

## Flexibility is key - Movement Restriction Conditions

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Under 18s in Scotland can be subject to electronic monitoring (EM) through both the justice system and the Children's Hearing System (CHS). The former may utilise EM in a range of guises such as Home Detention Curfew (HDC), Restriction of Liberty Order (RLO) and as part of licence conditions on release from detention/ custodial sentence. G4S statistics from 2014 -July 2018 show EM was imposed with under 18s as an RLO on 464 occasions, HDC on 33 occasions, as part of post release licence conditions on seven occasions and as an MRC through the CHS on 134 occasions.

The use of EM through the CHS by Movement Restriction Condition (MRC), [Children's Hearing \(Scotland\) Act 2011 s.83 \(4\)](#), has shown little change in from 2014 - 2017 from a high of 31 to a low of 20 (which occurred in 2016) and 26 MRCs imposed between Jan-July in 2018. From two of these years males were the highest proportion of MRCs with 2/3 males and 1/3 with females. In 2015 the split was closer with 15 males and 12 females; however, in 2016 no females were made subject to MRCs. Papers by [Orr](#) (2013) and [Dyer and Simpson](#) (2016) outline a more detailed examination of the underpinnings of EM development in Scotland and highlighted how MRCs, as part of an individualised wraparound support plan, can contribute to community based risk reduction practice.

### What does this more bespoke and creative application of MRCs look like in practice?

When a child may be subject to secure authorisation, an MRC must be part of the assessment (Children's Hearing (Scotland) Act 2011 [s.83 \(5\) \(c\)](#)) and clear reasoning as to its suitability or not reflected in the report to panel members. Panel members must be confident why an MRC is suitable or not. The agreement, engagement and contribution of the child and their parents/carer will be critical to any plan including an MRC. Clear information regarding the technical, procedural and practice applications of an MRC must be shared which should include how and when the equipment will be installed, should an order be made, and what this requires and who would do this.

Restriction times are flexible and should incorporate existing commitments or activities, which are important and provide developmental, skills, and capacity building opportunities. For example, if the child attends a club two nights a week until 9.30pm, the tag could start later on those nights and earlier as appropriate on other days. Curfews do not need to be seven days a week and may be more effective if restrictions take place over the days where there is a pattern of harmful behaviour occurring such as Thursday to Sundays, which could disrupt opportunity to access alcohol or substances and peer associations that link to the harmful behaviour. Or, an incentivised model where the period of the restriction/number of days is reduced from initially tight restrictions in response to evidenced progress and risk reduction. In this way, an MRC can promote access to positive community based developmental opportunities that contribute to the individual building the skills they need to move away from harmful/concerning behaviours.

The MRC itself is not the answer nor is it a punishment but a tool to create opportunities for those supporting the child and their parents to engage and encourage their participation in the

plan and support risk reduction measures. Positive relationships with the child and their parent are crucial to promoting engagement and supporting shifts in both behaviour and the underlying beliefs and attitudes, which influence behaviours. The wider supports and interventions as part of the risk reduction plan must support parents and carers to enable them to fulfil their role within the plan and develop their skills in managing the concerning/harmful behaviours. For the child it is important to have proportionate expectations relative to their understanding and development and allowing them the time they need to build skills to manage risks. So, what does success look like? It is unlikely and unrealistic to expect the child to have the ability and capacity to adhere to the curfew perfectly from the start, so professionals and carers need to be prepared for this and identify what is within the acceptable boundaries of managing risk.

If you have a child who is regularly returning home later than the parental curfew but when the tag is in place this starts to reduce, and the frequency of late returning is also reducing alongside a reduction in the concerning/ harmful behaviours, is that successful? Tracking and analysing the compliance with the restrictions in place will allow assessment as to whether shifts in behaviour are evident or not.

Whilst MRCs cannot be “breached”, non-compliance may signal that the child requires more restrictive measures to keep them and/or others safe and utilising the secure care aspects of the care continuum may be appropriate. Contingency planning for all eventualities should form part of any robust risk reduction plan and where an MRC is in place this is no different. Careful planning will reduce the risk of returning to CHS to have the order changed.

MRC assessments and plans should include:

- Both the child’s and the parents view of the MRC, their understanding of what it entails, what is expected of them and what do they feel it will fulfil for them?
- Clearly defined boundaries of the monitored area e.g. access to outside to smoke, or let out their dog, as this is what G4S will implement. They have no discretion and can only monitor as stated within the MRC order.
- Contingency plans, which may include a second address where the child can go to prevent the situation at home breaking down
- What is the plan for when the child does not adhere to the restriction times?
- What does progress look like and timescale for review?
- Planning for reducing EM restrictions in response to evidenced positive engagement

Contact with the service provider for Electronic Monitoring in Scotland (currently G4S: Phone - 0800 8400 783; email - scotland.notifications@uk.g4s.com) to discuss the procedural and practice application of an MRC is encouraged. The [Scottish Government Guidance on MRC](#) in the CHS also provides examples of the wording and content that must be included in CHS reports.

For more information or to discuss the content of this Information Sheet, please contact Donna McEwan on 0141 444 8622 or donna.mcewan@strath.ac.uk.

For an insight into life with a tag, read Donna’s [latest blog on MRCs](#).