



Evaluation of Includem's Intensive Support Services

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FINAL REPORT SUMMERY OF FINDINGS TO INCLUEM SEPTEMBER 2007

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Acknowledgements

Many people have played a valuable part in assisting our work, but first and foremost we would like to thank the young people, parents, carers and local authority social workers who gave their time to offer information and views that are essential parts of this report.

We are very grateful for wide range of people who have assisted with the study. Annemarie Campbell and Germana Vitrano contributed to the data gathering. Excellent co-operation has occurred with others carrying out evaluations of ISMS, notably John Boyle and his colleagues at DTZ and Nina Vaswani (Glasgow City Council). Useful case information was provided by Alison Evans of SCRA, Paula Mackellican (Dundee City Council) and Sheila Gordon (East Dunbartonshire Council).

Senior managers at Includem (Sandy Jamieson (Chief Executive), Gary Westwater and Olive Arens) have given useful guidance about the purpose of the study and helped ensure co-operation across the organisation. Francesc Mariscal, Information Officer at Includem, has been helpful at all times and provided internal monitoring information. And, last but not least, the many Includem staff who have gone out of their way to facilitate access to respondents and help ensure the safety of researchers.

Introduction

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).

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).

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.

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 interviews, usually undertaken when they were due to exit service provision.
- Parents/carers of 31 of the 90 were also interviewed. Fifteen of them were interviewed twice.
- Sixty-two local authority social workers were interviewed once only towards the end of the fieldwork. Of those interviewed, 54 were responsible for young people who took part in the study.

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 behaviours 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.

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 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.

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.
- Matters in which smaller proportions were found to made good progress in included drug misuse, getting on with officials, speaking at children's hearings and safe sex.
- No significant differences in the high level of improvements made in addressing the many issues young people needed help with, between ISMS and ISS cases, were found except for anger management where young people in ISMS were more likely to have deteriorated in this than ISS young people.
- Young people in ISS only services 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 now spent less time with friends who they would get into trouble with.

- 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 pic data about attitudes to offending showed that these had worsened among the small number of ISMS young people who completed the scale twice, whereas the opposite was apparent among ISS young people who 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.

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.

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 Includem¹.
- 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

- 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.
- Many favourable comments by young people were made in relation to both about their understanding and good listening skills; conveying trust and respect; actively helping; and giving good advice.
- 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.
- 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.

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'.

- 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.
- 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.
- When the relationship was not so good, this was mainly attributed to the young person's resistance or changeability.
- 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.
- 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 feel more supported. A further advantage was that Includem could reinforce understandings or recommendations in social work reports to the panel.

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.

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 were 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 offending.

Views on the MRC ('tag') and on intensive support in relation to secure accommodation

- For most young people in the ISMS sample the 'tag' was *not* the most important element of the service. One third, though, said the curfew element was the least helpful part of ISMS.
- 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.
- Rather more parents/carers than young people found the tag helpful. Among the benefits were facilitating resistance of peer pressure and avoiding parent-child conflict over when the young person should be home and keeping safe. Disadvantages included worries about breaching, intrusiveness and restrictions on parental activities and carers coping with young people having their friends in the house too often, and tensions related to these different issues.
- More young people on ISMS had previously been in secure (60%) than had those on ISS (42%).
- 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.
- 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 they were aware of from experience or research. A small number believed that secure 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.
- The majority of ISMS social workers for young people who had actually been in secure previously thought that the earlier availability of intensive support would have avoided the need for secure, 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.

Conclusions

- It was not possible to obtain adequate information to judge the extent to which the two groups 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.
- 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.
- 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.
- The Includem 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 in-service until they show a reduction of risk to themselves and or to the community.
- Relapse Prevention services should 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.

Appendix

Table 1: Young People Initial Interview (N = 90)³
Rating of improvement or not in areas young person needed help with

| 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 = .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% | 3% | 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 |
| Getting on 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 children's hearing | 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 |

Table 2: Parents/Carers Initial Interview (N = 31)⁴
Rating of improvement or not in areas young person needed help with

| 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 |
| Get on with officials | 5 | 3 | 0 | 8 | 4 | 3 | 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 |
| Belief that 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 |
| Drugs | 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 | 1 | 1 | 0 | 2 | 9 | 2 | 2 | 13 | None |
| Speaking at panel | 1 | 5 | 0 | 6 | 3 | 3 | 0 | 6 | None |

Table 3: Young People Follow up Interview (N = 51)³
Rating of improvement or not in areas young person needed help with

| Issue for which help was needed | ISS | | | | ISMS | | | | Significance Between ISS/ISMS |
|---------------------------------|---------|------|-------|----------------|---------|------|-------|----------------|-------------------------------|
| | Improve | Same | Worse | N ¹ | Improve | Same | Worse | N ¹ | |
| Belief that 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 |
| Feel in control of future | 43% | 50% | 7% | 14 | 75% | 0% | 25% | 4 | None |
| Safe sex | 38% | 62% | 0% | 8 | 100% | 0% | 0% | 1 | None |
| Getting on with officials | 22% | 78% | 0% | 9 | 50% | 50% | 0% | 6 | None |
| Speaking at panel | 20% | 80% | 0% | 5 | 100% | 0% | 0% | 2 | None |

Table 4: Parents/carers Follow up Interview (N = 15)⁴
Rating of improvement or not in areas young person needed help with

| 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 |
| Belief 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 | 1 | 0 | 2 | 3 | 2 | 1 | 1 | 4 | None |
| Drugs | 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 |

Table 5: Social Worker Interviews (N = 62)³
Rating of improvement or not in areas young person needed help with

| Issue for which help was needed | ISS | | | | ISMS | | | | Significance Between ISS/ISMS |
|------------------------------------|---------|------|-------|----------------|---------|------|-------|----------------|-------------------------------|
| | Improve | Same | Worse | N ¹ | Improve | Same | Worse | N ¹ | |
| Belief that 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 |
| Get on Officials | 56% | 38% | 6% | 18 | 56% | 38% | 6% | 18 | None |
| Feel 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 |

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 either local authority care, or the 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.

Abbreviations

| | |
|-------|--|
| ISMS: | Intensive Support and Monitoring Service |
| ISS: | Intensive Support Service |
| 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. |