

Bail Supervision Scheme (BSS)

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Background

- Children Act commitment to reducing use of detention
- Troublesome remand trends
- Academic and advocacy critique
- Inclusion in 2008 National Youth Justice plan
 - *‘...Pilot bail and support programmes in Dublin and Limerick... On evaluation of these pilots, consideration of nationwide bail and support programmes ...’*

Social Impact Bond Initiative

- Third sector funding into public schemes
- Detailed feasibility study, economic, strategic, logistical and operational assumptions tested [by economists]
- Requirement for Evidence Based Programmes
- Bail supervision feasibility test

Feasibility Study

- The study was undertaken by a project team involving:
 - An Garda Síochána
 - Department of Justice and Equality
 - Probation Service
 - Oberstown Campus

- Consultations with:
 - Social Finance UK
 - Multi-Systemic Therapy MST (Unites States)
 - Department of Health (England and Wales)
 - Multi-Systemic Therapy in England and Northern Ireland
 - Relevant research literature

Findings of feasibility study

- Is the proposed Bail Supervision model fit for purpose? 
- Can the Bail Supervision model operate efficiently and effectively in Ireland? 
- Can Governance concerns be effectively managed? 
- Are there providers capable of delivering the service? 
- Do the costs and benefits of the proposal compare favourably with the detention alternative? 
- Is there a means for financing the proposal in years 1-5 using a Social Finance vehicle? **X**

Implementation of Pilot

- DCYA secured necessary funding
- 2-year Pilot initially (extended for a 3rd year)
- E-Tenders
- Contract awarded to Extern
 - MST to be the intervention programme
- Multi-Agency involvement: IYJS/DCYA, AGS, Probation, Tulsa, Oberstown
- REPPP (UL) – Developing Framework for the Review and Evaluation

Evaluation

- REPPP conducted evaluation
- Initial findings shared with Oversight Group
- Final Report (DRAFT Received)
- Recommendations being considered.....



Bail Supervision Scheme

Incorporating



Bail Supervision in Youth Justice System

Diversion

Children's Court

Bail

Custody

Diversion: Garda Youth Diversion Office give JLO Caution and Supervision. May also refer to Garda Youth Diversion Project



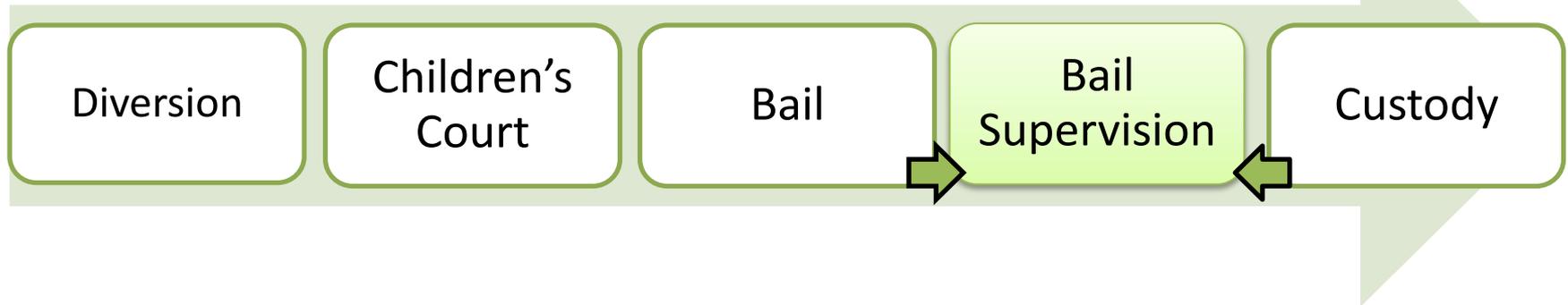
Court Proceedings: Small Minority deemed unsuitable for Diversion –Sent to District Children's Court – Can then be sent on to Circuit Court



Bail: Most children are granted bail until their cases are heard.

Remand in Custody: A small minority of young people who have had bail revoked or refused can be remanded into detention until their case is heard.

Bail Supervision in Youth Justice System



The Bail Supervision Scheme now give the Court an option of Bail with added therapeutic supports as an alternative to remand.

- Children Act (2001): Detention as a last resort
- Bail = Presumption of Innocence
- Benefits of remand are limited

Bail Supervision Scheme and MST

The Bail Supervision Scheme aims to address the anti-social behaviours of young people on bail in order to achieve the overall goals of:

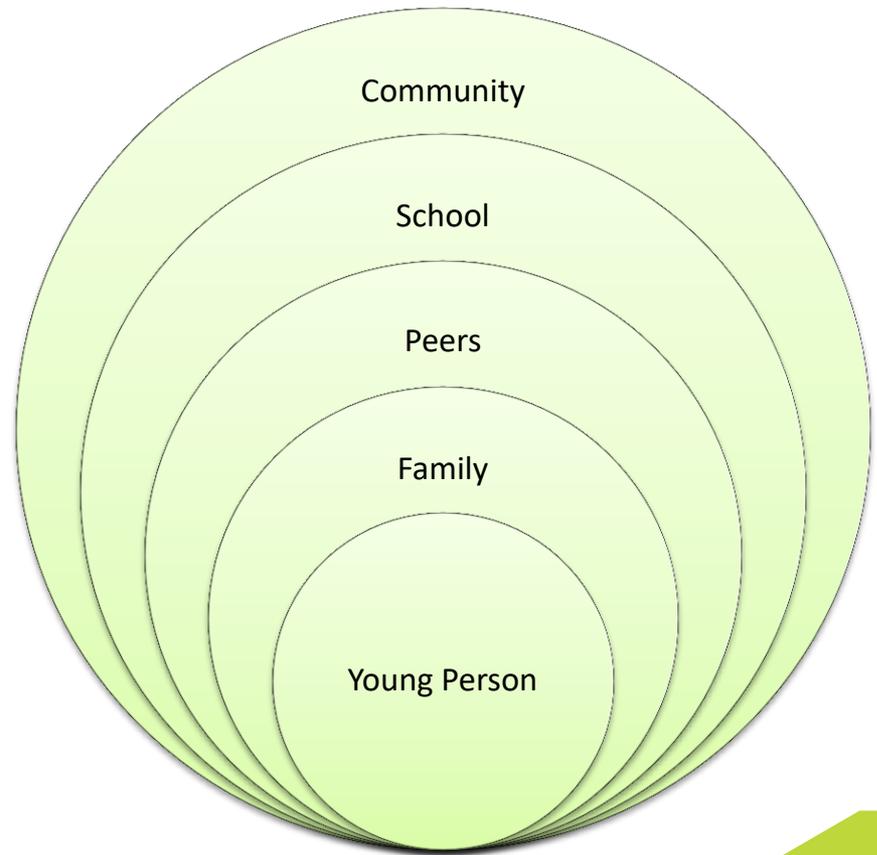
- Increased compliance with court set bail conditions
 - Reducing the demand for remand places
 - Making positive behaviour changes across the individual, home, school, peer and community systems.
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Bail Supervision Scheme and MST

- The Bail Supervision Scheme aims to achieve its goals through the application of Multi-systemic Therapy [MST].
 - MST is a globally recognised, evidence-based model, which has been in operation for over 30 years.
 - It is a model of practice that aims to reduce the anti-social behaviour of young people with persistent and high level pattern of offending.
 - MST has a proven track record of achieving positive outcomes for these young people by keeping them at home, in education and out of trouble.
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How Does MST Achieve Change?

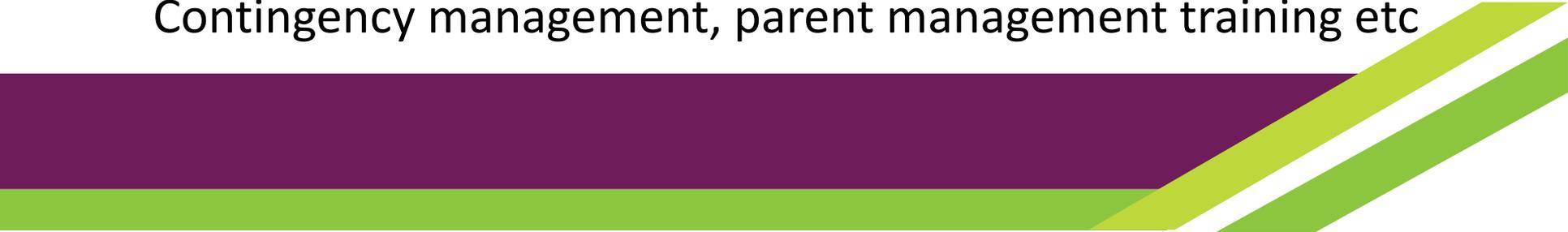
- MST targets the known causes and risk factors for offending behaviours through engagement with multiple systems such as:
 - young person
 - family
 - peer relations
 - school functioning
 - community



How is the Bail Supervision Scheme achieving change?

The Bail Supervision Scheme consists of one MST Supervisor and three MST Therapists.

In delivering MST, we are offering:

- An allocated MST therapist per family
 - Intensive support
 - 24/7 on-call support
 - Home/community based service to remove barriers to access
 - Evidence-based intervention CBT, Behaviour Therapy, Contingency management, parent management training etc
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How is the Bail Supervision Scheme achieving change?

In delivering MST, we:

- Facilitate family involvement in treatment
 - Empower parents to address the needs of their child
 - Promote the long-term maintenance of positive change
 - Collaborate with key figures (Family, Community, Case Managers, Tusla, Probation, Solicitors, Education etc.) in the young person's life in setting goals and interventions.
 - Treatment lasts 3-5 months
 - Stringent Quality Assurance Measures
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Comparison with other treatment models

Traditional Models

Individual focus on Y/P

Y/P has to engage

Office/Clinic based

Set times & days

High Caseload & Low intensity

Non-contextual

Group work with other young offenders

MST

Systemic – Includes family, school, peers, community etc

MST have to engage family

Home & Community Based

Flexible 24/7

Low Caseload & High Intensity

Ecologically valid

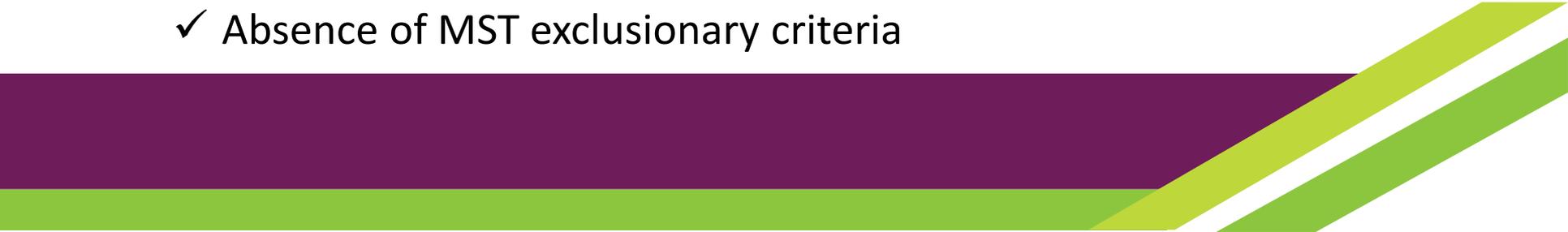
Individualised & focus on pro-social peers

The Bail Supervision Scheme Implementation to date

October 2016 – August 2019



Implementation – Referral Pathways

- Referral received from **Oberstown** or **Dublin District Children Court**
 - MST supervisor assesses suitability for MST treatment
 - Inclusionary Criteria Include:
 - ✓ Dublin District Children Court Case [Court 55]
 - ✓ Living within a 20 mile radius of Dublin
 - ✓ Aged 12- 17
 - ✓ Identified primary caregiver who the young person will live with and who is willing and able to engage with MST treatment
 - ✓ Absence of MST exclusionary criteria
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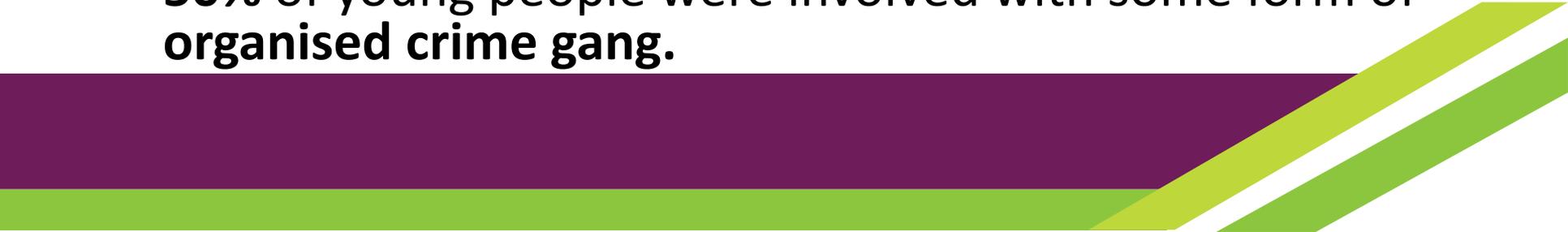
Implementation – Client Profile

To date the Bail Supervision Scheme has provided MST treatment to **57 young people and their families.**

Overview of Client Profile on Referral:

- Average age: 16 years
 - Age Range: 13 – 18 years
 - 55 Males : 2 Females
 - 23 cases referred from Oberstown
 - 34 cases referred from Court 55 – Dublin District Children Court
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Implementation – Offending Profile

- All young people had persistent and serious patterns of offending behaviour.
 - Most common offences included Theft, Robbery, Assault and Driving Offences.
 - Approximately **61% of all crimes were violent.**
 - **14%** of young people had charges that were sent forward to trial on indictment in **Circuit Court**
 - **50%** of young people were involved with some form of **organised crime gang.**
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Implementation – Social Needs Profile

All cases also presented with complex **social and emotional needs**, including;

- 75% of the young people had reported **substance misuse issues**. The majority of young people being poly drug users.
 - 53% of young people had patterns of absconding from home and/or going missing for periods of time
 - Just under half of the young people had reported mental health concerns, with 9 young people having previous serious self harm incidents.
 - Half of all cases had experienced a significant family loss or separation, including 16% who had a close family member die in tragic circumstances (homicide or suicide)
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Implementation – Social Needs Profile

Caregivers also presented with complex **social and emotional needs**, including;

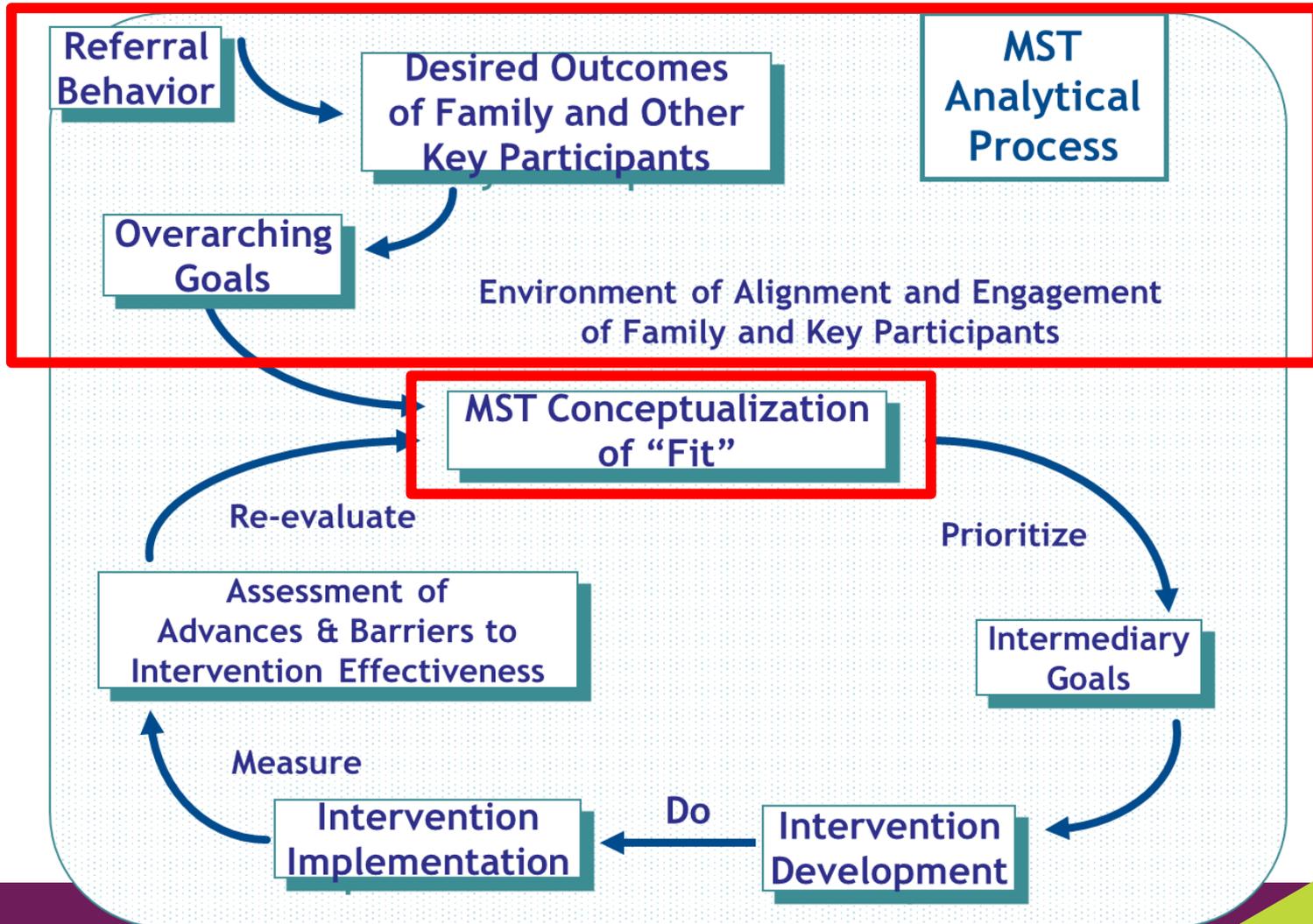
- 31% of caregivers had mental health concerns.
- 31% of caregivers had reported substance misuse issues
- 69% of young people had at least one family members involved in crime:
 - 19 of the cases had a family member currently in custody during MST

Implementation to date

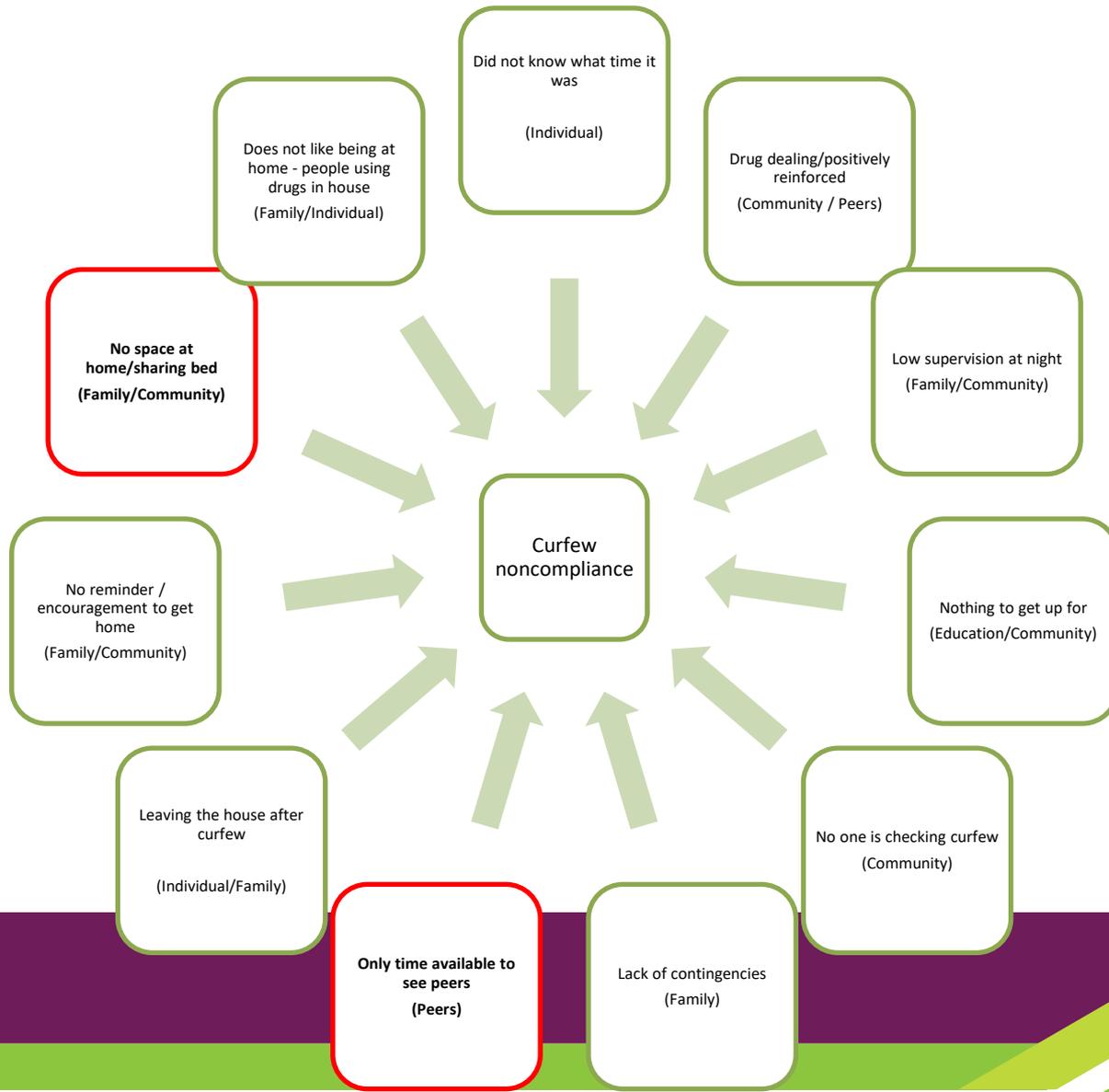
MST Implementation



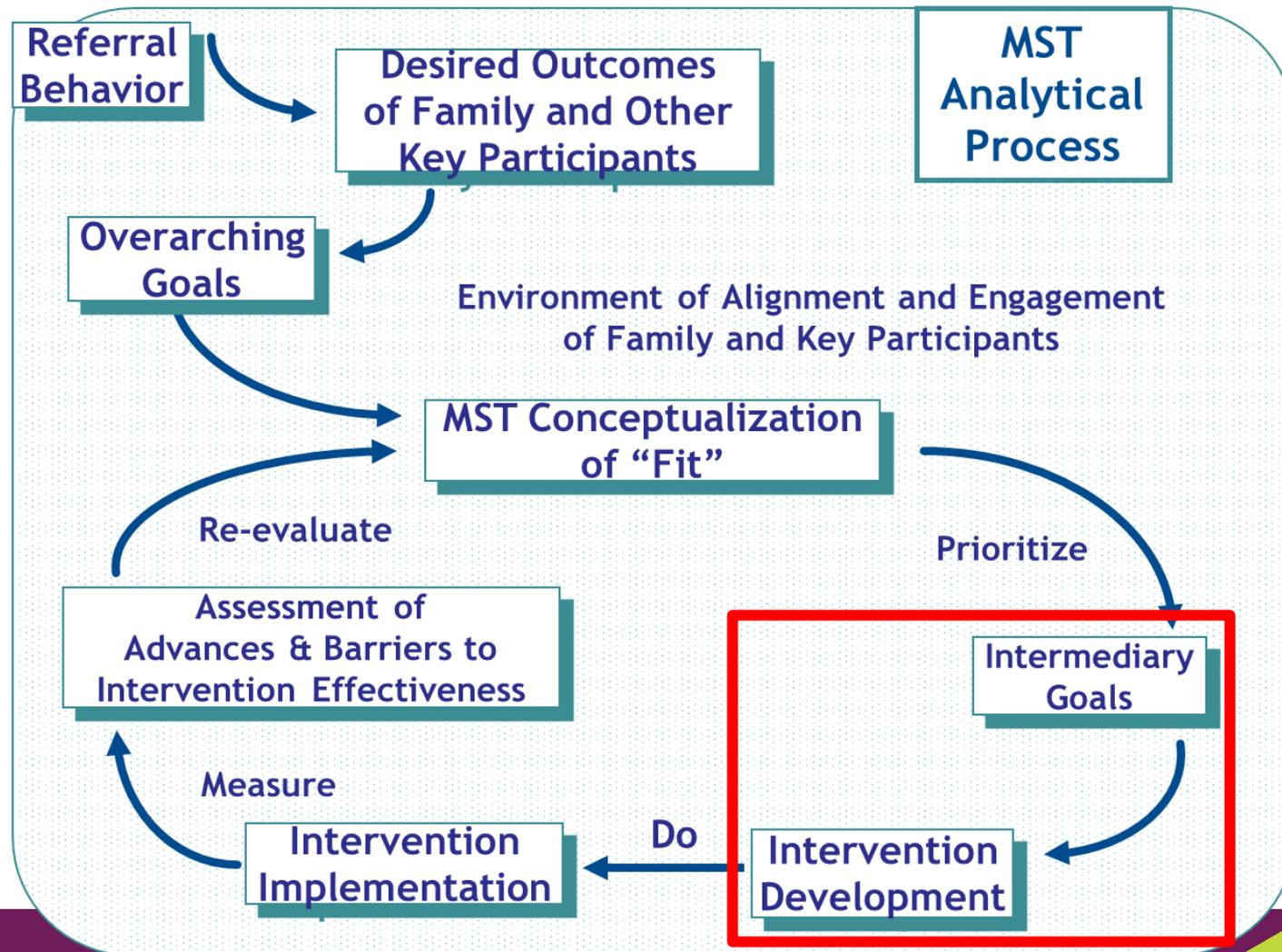
Implementation– MST Analytic Process



Implementation – Sample Fit Circle



Implementation– MST Analytic Process



Implementation – Weekly Intermediary Goals

Driver: No space at home/sharing a bed

Goal: Increase possibility of having own space at home.

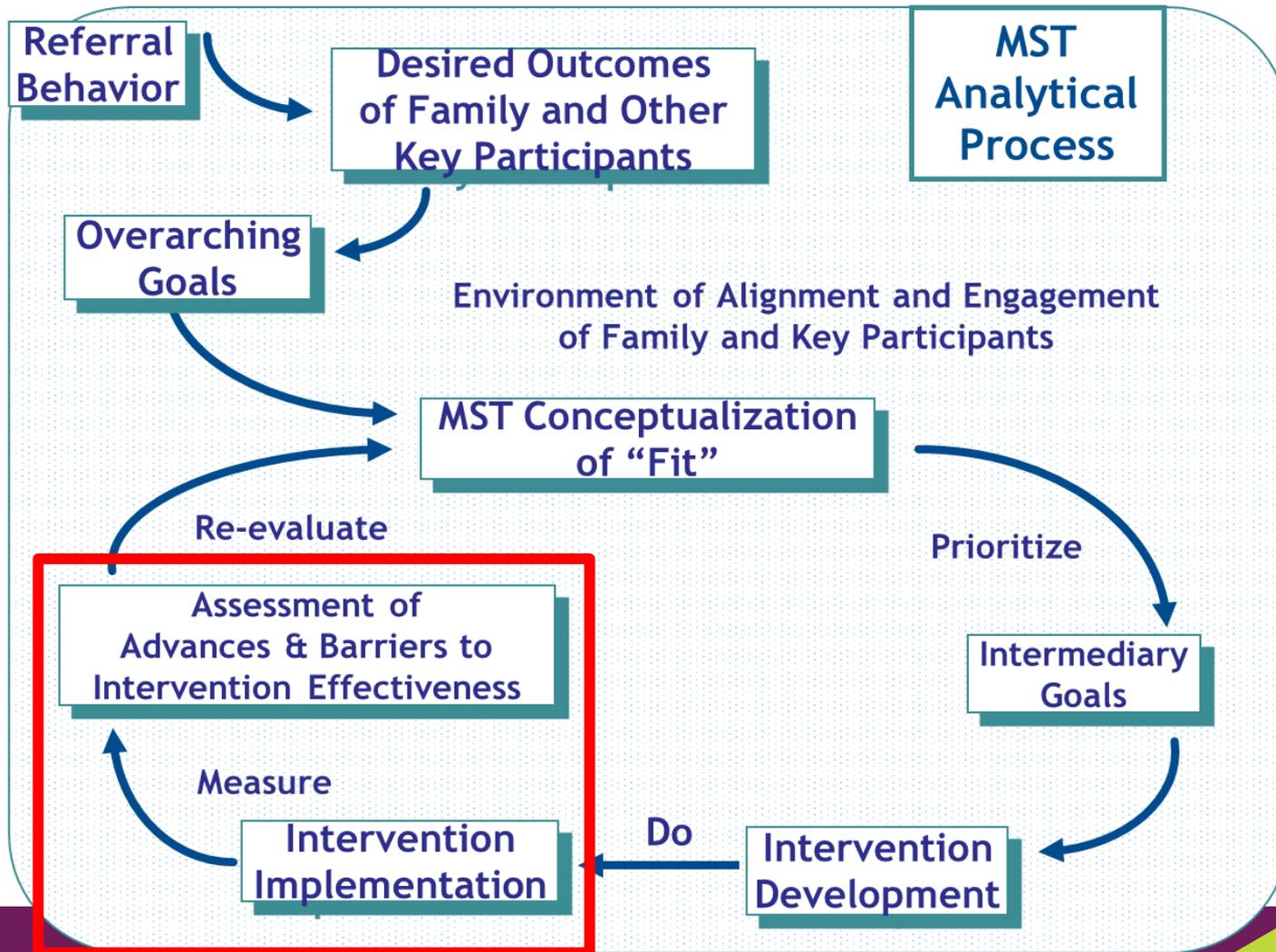
- a) Y/P, Mum and therapist to clear spare room.
- b) Mum and therapist to complete budget on cost of renovations.
- c) Mum to ring City Council to get heating/lighting fixed.
- d) Mum and Y/P to check charity shops/online forums for furniture etc.

Driver: Having fun with his peers

Goal: Increase probability of young person engaging with his peers

- a) Y/P is allowed to have one approved peer in the home until 22:00 (23:00 W/ends) once he is at home before curfew.
 - b) Mum needs the contact number of approved peer caregiver.
 - c) Y/P is allowed to play the playstation or watch TV with friend.
 - d) No smoking is allowed in the family home.
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Implementation– MST Analytic Process



Implementation – Implementation / Assessment

Driver: No space at home/sharing a bed

Goal: Increase possibility of having own space at home.

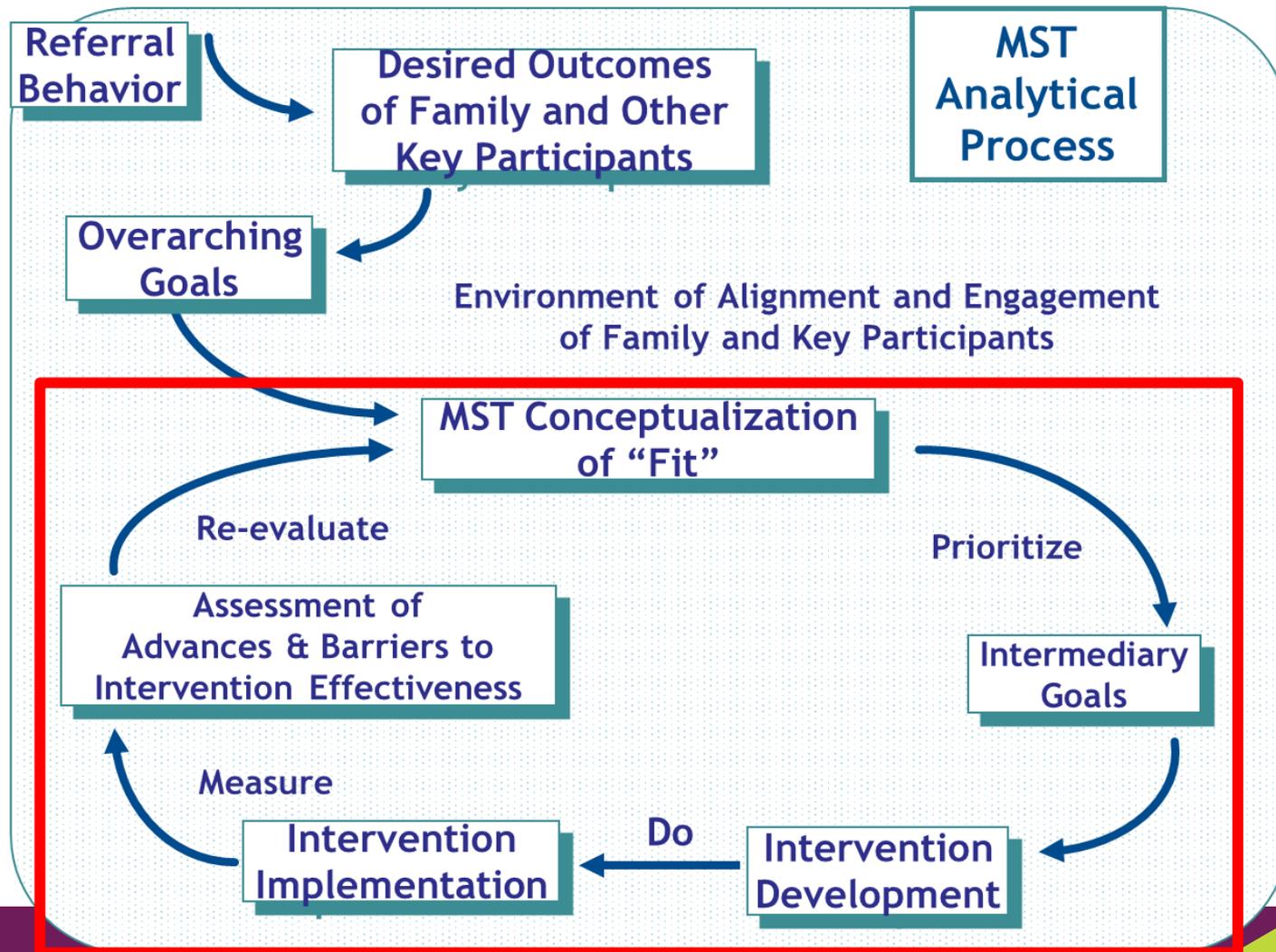
- a) Y/P, Mum and therapist to clear spare room. **MET**
- b) Mum and therapist to complete budget on cost of renovations. **MET**
- c) Mum to ring City Council to get heating/lighting fixed. **NOT MET**
- d) Mum and Y/P to check charity shops/online forums for furniture. **NOT MET**

Driver: Having fun with his peers

Goal: Increase probability of young person engaging with his peers

- a) Y/P is allowed to have one approved peer in the home until 22:00 (23:00 W/ends) once he is at home before curfew. **MET**
- b) Mum needs the contact number of approved peer caregivers. **MET**
- c) Y/P is allowed to play the playstation or watch TV with friend. **MET**
- d) No smoking is allowed in the family home. **MET**

Implementation– MST Analytic Process



Implementation– MST Interventions

MST Sessions have included:

- **Behaviour Therapy**
- **Parent Management Training**
- **Cognitive Behaviour Therapy**
- **Structural Family Therapy**
- **Strategic Family Therapy**
- **Contingency Management**

Interventions are individualised to the needs of the family building on their **strengths** and addressing identified weaknesses.

Individualised interventions and goals for each case are reviewed and agreed with the family and in MST clinical supervision every week.



Case Study 1 - Luke

Treatment duration:

Treatment duration: 24 weeks

Total number of sessions attended: **72**

Total direct hours: **158 hours**

Young Person's Profile

- High level of offending and anti-social behaviour
 - Repeated re-offending while on bail
 - Non-attendance at education for a number of years
 - Family history of offending behaviours and substance misuse
 - Homeless accommodation
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Case Study 1 - Luke

Key interventions included:

- Parenting skill development with Mum to increase her responsibility in relation to her son's bail compliance.
 - Developing social supports and coping skills with parent to address her own substance misuse.
 - Source education placement and plan all practicalities including transport, bank account, budgeting, routines, home-school link etc.
 - Behaviour Management support in relation to strict curfew, included all systemic supports to address this.
 - Engaged young person in restorative piece of work with Probation.
 - Practical support and advocacy regarding budgeting and health needs.
 - Support family to move from homeless accommodation into rented.
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Case Study 1 - Luke



Case Study 1 - Luke

During MST the following goals were achieved:

- Compliance with bail conditions and probation order
- No further time in custody
- Stable living arrangements
- Returned to full-time education
- Remained drugs & alcohol free - results of weekly supervised urinalysis, negative for all substances and alcohol for duration of MST.
- No re-offending and no further Garda attention
- During MST treatment the family were supported to move from homeless accommodation into rented accommodation.
- Deferred sentence in lieu of custodial sentence:
- **FOLLOW UP** – 6 months post treatment when case was to be finalised Luke had continued compliance with conditions and received probation order.

Feedback from Families

“Extern helped my family, my children and myself. It helped all the household”

“It helped me stay out of trouble. It gives you something to do... instead of just hanging around. It wasn't really hard, just getting up in the morning! You have to want to do it.”

“Now I can understand [my son] more as a mother. Now when he talks to me I can explain things to him. Before you came along [he] wouldn't talk to me at all, he'd tell me nothing”

“You gave me great advice, how to handle the situation with the boys”

I think it's a great idea Extern. I think it's a great idea for families to have someone

“Things went great today in court...Thanks again, you helped me save my son, I can't thank you enough”



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What Next?

Aim:

- ❑ Increase compliance with court set bail conditions
- ❑ Reduce the demand for remand places
- ❑ Make positive behaviour changes

Evaluation:

- ❑ Marked reduction in levels of offending
- ❑ Evidence of improved adherence to bail conditions
- ❑ Continual reduction in remand trends

Summary Statement

- *The scheme...enabled ...high-risk young people to adhere to bail conditions and reduce reoffending. This ensured that these young people remained in the community while awaiting court process and were better placed to attract a non-custodial option at their sentencing hearing.*

Challenges?

- Requirement of BSS team to report breaches, hampered ‘Buy-in’
- Referral procedures and length of treatment
- Need to look at MST exclusion criteria
 - Residential Care
 - Age
 - Mental Health

Evidence

