to Includem workers and mentors about their understanding and good listening skills; conveying trust and respect; actively helping; and giving good advice.
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- Parents/carers confirmed the broadly positive picture of Includem workers and mentors, often noting that not only did they help the young person, but they themselves could confide and/or gain help and respite.
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- Parents/carers stressed the exceptional amount of time and effort Includem put into their helping activities. This was reported to be beneficial in facilitating change in the young person's behaviour and attitude as well as relations within the household.
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- When invited to propose ways in which Includem services could be improved, only one third of young people on ISS made suggestions. Some wanted less frequent contact or more activities.
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- In social workers' estimations, Includem normally had a good working relationship with the young person. They praised qualities such as trust building, patience, and flexibility.
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- When the relationship was not so good, this was mainly attributed to the young person's resistance or changeability.
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- Some social workers felt that Includem could do better at explaining their aims and roles to young people. A few expressed a wish for Includem to connect the young person better with community leisure activities, which has been a feature of other intensive support programmes. Interestingly, there were no pleas for structured group work, which has also been prominent in other schemes.
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- Social workers generally thought that Includem workers made a positive contribution when they attended children's hearings. They thought this helped the young person and/or parents/carers feel more supported. A further advantage was that Includem could reinforce understandings or recommendations in social work reports to the panel.
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Relationships between local authority social workers, young people and carers

- Most young people regarded their social workers positively or neutrally. Among the qualities they valued were listening to them, explaining things clearly and providing concrete help.
 - Many parents/carers said they could confide in social workers and/or thought they were doing their best to help the young person. A minority said they did not know the social worker well or voiced dissatisfaction.
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Partnership working between Includem and local authority social workers

- Just over three quarters of social workers reported that communication between themselves and Includem was good. Regular meetings and frequent conversations were seen as crucial ingredients of this.
 - Similar numbers agreed that the work of the two agencies complemented each other well. An even higher proportion (90%) indicated they had positive relationships with the key workers.
 - The minority of critical comments mainly concerned a wish for more detailed and timely information from Includem.
 - A few wanted greater clarity about roles, or for Includem to have a more structured approach to addressing offending behaviour.
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Views on the MRC ('tag') and on intensive support in relation to secure accommodation

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- For most young people in the ISMS sample the 'tag' was not the most important element of the service. One third said the curfew element was the least helpful part of ISMS.
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- Young people's views about the impact of the MRC on their home life were equally divided between those seeing it as positive and those seeing it as negative.
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- Rather more parents/carers than young people found the tag helpful. Among the benefits were facilitating resistance of peer pressure, avoiding parent-child conflict over when the young person should be home, and keeping safe. Disadvantages included worries about breaching, intrusiveness, restrictions on parental activities, parents/carers coping with young people having their friends in the house too often, and tensions related to these different issues.
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- More young people on ISMS had previously been in secure accommodation (60%) than had those on ISS (42%).
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- The great majority of the young people who had previously been in secure accommodation said they preferred ISS/ISMS. This was mainly because they valued the freedom they had compared with being locked up, but some also said they received more help. A small number said that ISMS was worse because of the longer duration and stresses of trying to comply.
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- All the social workers were asked whether or not ISS/ISMS were a better alternative to secure accommodation and four fifths agreed that it was. Many cited negative results of secure accommodation from experience or research. A small number believed that secure accommodation had a positive, complementary role in relation to intensive community support. They usually stressed that secure accommodation might be helpful for a short initial period, but then ISS could assist in the transition back into the community.
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- The majority of ISMS social workers for young people who had actually been in secure accommodation previously thought that the earlier availability of intensive support would have avoided the need for secure accommodation, because they saw the range and frequency of services as effective. A smaller proportion of ISS workers held this view. This did not appear related to lower confidence in the community-based services, but they emphasised the seriousness of the offence that led to a secure order.
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Conclusions

- It was not possible to obtain adequate information to judge the extent to which the ISMS and ISS young people had similar or different levels of difficulty or severity as regards their backgrounds and previous behaviour (severity of offending as a reason for referral to the Children's Reporter is unknown). Some ISS cases were assessed for ISMS but did not receive the ISMS order, SCRA data showed that there was no significant difference between the two groups in terms of the previous reasons for referral to the Children's Reporter. Fewer young people on ISS had been in secure accommodation.
 - The evaluation showed that Intensive Support Services were successful for both ISMS and ISS groups in producing improvements in the behaviour of the great majority of young people and in enhancing their interpersonal skills and social inclusion.
 - There were no significant differences in outcomes between ISS and ISMS cases in terms of improvements (except for anger management where ISMS young people were more likely to deteriorate in this), self-reported offending and admissions to secure accommodation, during service provision.
 - According to most young people, parents/carers and social workers, the intensive support provided by Includem was the most important element of the overall service programme and reason for improvement.
 - Those who took part in the research saw the Movement Restriction Condition as having some beneficial limited impact in some case (mostly temporary benefits). In other cases it was felt to have contributed towards major changes for the better. On the other hand some identified negative effects. Usually the MRC was regarded as less influential than the Intensive Support Services provided, but in some cases it was seen as crucial to improvement.
 - It was beyond the scope of this evaluation to undertake a cost-benefit analysis of ISMS. However, Includem's ISS cost of £600 per week was found to be good value for money (this is less than the cost of a young person spending one day in secure accommodation).
 - All the evidence points to ISS input (in particular Includem input) as having the most impact on positive change.
 - The limited impact of the MRC highlighted in this report suggests that it might be used with more discretion in the future, as part of a compulsory ISS order.
 - The time restriction of ISMS orders should be reviewed in order to ensure that young people are receiving a service until they show a reduction of risk to themselves and/or to the community.
 - Relapse prevention services might be in-built to compulsory orders to engender longer term positive change in young people.
 - The ISMS model of partnership working where close working between ISMS teams, social workers, and ISS providers was found to be a success and might easily be adapted to suit future ways of implementing new initiatives and policy.
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Appendix

Young people initial interview

Ratings of improvement or not, in areas young person needed help with

Table 1
(N = 90)³

Issue for which help was needed	ISS				ISMS				Significance Between ISS / ISMS
	Improve	Same	Worse	N ¹	Improve	Same	Worse	N ¹	
Offending	90%	10%	0%	39	73%	15%	12%	26	None
Anger	55%	43%	3%	40	50%	23%	27%	22	P=0.009
Alcohol misuse	65%	35%	0%	26	64%	18%	18%	22	None
Education / Employment	65%	27%	9%	34	79%	14%	7%	14	None
Absconding ²	74%	23%	03%	30	83%	6%	11%	18	None
Drug misuse	58%	42%	0%	26	41%	41%	18%	17	None
Getting on with family	73%	27%	0%	26	69%	23%	8%	13	None
Responsibility	67%	29%	5%	21	56%	38%	6%	16	None
Dealing with officials	38%	56%	6%	16	25%	63%	12%	16	None
Personal safety	73%	27%	0%	15	31%	54%	15%	13	None
Believing help will be given	76%	19%	5%	21	80%	20%	0%	5	None
Feeling in control of future	54%	46%	0%	13	70%	30%	0%	10	None
Attending non-medical appointments	89%	11%	0%	18	67%	0%	33%	3	None
Speaking at panel	46%	54%	0%	13	20%	80%	0%	5	None
Self confidence	73%	27%	0%	11	50%	50%	0%	6	None
Self-harming	77%	23%	0%	13	25%	50%	25%	4	None
Safe sex	40%	60%	0%	10	17%	83%	0%	6	None
Exposure to abuse	100%	0%	0%	3	100%	0%	0%	1	None

See page 14 for table footnotes

Parents /cares initial interview

Ratings of improvement or not, in areas young person needed help with

Table 2
(N = 31)⁴

Issue for which help was needed	ISS				ISMS				Significance Between ISS / ISMS
	Improve	Same	Worse	N ¹	Improve	Same	Worse	N ¹	
Offending	12	0	0	12	10	1	2	13	None
Education / Employment	9	4	2	15	8	3	1	12	None
Absconding ²	8	3	1	12	8	0	1	9	None
Attending medical appointments	6	2	0	8	1	1	0	1	None
Responsibility	6	7	0	13	5	6	2	13	None
Dealing with officials	5	3	0	8	4	1	1	8	None
Personal safety	5	4	1	10	8	2	1	11	None
Anger	5	3	2	10	5	4	2	11	None
Feeling in control of future	5	4	2	11	6	3	1	10	None
Believing help will be given	3	0	1	4	3	0	0	3	None
Attending non-medical appointments	3	2	1	6	1	1	0	2	None
Drug misuse	3	2	1	6	4	3	0	7	None
Getting on with family	3	4	0	7	5	2	1	8	None
Self confidence	3	4	0	7	3	4	1	8	None
Safe sex	2	1	0	3	1	1	0	2	None
Exposure to abuse	2	4	0	6	2	1	0	3	None
Self harming	1	0	0	1	0	1	0	1	None
Alcohol misuse	1	1	0	2	9	2	2	13	None
Speaking at panel	1	5	0	6	3	3	0	6	None

Young people follow up interview

Ratings of improvement or not, in areas young person needed help with

Table 3
(N = 51)³

Issue for which help was needed	ISS				ISMS				Significance Between ISS / ISMS
	Improve	Same	Worse	N ¹	Improve	Same	Worse	N ¹	
Believing help will be given	100%	0%	0%	10	100%	0%	0%	2	None
Self-harming	86%	0%	14%	7	67%	0%	33%	3	None
Offending	82%	7%	11%	27	92%	8%	0%	12	None
Self confidence	82%	18%	0%	17	67%	33%	0%	6	None
Getting on with family	81%	10%	10%	21	75%	0%	25%	4	None
Anger	77%	15%	8%	26	63%	25%	13%	8	None
Exposure to abuse	75%	0%	25%	8	75%	0%	25%	8	None
Alcohol misuse	74%	13%	13%	23	80%	20%	0%	5	None
Responsibility	74%	22%	4%	25	60%	40%	0%	5	None
Personal safety	71%	7%	21%	14	67%	33%	0%	3	None
Attending medical appointments	70%	30%	0%	10	0%	100%	0%	1	None
Absconding ²	69%	23%	8%	13	67%	33%	0%	3	None
Drug misuse	67%	17%	17%	24	74%	14%	14%	7	None
Education/ Employment	67%	29%	5%	21	43%	0%	57%	7	None
Feeling in control of future	43%	50%	7%	14	75%	0%	25%	4	None
Safe sex	38%	62%	0%	8	100%	0%	0%	1	None
Dealing with officials	22%	78%	0%	9	50%	50%	0%	6	None
Speaking at panel	20%	80%	0%	5	100%	0%	0%	2	None

Parents /carers follow up interview

Ratings of improvement or not, in areas young person needed help with

Table 4
(N = 15)⁴

Issue for which help was needed	ISS				ISMS				Significance Between ISS / ISMS
	Improve	Same	Worse	N ¹	Improve	Same	Worse	N ¹	
Offending	5	1	1	7	4	2	0	6	None
Self confidence	4	0	0	4	2	1	1	4	None
Education / Employment	4	0	1	5	1	0	5	6	None
Responsibility	4	1	1	6	1	4	1	6	None
Anger	3	1	1	5	2	1	2	5	None
Exposure to abuse	2	0	0	2	0	1	2	3	None
Believing help will be given	2	0	0	2	1	1	1	3	None
Absconding ²	2	1	0	3	1	0	1	2	None
Personal safety	2	1	0	3	1	0	2	3	None
Dealing with officials	1	1	0	2	8	0	1	9	None
Speaking at panel	1	1	0	2	1	0	0	1	None
Feeling in control of future	1	1	0	2	2	3	1	6	None
Alcohol misuse	1	0	2	3	2	1	1	4	None
Drug misuse	1	2	0	3	2	2	2	6	None
Getting on with family	1	3	0	4	1	3	1	5	None
Self-harming	0	0	0	0	1	0	0	1	None
Attending medical appointments	0	2	0	2	0	0	0	0	None
Safe sex	0	1	0	1	0	1	0	1	None

Social worker interviews

Ratings of improvement or not, in areas young person needed help with

Table 5
(N = 62)³

Issue for which help was needed	ISS				ISMS				Significance Between ISS / ISMS
	Improve	Same	Worse	N ¹	Improve	Same	Worse	N ¹	
Believing help will be given	90%	5%	5%	20	80%	13%	7%	15	None
Anger	88%	8%	4%	25	50%	30%	20%	20	None
Offending	80%	7%	13%	30	78%	13%	9%	23	None
Speaking at panel	79%	22%	0%	14	56%	33%	11%	9	None
Attending non-medical appointments	75%	35%	0%	24	47%	33%	20%	15	None
Getting on with family	75%	19%	6%	32	35%	50%	15%	20	None
Self confidence	82%	15%	3%	33	65%	24%	11%	17	None
Exposure to abuse	68%	27%	5%	22	22%	56%	22%	9	None
Attending medical appointments	67%	33%	0%	24	46%	46%	8%	13	None
Responsibility	65%	35%	0%	31	38%	48%	4%	25	None
Absconding ²	63%	26%	11%	19	72%	6%	22%	18	None
Education / Employment	61%	25%	14%	28	67%	19%	14%	21	None
Alcohol misuse	61%	33%	6%	18	35%	48%	17%	23	None
Personal safety	59%	22%	19%	32	46%	36%	18%	22	None
Dealing with officials	56%	38%	6%	18	56%	38%	6%	18	None
Feeling in control of future	52%	35%	13%	23	46%	45%	9%	22	None
Drug misuse	43%	29%	28%	14	40%	40%	20%	15	None
Self harming	34%	22%	44%	9	86%	0%	14%	7	None
Safe sex	27%	64%	9%	11	0%	83%	17%	6	None

Abbreviations/definitions

ISMS

Intensive Support and Monitoring Service (with MRC).

ISS

Intensive Support Service (without MRC).

MRC

Movement Restriction Condition.

'tag'

Electronic tag device used for MRC that can detect if a young person is not in the designated place they are meant to be at, at a specific time.

YLS

The Youth Level of Service is a predictor of recidivism for young offenders.

Table footnotes

- ¹ The number of valid responses (N) varies with each question as respondents only answered when they considered that issue was something the young person needed help with.
 - ² Absconding refers to running away from local authority care/family home, or staying out late without permission.
 - ³ In Tables 1, 3 and 5 percentages have been rounded off to the nearest whole number and may not add up to 100.
 - ⁴ In Table 2 and 4 response numbers have been used instead of percentages due to the small numbers involved.
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