Focus

Evidence for youth justice practice

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Movement Restriction Conditions (MRCs) and youth justice:

Learning from the past, challenges in the present and possibilities for the future

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Summary

This paper draws on qualitative and quantitative data from a survey of youth justice practitioners' and managers' experience of the implementation and use of movement restriction conditions (MRCs) in Scotland. It aims:

- to review briefly some of the international literature pertaining to electronic monitoring (EM)
- to provide an historical overview of the policy and legal developments that enabled EM to be introduced through the Children's Hearings System (CHS)
- to consider some of the learning from practice since 2005 from those who have had responsibility for the implementation of EM arrangements and related packages of support for young people under the age of eighteen

In conclusion, the majority view held by respondents to the questionnaire was that MRCs, combined with intensive support, may help to reduce the frequency and seriousness of a child or young person's offending behaviour in addition to helping them to address some of the underlying difficulties they experience while facilitating the process of change.

"Like many other forms of technological innovations, it is neither good nor bad in itself. What is important is how it is used"

(Bishop, 1995, p.10)

Introduction

The purpose of this *Focus* is to provide youth justice practitioners and stakeholders with information in relation to Movement Restriction Conditions (MRCs) and their use where young people are involved in offending behaviour of a serious nature. The paper concludes by outlining some of the possibilities, opportunities and risks for young people that might stem from the evolution of EM in the future.

The origins of EM

According to Gable (1986), the development of EM and its use as a new technology to facilitate the supervision of offenders owes something to Judge Jack Love of New Mexico, U.S.A. Although now synonymous with popular TV show *Breaking Bad*, Albuquerque (New Mexico), was in reality the site in 1983 where five offenders were monitored with the use of an electronic device for the first time. The pilot project was subsequently evaluated by the National Institute of Justice (NIJ) whose findings were that the equipment was fit for purpose and that EM was financially viable, particularly if used as an alternative to incarceration (Ford and Schmidt, 1985).

The influence and application of EM has increased rapidly over the last 30 years. While it is outwith the scope of this paper to document its evolution in detail, it is important to note a number of salient points. A recent Council of Europe survey (Aebi and Marguet, 2012), indicates that EM is used or legislated in 27 European countries. According to Nellis (2014, awaiting publication) EM "has become an established — although by no means ubiquitous or uncontested — feature of the continent's 'penal imaginary'". The drivers for its development have been many and varied including the desire to: reduce custodial populations; reduce recidivism; increase offender accountability; facilitate behaviour change; increase public and offender safety; and reduce costs. Distinctions are often drawn in the literature between EM at the "front-end" of the criminal justice system (e.g. to support bail, as a form of diversion or complementary to a legal order) and the "back-end" (e.g. early release and step-down schemes and parole arrangements). Of the three early adopters of EM in Europe (England and Wales, Sweden and Holland), a philosophical fault-line emerged rapidly between those countries who "doubted whether stand-alone EM had any rehabilitative value" (Nellis, 2014) and those countries with fewer reservations. The former (Sweden and Holland) embedded EM in state agencies and retained a strong emphasis on social work values, developing schemes in which the relationship between probation officers and service users remained of central importance, albeit one supplemented and bolstered by EM arrangements.

As regards the use of EM with young people under the age of eighteen, England and Wales were the first European countries to "cross the Rubicon" and extend EM to the juvenile population, most notably with the Intensive Supervision and Surveillance Programme (ISSP) in 2001. Evaluated by the Youth Justice Board (YJB) in 2005, the findings were inconclusive as significant reductions in the seriousness and persistence of the offending behaviour of ISSP participants were identified but similar reductions were also noted in the comparison group. Meanwhile in Canada, Pearson (2012) has evaluated the impact of EM as a response to youth auto crime which demonstrated its potential when combined with other services and interventions. Renzema (2010)[1] notes that, "offenders in evaluated programs often receive a witch's brew of adjunctive treatments of uncertain appropriateness, quality and duration". In such situations, when successful outcomes are identified it becomes impossible to attribute effect to cause. This is known as the "black box" problem i.e. something worked but it is unclear what worked and why it worked.

1 Renzema's (2013) paper is not paginated.

Effectiveness of EM

Ultimately the promise of EM as the crime reduction panacea envisaged by Schwitzgebel (1968)[2] has not been realised as its use has expanded and developed. Based on their Canadian study Bonta, Wallace-Capretta and Rooney (2000, p.73) concluded "if the desired outcome is reduced recidivism, EM has questionable merit". This finding was echoed by Renzema and Mayo-Wilson (2005, p.215) who argue that "applications of EM as a tool for reducing crime are not supported by existing data". Nevertheless, it is important to distinguish between recidivism while subject to EM and recidivism following cessation of monitoring. Padgett, Bales and Blomberg (2006) highlight the possibility of a "dampening effect" on offending levels, while individuals are subject to EM and Huckelsby (2009) notes EM's "habit-breaking" potential. Both of these studies relate to adult populations.

Despite the apparent limitations of EM as regards reducing recidivism, its growth has been undiminished, which suggests that factors such as the allure of technology, popular punitivism and pragmatism may have been significant additional policy drivers. The focus of the paper now turns to EM's development in Scotland, specifically as a response to youth offending.

From Albuquerque to Alba: EM and intensive support for young people

Having introduced EM for adults in Scotland through the Crime and Punishment (Scotland) Act 1997, the policy intention to introduce EM in Scotland for young people was first indicated in the then Scottish Executive's document Putting our communities first: A Strategy for tackling Antisocial Behaviour (2003, p.29) which noted the following:

> We think electronic monitoring may be most suitable and effective for a small number of young people in the following circumstances:
>
> - As an alternative to placing some young people in secure accommodation
> - Part of the process of re-integrating a young person back into the community following a period in secure or residential accommodation
> - For breaching an ASBO

While the policy agenda in relation to youth justice was significantly different in 2003 to that which pertains today, the Scottish Executive did note that "no-one wants to restrict a young person's liberty lightly. It is a serious matter to consider such an intervention and would only be used to tackle serious issues" (2003, p.30).

Following consultation and parliamentary scrutiny, the instances in which electronic monitoring for children and young people in Scotland could be utilised were narrowed down from those originally envisaged. Under s.135 of the Antisocial Behaviour etc. (Scotland) Act 2004, the power to make a Movement Restriction Condition (MRC) as a condition of a Supervision Requirement was granted to Children's Hearings. The legislation authorised the use of MRCs only in cases where a young person was assessed as meeting secure criteria. Related regulations and guidance were also issued which created the concept of Intensive Support and Monitoring Services (ISMS), coupling EM with intensive support[3].

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2 Ralph Kirkland Schwitzgebel has contributed significantly to the literature in relation to EM and its application with individuals involved in offending behaviour but more recently has written under the changed family name of Gable (as cited on page. 1).

3 It is the intention of the Scottish Government to revise the now outdated guidance Good Practice: Intensive Support and Monitoring (2009) not least in light of new legislation and the release of The Children's Hearings (Scotland) Act 2011 (Movement Restriction Conditions) Regulations 2013.

Translating policy into practice

The approach adopted before the national roll-out of ISMS was for seven local authorities[4] (referred to as the Phase 1 local authorities) to put into place structures and processes to utilise the new legislative provisions. The Scottish Executive confirmed in October 2004 that funds would be released to these authorities to implement the new EM and intensive support packages. The envisaged funded period was to be of two years' duration from April 2005 to March 2007.

As outlined in the evaluation report prepared by John Boyle and his colleagues, the way in which the Phase 1 process was shaped led in effect to "seven different modes of delivery" which made it "difficult to assess 'what works' in ISMS" (2008, p.27). One of the clear findings from the research was that the original estimates made by the Phase 1 authorities about how many children and young people they anticipated would meet the threshold for ISMS were not realised. At the end of April 2007 there were only 63 children and young people subject to ISMS, despite it having been estimated that between 178 to 194 children and young people would meet the ISMS threshold.

Statistical summary

In drawing from Boyle (2008, p.29) and a variety of additional sources[5], the total number of children and young people who have been subject to EM through an ISMS package between April 2005 and March 2013 can be summarised as follows:

Table 1: Number of young people subject to EM through an ISMS package, April 2005–March 2013

Year	Number
2005/6	26
2006/7	37
2007/8	25
2008/9	28
2009/10	30
2010/11	10
2011/12	15
2012/13	4
Total	**175**

With respect to gender, significantly more young men than young women have been made subject to intensive support and EM since the disposal option became available to Children's Hearings. The gender breakdown is as follows[6]:

Table 2: Gender breakdown of young people subject to EM through an ISMS package, April 2005–March 2013

Year	Male	Female	Total
2005/6	22	4	26
2006/7	32	5	37
2007/8	17	8	25
2008/9	22	6	28
2009/10	22	8	30
2010/11	6	4	10
2011/12	13	2	15
2012/13	3	1	4
Total	**137**	**38**	**175**

4 The seven local authorities were: Dundee; East Dunbartonshire; Edinburgh; Glasgow; Highland; Moray; West Dunbartonshire.
5 Communication with Scottish Government (Care and Justice) Division and review of unpublished SERCO data.
6 The same young person was 'tagged' twice in 2011/12. Owing to the absence of detailed disaggregated data, it is unclear from the data whether this young person was male or female. As such, this gender breakdown should be treated with caution.

Interestingly there has been wide variation across Scotland in the use of MRCs. In 11 of the 32 local authorities no MRCs have ever been imposed on young people. More than four times as many MRCs have been imposed in Glasgow (78) as compared with the local authority with the second highest frequency of MRC imposition, West Dunbartonshire (16). In only four local authorities have more than ten MRCs ever been imposed, the two aforementioned authorities along with Dundee and Edinburgh. Finally, six local authorities have the experience of only one MRC ever being imposed (Argyll and Bute; Clackmannanshire; East and North Ayrshire; and North and South Lanarkshire). Several local authorities also provided information to indicate that MRC assessments had been initiated on numerous occasions but had not ultimately led to MRC imposition at a Children's Hearing owing to factors such as significant improvements in a young person's behaviour during the assessment period, or practitioners coming to the view that such a disposal would either be inappropriate or ineffective.

Since April 2013, responsibility for the EM contract in Scotland has been assumed by G4S. Although early in its tenure, a recent *Statistical Bulletin* (G4S, 2013: p.10) indicates that the number of children and young people under the age of 18 subject to MRCs across Scotland remains small, with eight individuals from three different local authorities subject to EM through the CHS as of the end of September 2013.

The Children's Hearings (Scotland) Act 2011

On June 24, 2013, many of the significant legislative changes encompassed in The Children's Hearings (Scotland) Act 2011 came into effect. Several of these changes have a direct impact upon the way in which the CHS operates and the manner in which MRCs may now be imposed. From a practitioner perspective, several developments are particularly noteworthy. Firstly, the criteria by which a young person may be detained in secure accommodation have been modified. Under s. 83(6) a young person may now be deemed to meet secure criteria when one or more of the following conditions have been met:

> (a) … the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk …
> (b) … the child is likely to engage in self-harming conduct
> (c) … the child is likely to cause injury to another person

Secondly, s. 83(4) outlines how a compulsory supervision order with a movement restriction condition can only be imposed if one or more of these secure criteria apply **and** it is deemed "*necessary*" by either a children's hearing or a sheriff. Finally, it is evident that efforts have been made in the new legislation to comply with the *Guidelines of the Committee of Ministers of the Council of Europe on child friendly justice (2010: Para IV. A. 6)* which make it clear that, "Any form of deprivation of liberty of children should be a measure of last resort". As such, s. 83(5)(c) emphasises that recourse to secure accommodation can only occur if a children's hearing or a sheriff has given consideration to "the other options available (including a movement restriction condition)".

Learning from the front line

In July 2013 a CYCJ questionnaire pertaining to MRCs was circulated to National Youth Justice Advisory Group (NYJAG) contacts in each of Scotland's 32 local authorities in order to develop a better understanding of the manner in which MRCs have been and continue to be used. Responses were received from 22 of 32 local authorities and, of the ten local authorities from which no responses were received, MRCs had never been used in eight of them. Thus, it has been possible to form a reasonably comprehensive picture of practice across the country albeit based on these views from individual stakeholders. Several salient themes are noted below:

Secure criteria

Almost two-thirds of respondents (63%) endorsed the current legislative arrangements whereby MRCs should only ever be imposed when a young person is assessed as meeting secure criteria. Nevertheless, a significant minority (36%) did feel that there may be occasions "when it would be valuable for Panel Members to have the MRC as a disposal option when secure criteria have not been met".

Gender

Respondents did not have strong feelings in relation to the issue of gender and its influence as regards the appropriateness of MRCs being imposed. One sole respondent noted that MRCs appear "to work more effectively with young men as opposed to young women" but acknowledged that this view was formed based on one relatively negative experience involving a young woman who was subject to EM and intensive support. No respondents felt that MRCs appeared to "work more effectively and lead to better outcomes with young women as opposed to young men".

Low MRC use

When asked to consider the factors contributing to the limited use of MRCs in their respective local authorities, respondents made a number of observations. There was a strong consensus that the infrequency with which recommendations for the imposition of MRCs are made to a Children's Hearing by the lead professional is the main reason why so few are in place. Perhaps related to this, it was also held strongly that awareness among practitioners about the availability of the MRC option has decreased since it became available to Panel Members. A majority of respondents also felt that the small number of young people in their local authority assessed as meeting "secure criteria" each year and the ethical/ideological reservations of practitioners could be contributory factors. It also seems to be the case that most local authorities have a broad range of additional services for young people who display "high risk" behaviour which may serve to reduce the need for recourse to MRCs and intensive support.

Purpose and application

There was an interesting spread of views in relation to the purpose to which MRCs are best suited. In broad terms, 43% of respondents felt they are best used as a "direct alternative to secure", just under a quarter felt that they were most effectively used as a "step down" resource and the remaining third had no strong opinion either way. Turning to application, the use of MRCs "to monitor a child or young person's behaviour in the community as part of a structured reintegration and 'mobility package' before his/her planned return to secure accommodation" and "to enforce a curfew" were deemed to be of the greatest value as regards delivering positive outcomes for a young person. Respondents were also open to the value of MRCs in the enforcement of "buffer zones" but there was somewhat less support for the idea that MRCs might be used to encourage involvement in pro-social activities and to stimulate appointment attendance.

Intensive support

All respondents confirmed that if a young person is subject (or were to be subject) to a movement restriction condition in their local authority this is (or would be) combined with a package of intensive support. Different local authorities have different arrangements for the provision of such support, some delivering services "in-house" and some in partnership with third sector colleagues. Education provision for young people subject to intensive support also varies. Some local authorities have bespoke services and dedicated teachers to work solely with this cohort often outwith mainstream education provision, while other local authorities endeavour to integrate young people into mainstream resources. With respect to accommodation few local authorities have a dedicated accommodation resource for children and young people subject to intensive supervision and monitoring. However, in a small minority of local authorities access to a respite resource at short notice can be facilitated. Several respondents noted that intensive services for young people have recently been subject to significant financial cuts or are under review; therefore the picture is somewhat fluid at present.

Breach and legal representatives

The question of how best to respond to non-compliance divided respondents. While 60% of respondents felt that responsibility for challenging non-compliance should be devolved to the lead professional to address with the young person on a case-by-case basis, the remainder felt that the Children's Reporter should be made aware of every incident of 'breach' to establish whether a further Children's Hearing ought to be called.

In relation to legal representation for young people at Children's Hearings when MRCs are under consideration, 38% of respondents confirmed that a legal representative had "always been present" while 15% of respondents noted that a legal representative had "generally been present". However, a tenth of respondents noted that this had "rarely" been the case.

Consent

Some 62% of respondents deemed essential the consent of both a child/young person and his/her parent(s)/carer(s) to the imposition of EM before action could be taken to put arrangements in place. All remaining respondents deemed consent to be of importance and no-one felt it unnecessary or unimportant.

Decision-making at a children's hearing

There was general consensus that when a lead professional provides Panel Members with a full assessment, chronology and single plan they ought to be in a position to make an informed decision as to whether or not children or young person should be made subject to MRCs. Several suggestions were made as to specific points and issues that ought to be addressed in paperwork submitted to a Children's Hearing. Specifically there should be:

- Confirmation that all other reasonable alternative courses of action have been exhausted.
- Clear information as to whether or not the child/young person and his/her parent(s)/carer(s) have given their consent (and that this was freely and independently given).
- Information concerning how breach(es) will be managed and any sanctions which may be imposed for non-compliance.

- Information concerning the risk assessment tools (e.g. ASSET) used and the way in which risk assessment has informed risk management planning (e.g. how service intensity will be shaped by a young person's risk profile thereby ensuring that at "problem times" a higher level of support can be made available). Additionally, aside from a young person's risk of re-offending, "system-generated" risks ought to be addressed (e.g. increased risk of exposure to hostile family members/domestic violence if a young person is required to adhere to a curfew in the family home).
- Evidence (e.g. minute or note of action points) from any relevant Secure Screening Group. It was also noted that information ought to be provided by other professionals as required (e.g. Child and Adolescent Mental Health Service (CAMHS), Psychological or Community Safety reports).

Intensity and wraparound

One of the issues that several respondents outlined as a concern in various sections of the questionnaire was the tendency for intensive support to become overwhelming for young people and their families at times (and indeed overwhelming for those implementing and overseeing the package of support). Meanwhile, when asked to consider the minimum necessary components of a support package that can enable "high risk" children and young people to be managed safely in the community, respondents made numerous pertinent observations which effectively described a wraparound service. Owing to their volume and richness, more detailed views pertaining to these two issues of intensity and wraparound services are outlined in the appendix.

"Findings point to the critical importance of the relationship between the social worker and service user in stimulating and supporting positive behaviour change"

Discussion

In some respects, this short piece of research relating to MRCs and their use in Scotland with young people under the age of 18 raises more questions than it does provide answers. This is perhaps not surprising given the contested evidence base in relation to the purpose and effectiveness of EM across Europe and North America. However, it is apparent that EM is here to stay for the foreseeable future and on that basis youth justice practitioners in Scotland ought to consider how they might best help to shape and to modify the use of MRCs with young people under 18 to produce the best possible outcomes. As Nellis (2013, p.31) notes "a mix of public and professional complacency, indifference and hostility towards EM has stifled debates on its creative uses, and treated it as a thing apart from broader debates on desistance, the reorganisation of criminal justice social work and the reduction in the use of custodial sentences".

With respect to shaping future EM research, Renzema (2010) has emphasised the need for a more nuanced approach to be adopted. His view is that the key research questions which ought to be explored in EM studies are as follows:

- Does EM reduce re-offending during the period of restriction?
- Does EM reduce re-offending after the restriction period has ended?
- Aside from re-offending rates, does EM affect the individual monitored (positively or negatively) in other ways?
- Does EM provide value for money?
- Does EM contribute to "net-widening"?

Several pieces of Scottish research have already begun to make inroads in this regard. Khan and Hill (2007, p.9) in their evaluation of Includem's Intensive Support Services found that "the MRC was regarded as less influential than the Intensive support service provided, but in some cases it was seen as crucial to improvement". Importantly their research encompassed qualitative interviews not just with young people but also with their parent(s)/carer(s). Although gender-specific, Deuchar's (2011) study forcefully demonstrates that standalone EM fails "to build pro-social capital in the lives of marginalized young men who have turned to criminal offending as a source of social identity, status and recognition" (2011, p.125). As with numerous other recent studies (McLeod, 2007; Smith et. al., 2011; Trotter and Evans, 2012), his findings point to the critical importance of the relationship between the social worker and service user in stimulating and supporting positive behaviour change. It seems that such behaviour change cannot be stimulated solely by a bracelet. However, such a bracelet worn by a young person in tandem with the receipt of consistent support and guidance from an individual with a sense of humour who has the capacity to demonstrate empathy, to build trust and to deliver on commitments is a different proposition. Meanwhile, evidence from Glasgow points to the real potential (Vaswani, 2009, p.13) of EM coupled with intensive support to contribute to reductions in the volume and seriousness of young people's offending behaviour while delivering significant cost savings through the reduced use of secure accommodation. The interesting aspect of this piece of research is that it moves beyond recidivism as the sole measure of success and also takes into account pragmatic resource questions. Another importance aspect of both of these pieces of research is that they have incorporated the views and lived experiences of young people through rich qualitative data.

To conclude, it is possible in looking to the future to identify areas in which EM of young people under the age of 18 may expand further, not least in relation to the area of bail supervision and alternatives to remand. Equally, it is possible to identify gaps in our existing knowledge base as regards young people's experience of EM, including the experiences of young people under 18 who may be subject to EM as one of the conditions of their early release from custody. Furthermore, it is important to research more closely the practical consequences of using MRCs as part of a supervision strategy and to gather better evidence about the kinds of behaviours which they may help to address more (or less) effectively than other strategies.

From the evidence marshalled to inform the content of this paper, it seems that an overarching conclusion may legitimately be drawn to summarise the current position. An electronic tag attached to the limb of a young person under 18 is not without value as an additional driver of behaviour change when accompanied by dynamic and creative packages of community-based support delivered by skilled professionals. Yet in the absence of such support the case for EM becomes weak (if not indefensible) from the perspective of those committed to the principle of rehabilitation.

Appendix — Practitioner views on MRCs: Intensity and wraparound

Intensity

"Our experience has been that families do feel overwhelmed if a number of staff are involved"
"10 professionals involved as part of ISMS package a bewildering ask for YP to engage, comply and change"
"Young people and families can find the resource put in just too much. I think this is because we try hard to convince the Hearing to go with the MRC and therefore often maybe overdo the care package … the package tends to be very professional heavy"
"Families do feel overwhelmed"
"There are too many professionals getting involved"
"The number of professionals/individuals required to deliver high levels of support per week brings too many professionals into contact with families who find the array confusing"
"This can place a huge burden on the allocated workers"

Wraparound

"There has to be 'buy-in' by all the child/family and associated services. Intervention needs to be intensive around the child. The Police also need to be sensitive to EM and the outcome that is trying to be achieved".
"Proportionate allocated hours of support, weekly reviewing, stringent follow-up to issues as they arise, community respite resource as required. Communication between all agencies (lead personnel) on a daily basis".
"A dedicated 24/7 service/team to support a young person and his family combined with a clear explicit commitment from other services in supporting other identified criminogenic needs".
"'Buy-in' from lead agencies and an accountability for their actions (or lack of them). 'Out of hours' active provision. Mixture of 'professional'/community resources to enhance pro-social modelling. Links to community essential to build in longer term sustainability".
"Intensive worker support to YP on a daily basis, 2–3 workers max, that can be reduced in accord with YP's stabilising of behaviour, 24 hr helpline for YP and YP's carer. Weekly review meetings with all workers, YP and carer. Education input and structured daily routine including consistent evening activity".
"A lead worker to co-ordinate plan and hold services to account. The young person should be involved in developing the plan and … where appropriate providers of training/employment should be involved in order to give structure and purpose to non-restricted hours. There should be positive activities and supports to make it attractive for young people to be in the required address during hours of restriction. There should be regular review meetings".
"Activity that they are engaging in every day (education, training, leisure). Programmes (individual or group) to address issues. Work undertaken with parent's carers. Individual coaching to increase motivation with an assertive outreach approach. An outreach service available seven days a week (not necessarily 24 hours) that can respond to issues. Links to other services on an individual basis (NHS, SDS, etc.)".

*"A **lead worker** who will see the young person through the journey … Access to leisure activity in the community rather than a blanket ban … **crash pad/emergency accommodation** if needed … **A mentor**?"*

*"**Lead professional** who co-ordinates the plan. **Family support** and work, **education/training** provision. Drugs and alcohol support, offence-focussed work, option for **respite** (if at home), **24/7** help line for family, potential of **a mentor** to support access to physical activities. **Frequent reviews** chaired by team manager with potential core groups meeting weekly with the helping team".*

*"We need **committed staff** who still believe in young people, robust action plans, supportive parents/carers, **education** to provide the required full time programme, as well as **excellent communication** between all parties".*

*"**Each case is quite different**".*

*"**A small helping team** wrapped around the young person and family, rather than numerous different professionals, focussing on the needs of the young person and targeting the areas and issues which have led to the individual becoming HR. Personalised Learning/**Education** provision is a crucial component in order to provide a structure but also to promote strengths and help overcome barriers to future learning. **24/7** support is also required which should include visits and telephone contact. Access to **respite**/crisis accommodation should also be available when assessment has identified the family/care givers home as a contributing factor".*

*"**Specialist one to one work**".*

*"Each package has to be personalised and interventions targeted at key risks — **difficult to envisage a universal minimum**".*

*"Sound and robust assessment of 'risk' and 'needs' of YP AND family. **Skilled practitioners** who can offer support at critical times and can work **WITH the family** and YP. Access to appropriate **education** packages/ alternatives for education".*

*"**Unconditional care** of key people involved. **Non-judgemental attitude**. Training. **Flexibility of funding**".*

*"At a bare minimum there has to be a service/worker who can work intensively with a young person and build up a relationship with them. Only once this is established should there be an emphasis on learning/**education**, social activities, interventions to address offending, work with the family/carers, **planned respite** if required and **24/7** on call to support families and young person. Too many professionals being involved from too early a stage appears to have the opposite effect of what we need to achieve and you have to be very careful not to throw everything at a case in the aim to provide 'wraparound' support".*

*"**Good working relationships** (quality) outweigh quantity (number of appointments/time seen)".*

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