CHAPTER 11

GOOD PRACTICE PRINCIPLES AND GUIDANCE

VULNERABLE GIRLS AND YOUNG WOMEN

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“I don’t like the doors being locked especially as I’ve not broke the law or done anything wrong.” (Quote by young person)

“Secure is a place for people
Who have done something bad
I’m not a bad person. All I did was run away
And then I had nowhere to stay” (Excerpt from a poem by a young person)
(Secure care subgroup)
I INTRODUCTION

i. Why Guidance for Girls? - GIRLS ARE DIFFERENT AND ALL DIFFERENT

a) “Effective working with girls and young women who have been drawn into the criminal justice system is considerably hampered by a set of interrelated problems” (Batchelor, S and Burman, M. 2004)

- There has historically been a tendency to group girls and young women’s offending and risk taking behaviours alongside those of boys and young men. This is due in part to the relatively low numbers of girls and young women and their invisibility within systems predominantly designed for males. Literature and evidence on offending behaviour in young people has tended to be presented under the assumption that girls and boys are the same, however, it is now generally accepted that although there are similarities in some risk factors associated with offending behaviour in both boys and girls, some are more strongly associated with girls.

- Violence is a common theme across both genders however girls and young women can present challenging behaviour which is unpredictable, violent and manipulative, and prevalent themes within this are substance misuse, negative peer association, absconding and sexually risky behaviours.

- The general perception of girls and young women involved in the system is of a group which is extremely troublesome and difficult to engage. Despite this, until recently, little priority has been given to the development of services and gender specific interventions for girls and young women. Most current services available to address offending and other risk taking behaviours are derived from the principles of “What Works?” which stem from theories of male offending and often do not meet the needs of females.

- Girls and boys respond differently to external pressures in that girls are more likely to internalise difficulties whereas boys will “act out” in the form of more delinquent and antisocial behaviour (Merone 2010). Relationship issues feature strongly in girls’ offending and it is no longer accepted that girls’ needs are simplified to discreet criminogenic factors as some of their needs are not necessarily “treatable” by generic programmes. Interventions are required which are holistic, reflect the complexity of girls and young women’s experiences and address the multiple factors relating to offending behaviour.

- There is also still a marked difference in societal attitudes towards girls and boys in that girls have a tendency to be regarded as being in greater need of moral protection, due in part to the nature of their risk taking behaviours. It is acknowledged that some girls continue to be placed in secure care due to the impact of sexually risky behaviours, victimisation and a range of mental and emotional disorders. To date, in Scotland, there remains little in the way of suitable alternative services, particularly in the community, which protect vulnerable girls and young women, and manage high risk whilst addressing complex needs.

b) In June 2011, following the publication of the report by Her Majesty’s Inspectorate of Prisons on Cornton Vale Prison and Young Offenders Institute, the Scottish Government announced the establishment of a new Commission to improve outcomes for female offenders by examining how they are dealt with in the criminal
justice system. Of particular concern was the number of women in prison which has more than doubled over the last decade, problems compounded by overcrowding, and the wider issues of alcohol and drug abuse and mental health problems. The Commission’s remit was to find a more effective way of dealing with women offenders with a view to reducing offending. They were tasked to take forward a focused piece of work to review the evidence, identify what works to reduce re-offending and report back to the Scottish Government.

c) The Commission published its report and recommendations on 17th April 2012, and although it does not relate directly to the needs of girls and young women, emphasised from the outset the numbers of:
“deeply vulnerable people for whom offending is a result of chaotic lifestyles, mental health difficulties and severe addiction problems. Many (women in prison) will have been the victims of abuse – physical, sexual or mental - in their childhoods.” (RT Hon Dame Elish Angiolini, June 2011)

d) The report acknowledges the complex needs of women in prison particularly in relation to addiction, mental health, and abuse in childhood; the ineffectiveness of short custodial sentences; and high reconviction rates.

e) The report states that many of the women imprisoned could be better dealt with outwith the prison environment and it acknowledges the impact of parental imprisonment on children.

f) Recommendations also include intervention in early years, and parenting programmes and intensive family support to reduce conduct disorders in children.

g) The Scottish Government published its response to the report on 25th June 2012 which agreed with the aims of all of the Commission’s recommendations, and accepted immediately 33 of the 37 proposed. The remaining 4 in respect of sentencing options, mental health services, and leadership and delivery of adult offender services in the community, will be subject to further consideration and examination in more detail.

ii. Aims of the Good Practice Guidance for Girls and Young Women

a) This section of the guidance attempts to draw on some of the literature and evidence and suggests how outcomes for girls and young women might be improved by applying good practice principles more holistically and more tailored to the individual needs of girls and young women.

b) This section is aimed at practitioners with direct responsibility for providing services to girls and young women, but it is also relevant for managers and other professionals who may be involved in service design, commissioning and procurement. It also aims to provide an understanding of what works, for those agencies who may be involved in decision making processes which may have a long term impact on the lives of girls and young women and into adulthood.

c) This section should be read in conjunction with other chapters in the National Youth Justice Practice Guidance which outlines the overarching legislative and theoretical context in which youth justice sits, and details principles and best practice with
specific reference to “Getting it right for every child” (GIRFEC) and Preventing Offending by Young People: A Framework for Action.

d) Although the National Youth Justice Practice Guidance as a whole is applicable to work with girls and young women, there are specific sections which are particularly significant and should be noted. In particular, the chapters detailing Good Practice Principles in Dealing with Young People who Offend, assessment and planning; Early and Effective Intervention, child development and case study 5; and Managing High Risk, risk assessment and risk management, and sexually harmful behaviour.

e) A suite of guidance is available, produced by the Scottish Government, which is designed to support local areas in implementing a Whole System Approach in dealing with young people involved in offending behaviour. The ethos of the Whole System Approach suggests that many young people could and should be diverted from statutory measures of care, prosecution and custody through early intervention and robust community alternatives. The Scottish Government has prioritised work to support partners to take this forward through streamlined and consistent planning, assessment and decision making processes, and ensuring our most vulnerable young people get the right help at the right time. The National Youth Justice Practice Guidance, including this section on Good Practice Principles and Guidance in work with Vulnerable Girls and Young Women, aims to support the ethos and principles of the Whole System Approach.
II BACKGROUND

i. Development (Champions) Group

a) In April 2008, a number of individuals came together who were concerned about the lack of research and evidence of effective practice with girls and young women assessed as being “high risk” and who were committed to raising the profile of this group. The Vulnerable Girls and Young Women’s Development (Champions) Group, supported by the Scottish Government, was subsequently established as a direct response to concerns raised by practitioners and managers in the field about those young women with complex needs and high levels of vulnerability, and raised a number of issues including:

- The proportionally high numbers of girls and young women in secure placements due to welfare and vulnerability grounds as opposed to offending behaviour
- A culture of risk aversion particularly in community-based interventions for girls and young women leading to secure placement decisions
- A gap in skills in working with high levels of vulnerability in girls and young women and the ability to meet needs while managing risks in the community
- A lack of acknowledgement that girls and young women require different methods and approaches to interventions than boys and young men
- Difficulties in transition from secure care and custody back to the community
- Existence of pockets of good practice across Scotland but no mechanism to share or develop this.

b) The big question was asked – “Why are we locking up girls and young women who are not a risk to members of the public?”

c) The formation of the Group was welcomed as an important contributor to the discussion of the place of girls in youth justice (Batchelor 2009) and initial data collected by the Group began to inform the debate.

d) In 2008/9 the Group sought to establish baseline figures for girls and young women who were involved in serious or persistent offending and those who were identified as a risk to themselves due to a range of behaviours including substance misuse and self-harm. Although significant vulnerabilities in a sample of over 300 12 to 18-year-olds across Scotland were identified, this exercise confirmed that the majority were not involved in serious or persistent offending. The numbers in secure care over the same period however, continued to increase. (Children’s Social Work Statistics 2012)

e) The Scottish Government provided funding to the Development Group for a short research project to provide a clearer picture of pathways into secure care and prison for girls and young women in Scotland, their needs, and the availability of alternative specialist service provision. The research project also includes an up to date literature review focusing on under 18’s in Scotland and the wider UK, along with an analysis of available data.

III RISKS AND NEEDS
i. Introduction

a) The Edinburgh Study of Youth Transitions and Crime identified four key facts:
   - Persistent and serious offending is associated with victimisation and social adversity
   - Early identification of at-risk children is not a water tight process and may be iatrogenic
   - Critical moments in the early teenage years are key to pathways out of offending
   - Diversionary strategies facilitate the desistence process (McAra L. and McVie S. 2010)

b) The study argues that the key challenge is to develop a national youth justice policy which is “holistic in orientation, proportionate to need and maximises diversion from criminal justice”.

ii. Some Gender Issues

a) For youth offending there are similar criminogenic risk factors which apply to both boys and girls, i.e. anti-social attitudes, pro-criminal families and associates, lack of parental supervision and unstructured leisure time. Girls are less likely to be referred to a Children’s Hearing on offence grounds and are more likely to have originally come to the attention of the Children’s Hearing System as a result of being the victim of an offence, such as neglect or sexual abuse.

b) In 2008/9, 75% of offence referrals to Children’s Hearings were in respect of offences committed by boys compared to 25% by girls. (SCRA) Data collected by the Vulnerable Girls and Young Women’s (Champions) Development Group in 2008/9 also indicated that despite the existence of numerous vulnerabilities and needs, only 25% of the girls and young women identified as vulnerable had been involved in offending behaviour considered to be persistent or serious. From the available data there was no evidence that the remaining 75% were involved in offending, however all had been identified as vulnerable and requiring support to meet a range of often complex needs. (Rigby P. Jardine C. Whyte B. 2010)

c) In direct contrast to this however, over the same period, the number of secure authorisations made by Children’s Hearings in respect of boys was 57% compared to 43% for girls. There were clear gender differences in why Hearings decided to make secure authorisations:
   - “Girls tended to present a high risk to themselves, particularly due to sexually risky behaviour.
   - Boys presented risks to themselves and others, particularly due to violence, offending and road traffic offences.” (Secure Authorisations in the Children’s Hearing System 2008-9)

 d) In 2010/11, there were 33,710 children referred to the Reporter on grounds of care and protection and 8,126 on offence grounds. There were an almost equal number of girls and boys referred on care and protection grounds; however boys continued to represent 75% of all children referred on offence grounds. (SCRA data 2010/11)
e) Girls are often assessed as high risk as a result of high levels of need evidenced in assessments and as a consequence considered to be in greater need of protection than boys. Between 2000 and 2009 there was a 58% increase in the numbers of girls referred to Children’s Hearings. In the same period, the numbers of girls in secure care also doubled. Between 2007 and 2011 the number of boys in secure care decreased by approximately one quarter whereas the numbers of girls increased by one third. (Children’s Social Work Statistics 2012)

f) It is suggested that due to societal attitudes and expectations, girls and young women can be pushed higher up the sentencing tariff and in Scotland the number of young women receiving custodial sentences increased by 49% between 1997/8 and 2006/7. (Scottish Government 2008)

➢ “Traditionally troublesome behaviour was viewed through a prism of paternalistic concern in relation to the moral welfare of girls who engaged in it, and understood as a breach of expectations of conduct derived from gender stereotyping.” (CfBT Education Trust)

g) Some questions need to be raised in respect of this:

➢ At what stage does risk to self and/or an accumulation of concerns necessitate the need for punitive measures of control?
➢ Who or what determines this, and how can this be influenced?
➢ How can we as a society ensure that girls and young women get the help they need when they need it, without criminalising their behaviour?

h) The peak age of self reported offending for girls is 14 years compared to 18 years for boys:

➢ “by the age of 17 years, males admitting to offending outnumber girls by 3:1” (NACRO 2001).

i) Consensus within literature suggests that some level of involvement in risk taking and offending behaviour in adolescence should be attributed to developmental age and stage, in that a degree of experimentation within this age group is the norm. After the age of 14 years, however, the gender gap widens and boys are more likely than girls to progress to more serious offending and criminal careers. Girls’ problematic behaviours can be more difficult to recognise due to the nature of their behaviour and their emotional coping mechanisms. Girls display higher rates of mental and emotional difficulties than boys with a prevalence of post traumatic stress disorder, depression and low self-esteem, and often this is not recognised until girls and young women enter secure care or custody.

j) In Scotland, young females involved in offending behaviour are more likely to have convictions relating to miscellaneous offences such as “Simple Assault” or “Breach of the Peace” or for crimes involved with dishonesty, the most common being shoplifting. A study in England and Wales, noted a growth in the numbers of violent offending by 14 – 18 year old females, however, the figures merely reflected an increase in the numbers of those charged with minor, non sexual assaults, rather than serious acts of violence which remain in the domain of men. What was not evident in this study was whether this increase was in the actual number of crimes committed, or more attributed to a shift in attitudes and responses to crime committed by young women. (Batchelor S. and Burman M. 2004)
k) Despite evidence which indicates that girls offending, vulnerability and desistance follows a different pathway from that of boys and that focusing on male criminogenic factors is less likely to impact on girls’ behaviours, there remains a lack of gender appropriate services which address girls’ complex needs. Girls are less likely to be referred to existing services as the actual numbers are relatively low in comparison to boys and they are more likely fail to engage as these services have been designed around the needs of boys and do not necessarily meet girls’ needs. Where services or programmes for girls do exist, many have a focus around sexuality and sexual health, which, while useful in addressing one aspect of problematic behaviour, is restrictive in meeting a wide range of complex needs. The different gendered and individual experiences of young women need interventions and strategies which are different, innovative and based on a comprehensive assessment of individual risks and needs.

l) Girls require a more individualised and gender specific assessment process as risk factors related to recidivism in females are more associated with poor parenting, dysfunctional family environment and absconding. Offending and risk taking behaviour is frequently a result of family breakdown where girls may have been thrown out of, or left the family home and who do not have appropriate or stable accommodation. Poor relationships within the family home can also lead to assaults on family members and criminal damage to property. High levels of abuse experienced by young women who offend may contribute to truancy from school and absconding. This in turn may also be a pathway to drug and alcohol misuse and sexual exploitation. A correlation exists between the victimisation and abuse of young women and high risk behaviours such as substance misuse, self harm and suicide - one explanation being the ability of self medication and self injury to block out traumatic and distressing experiences, albeit only temporarily.

iii. Violence and Relational Aggression

a) Longitudinal studies have shown that aggression is one of the best known predictors of future social, psychological and behavioural problems including delinquency, peer rejection, depression, poor achievement and victimisation. There have, however been limitations within studies in that aggressive boys have been the dominant subject, forms of male aggression have been emphasised and those more prevalent to girls have had less attention. Because of this, the knowledge base regarding girls who are aggressive is also limited. (Crick N. Ostrov J. and Werner N. 2006)

b) What is known, however, is that young women who do go on to offend into adulthood generally do so for different reasons than their male counterparts. In 2008 violence accounted for only 1.5% of all offences committed by women in Scotland. (Merone L. 2009)

c) Studies in England and Wales reported that where violence has occurred, girls’ accountability for their behaviour included the need to be self reliant and to protect others they cared about. Violent behaviours were also linked to issues around control, self-respect, self-protection and victimisation. (Youth Justice Board 2009)

d) Although exposure to and fear of violence are common amongst young women, this could be perceived as a reflection of the disproportionate experience of violence in their own lives at the hands of families, peers and other associates. Social
deprivation, parental neglect, bullying, bereavement and loss, combined with experience of the care system, feature in those involved in acquisitive crime, sex work and drug related offences. (Batchelor 2009) Verbal abuse, gossiping and name calling, however, along with the more recent phenomenon of cyber bullying via text and social network sites, are the most common precursors to physical bullying in young women.

e) A study undertaken in HMPYOI Cornton Vale in 2005 (Batchelor S.) looking at the evidence of young women’s involvement in violent offending highlighted a prevalence of past abuse in their lives. Two-fifths of the young women reported to have been sexually abused, generally by someone in their family. A similar number reported witnessing serious physical violence between their parents, or being the victim of serious violence from their parents predominately as a result of alcohol abuse. Despite their conviction for violent offending, the young women did not describe themselves as violent but made a distinction to have the potential for violence through becoming angry when mistreated or let down by others and being denied respect.

f) Research undertaken by the University of Bristol and the NSPCC in 2010 focused on disadvantaged young people’s experience of violence and control in their intimate relationships. Twice as many girls than boys reported both physical and sexual violence in their relationships and many of the girls did not recognise, or normalised, the seriousness of their experiences of sexual violence and were less likely to seek help. The majority of the female participants in the study had relationships with older adult men and those with older partners were more likely to report higher levels of violence than those with same age partners.

g) The growing “problem” of violent girls and girl gangs has been perpetuated in the media since the mid 1990s suggesting that violence amongst girls is increasing due to a ladette binge drinking culture, where young women are mimicking the masculine behaviour of their male counterparts. An exploratory study however of the views and experiences of violence by young women in Scotland found little evidence neither of a rise in physical violence by girls nor of girl gangs. (Batchelor S. 2009)

h) Across the UK research on violent youth gangs typically focuses on the experiences of young men and studies emphasise gangs as a male phenomenon with little attention paid to girls and young women. While many youth gangs are recognised as having some mixed gender membership, the majority of participants are male, and the gang has therefore been conceived of as a masculine resource. Young men living in areas of extreme deprivation and in places with a tradition of gangs have been encouraged to engage with gangs and their violent practices as a means of securing masculine identities. Where attention has been given to the role of young women in gangs, and of gender relations, young women have generally been depicted as accessories, girlfriends or referenced in terms of their sexual activity and as victims of male violence.

i) For many young people in general, being part of a gang or group of friends is seen as a normal way to spend time and build friendships. Most gangs continue to be male-dominated but do include girls whose role may be more complex than previously understood. New research about young women and gang related crime seeks to dispel the myth that girls join gangs simply because they are either violent tomboys or “put-upon” victims. (Herald 2012).
j) Young women and young men report membership of a gang as delivering physical protection from others and the study on gangs currently being undertaken by the University of Glasgow and due to be published in the latter part of 2012, will evidence that girls are not just passive members but that, like boys, will spend time with groups from the same territory to achieve both status and a sense of belonging. Many young women view gang membership as an inevitable part of growing up in certain areas and in some instances, young women will use the power acquired by being part of a gang to explore their sexuality. In other instances, however, young women may indeed be at risk of sexual exploitation and assaults by male gang members. Young women have also reported however of being directly involved in gang fights and in instigating and encouraging violence. Some admit to carrying or concealing weapons or drugs on behalf of boys, however, boys are still twice as likely to carry knives as girls. (McAra L. and McVie S. 2010)

k) Both boys and girls can have the intent to inflict harm on others but there are differences in how this is expressed, particularly in early adolescence when much value is placed on friendships and social connections. Relationships are particularly important for girls reflecting the difference in how they socialise and develop their sense of identity. Boys develop their identities by differentiating themselves from others and are more likely to target their aggression towards victims unknown to them. Girls develop their identities and sense of self worth more through connection with others. Most behaviour problems girls experience are due to dysfunctional and unhealthy interpersonal relationships and their aggression is much more associated with relationships with others.

l) While girls do engage in some direct and physical forms of aggression, relational aggression is more prevalent in girls. Relational aggression is generally described as any behaviour which is intended to harm someone by damaging or manipulating relationships with others. It is the use of exploitative, exclusionary or hurtful behaviours to undermine status, self-esteem or inclusion. Unlike other forms of aggression and bullying, relational aggression is not as overt and can therefore be more difficult to identify, however, it is equally as damaging. It should be noted that relational aggression is not social or class specific and can equally affect those who are different as well as vulnerable. Raising awareness amongst more universal providers might lead to more effective early and effective interventions.

m) Relational aggression can take many forms but can include ignoring, exclusion, negative body language or facial expressions, sabotaging others relationships, gossip and rumour spreading, name calling taunts and insults, intimidation, manipulative affection and alliance building. There are two types of relational aggression – proactive and reactive. Proactive is when behaviours are designed as a means to achieving a goal and reactive is behaviours in response to provocation with the intent to retaliate. Relational aggression can occur in person and increasingly through use of the media via text messaging, blogs, YouTube, and social networking sites.

n) Relational aggression has been on occasion regarded and condoned as part of adolescent development, however, it is neither normal nor acceptable, and should be challenged. Relational aggression causes distress, impacts on self-esteem and victims can suffer depression, anxiety and isolation. For some female aggressors it can be a way of establishing social positions or power, or to get the attention of males, but it is not always about this type of attention or popularity. Motives will vary and it can also be due to a lack of skills in managing conflict appropriately.
where girls will often “bad mouth” or exclude others instead of using assertive communication to deal with an issue or a problem.

o) The importance of relationship based work with girls and young women cannot be overestimated. Relationships are central to effectiveness and good practice throughout both the assessment process and service delivery, and should be used as the foundation for capacity building, empowerment and developing potential. Attitudes, knowledge and abilities required by workers can be described in terms of the following principles:

- individuation
- purposeful expression of emotion
- controlled emotional environment
- acceptance
- non-judgemental attitude
- client self determination
- confidentiality

(Cited in Trevithick P. 2003)

iv. Trauma

a) The word “trauma” is derived from the Greek term for wound. Emotional and psychological trauma is the result of extremely frightening or distressing events which causes difficulty in coping or functioning normally after such experiences. Traumatic experiences often involve a threat to life or safety, however, any situation which leaves a victim feeling overwhelmed, helpless and vulnerable can be traumatic, even if there is no physical harm. Emotional and psychological trauma can be caused by both one-off events such as a violent attack, or by ongoing stress, for example, living in abusive or threatening circumstances, or witnessing violence.

b) Not all potentially traumatic events necessarily lead to lasting psychological or emotional damage however there are a number of risk factors which make certain individuals more susceptible to this. An event will most likely lead to trauma if it happened unexpectedly, the individual was unprepared for it, powerless to prevent it happening, it happened repeatedly, someone was intentionally abusive, or it happened in childhood. Individuals are also more likely to be traumatised if they are already under significant stress or have recently suffered a series of losses. Those who have strong support networks and healthy relationships with family and peers are less likely to suffer long term damage. Girls and young women in the youth justice system, however, are often alienated and have unhealthy relationships with family, peers and partners and therefore are more likely to develop more serious conditions such as depression, post traumatic stress disorder, anxiety disorders, or alcohol and drug problems. This is often linked to a background of sustained physical, sexual or emotional abuse and parental neglect. Girls and young women may become involved in substance misuse as a form of self medication in response to stress and feelings of depression, which can in turn increase the risk of becoming involved in offending behaviour. Female substance abusers also tend to have severe family and social problems and some may use substances to maintain relationships with partners who are users, to fill the void of what is missing in a relationship, or mask the pain of being abused. (Covington S. 2007)

c) A study undertaken by Oregon Social Learning Center between 1997 and 2006 examining girls with conduct problems, highlighted significant gender differences in exposure to trauma. It found that girls were approximately twice as likely to have
been exposed to physical and sexual abuse, domestic violence, parental incarceration, parental transitions, and multiple out of home care placements. It also found that the link between trauma and “delinquent” behaviour was of particular concern once girls reached adolescence in terms of their choice of antisocial partners, early pregnancy and intergenerational transmission of emotional and behavioural problems.

d) In order for services and interventions to be effective, they need to become trauma-informed. Trauma-informed services need to deal with problems and symptoms other than the trauma directly, whilst possessing the knowledge and expertise regarding the impact of the trauma. Trauma informed services should:
   - Take account of the trauma
   - Avoid triggering reactions or exacerbating the trauma
   - Support girls and young women’s coping capacity
   - Allow girls and young women to manage their symptoms successfully

e) In addition, a therapeutic environment needs to be created which is safe, supportive, and involves and empowers girls and young women to develop and sustain change in the longer term.

v. **Sexually Harmful Behaviour**

a) Young women who display sexual behaviour that is harmful to others (as opposed to behaviour that is harmful to them) are relatively rare. One recent study found that only 6% of referrals of to Scottish services working with children and young people who display sexually harmful behaviour were in relation to girls or young women (Hutton & Whyte 2006).

b) Adolescents who display sexually harmful behaviours have been defined in the National Youth Justice Practice Guidance as “young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation”.

c) Practitioners involved with girls or young women who act in a sexually harmful manner need to be mindful that proportionate assessment, risk management (or safety planning) and interventions may be necessary when behaviours of this nature are identified. The chapter detailing Managing High Risk provides a comprehensive overview of approaches to working with young people with sexually harmful behaviour. Research suggests that girls who display such behaviours are often slightly younger than boys and have often experienced considerable trauma in their lives (Hendriks & Bijleveld 2006). A combination of holistic and targeted approaches that help young people move forward in their lives and make sense of past experiences while assisting them in modifying behaviour have been found to be the most beneficial (Halstenson Bumby & Bumby, 2004).

d) More recent concern has been focused on young people, particularly the impact on girls, and “sexting”, a terminology used in the media and by researchers over the last few years to refer to sexual communications with content that includes pictures and text messages, sent using cell phones and other electronic media. Although some studies have indicated that this behaviour is prevalent amongst adults, of particular concern is youth produced sexual images defined as “images of minors, created by
minors, qualifying as pornography under criminal statutes” (Wolak and Finkelhor 2011).

e) Sexting can cover a range of behaviours from consensual and experimental activities between peers who are romantically involved through to aggravated behaviours that are clearly criminal. Aggravated sexting would be when an adult coerces a child online to take sexual photographs, or which involves abusive behaviour by other minors such as threats, malicious conduct, sexual abuse or sending images without the consent of the individual concerned. Some behaviours involve a movement from experimental to aggravated, for example, a boy showing friends sexual images of an ex-girlfriend that were obtained at the time through consent but which are now being circulated to cause distress. Wolak and Finkelhor (2011) provide a useful typology of sexting involving young people, which can help practitioners in scaling the seriousness of ‘self-victimising’ behaviour involving new technologies. The CJSW Development centre is also looking at developing some educational materials for practitioners in this area of practice.

vi. Risks and Needs: Some Key Points to Note

a) Girls are more likely to have been known to Social Work Services from an early age due to welfare and/or child protection issues. The numbers of children referred to the Reporter have decreased over the past 4 years and are at there lowest level since 2003/4. This coincides with an increase in more effective partnership working and early intervention initiatives for children who do not require compulsory measures of supervision. The numbers of offence related referrals decreased by 18.8% and those for care and protection by 5.7%. 2010/11, however, also evidenced an increase in the numbers of very young children being referred to the Reporter due to lack of parental care or being a victim of an offence. 12.4% of all children referred in that period were aged under 2 years.

b) Girls are more likely to abscond than boys. 1 in 9 children under 16 years in the UK abscond from home or are forced to leave due to overt action by a parent, and stay away overnight. Girls are more likely to run away than boys with 12% of girls reporting that they have run away overnight, as compared to 8% of boys (Still Running ). There is a need to support parents and carers particularly in relation to substance misuse and positive parenting skills if girls are to be retained safely in the community.

c) There are proportionally higher numbers of young women in prison with significant care histories. A survey undertaken by the Scottish Government in 2011 on a sample of 285 young people in custody in Polmont and Cornton Vale examined their pathways into custody. The survey found that 71% of females had been in care as opposed to 42% of males. 27% of females had been in more than 5 care placements and 53% had been in a secure placement. Before coming into custody only 40% of females were living at home as opposed to 70% of males.

d) Girls are more vulnerable to self exclusion from school. Pregnancy, sexual exploitation and parental aspirations affect girls disproportionately or exclusively. Differences in experiences and outcomes of education can be explained by differences in the ways boys and girls learn and wider gender expectations. (Merone L. 2009) Education plays a role in the perpetuation of gender stereotypes, but can
also be a focus for change. “Gender bias in educational processes, including curricula, educational materials and practices, teachers attitudes, and classroom interaction, reinforce existing gender bias. It has been demonstrated that boys participate more readily in class, and are listened to more attentively by educators.” (World Health Organisation)

e) There are major differences in the developmental and psychosocial makeup of boys and girls. Boys tend to develop their identities by differentiating themselves from others where girls develop a sense of self worth through connection with others. Many behaviour problems experienced by girls are related to dysfunctional interpersonal relationships, in many instances family relationships. In contrast to boys’ aggression, which is more likely to be directed towards strangers, girls’ aggression during adolescence is more often the result of breakdown of significant relationships or associated issues.

f) Gender differences exist in the strategies and mechanisms to cope with anxiety and stress. Boys generally act out frustrations and problems via overt physical aggression and self serving rationalisation, while girls will internalise problems and display negative emotional behaviours such as self blame, self harm, risky sexual behaviour and low mood.

g) Vulnerable girls display highly chaotic behaviours, have complex needs and display higher rates of mental health and emotional problems than their male counterparts. High levels of sexual vulnerability linked to substance misuse and lack of supportive and nurturing relationships highlights the need for effective community based measures to manage risk and reduce vulnerability. There is a need for support and services to address anger issues and emotional distress often exhibited through self harm.

h) Support and services for girls should be based on a therapeutic approach addressing problems in a holistic way with a focus on addressing behaviour problems within an interpersonal context. Consistency in contact with motivated, trained workers is crucial in the engagement of girls and staff should be trained in gender identity and female development. Girls also respond to supports which involve the minimum amount of practitioners required in face to face contact.
IV ASSESSMENT AND INTERVENTION

i. Early and Effective Intervention

a) Girls may first come to the attention of police and other services for both offence and non offence reasons. Police may become involved due to incidents of running away from the family home; incidents where the girl is considered to have placed herself at risk in the community; as a victim of abusive behaviour or neglect directly or indirectly. Police are also involved if she has been charged with an offence. Other agencies may identify escalating concerns in terms of behaviour or vulnerability.

b) Local authority multi agency Early and Effective Intervention (EEI) processes have been developed to identify and provide support and diversion wherever possible on a voluntary basis. Information sharing at this level provides a basis for early identification of vulnerability, and to signpost or refer to the agency most appropriate to provide support or undertake a more comprehensive multi agency assessment of need or risk.

c) It is essential that representatives involved in EEI have an awareness of the needs of vulnerable girls and young women, including an understanding that for the majority of girls an offending episode is potentially symptomatic of a range of underlying difficulties. Assessment and decision making processes should always take this into consideration and appropriate supports should be available to girls to divert them from statutory measures of care whenever possible.

ii. General Principles of Effective Practice

a) There are core principles which apply to effective practice with both boys and girls. Effective practice with young people involved in anti-social, offending or other risk taking behaviours, should always be rooted in the principles governing GIRFEC. Where two or more agencies need to work together, a lead professional should coordinate and sustain the Child’s Plan through a network of supports and activities designed to positively contribute to the functioning and wellbeing of the young person. Where offending behaviour is a significant factor, the Child’s Plan should flow from an analysis of criminogenic needs which underpin the behaviour and detail all necessary interventions and risk management processes.

b) The effectiveness of work with young people involved in anti-social, offending or other risk taking behaviours is maximised only when the elements of assessment, planning, intervention and review are integrated seamlessly into the Child’s Plan.

c) Effective practice should be holistic and integrated into the young person’s lifestyle and social circumstances, support resilience and positive personal identity, and assist the young person to acquire skills, capacity and knowledge to move towards desistance. Support should be flexible, able to respond quickly to significant changes in circumstance or in times of crisis, and involve a network of post intervention protective factors.
d) All young people, irrespective of gender, need a suitable and stable placement and access to effective aftercare and intensive support services which meet their assessed needs. This should include:
- Appropriate and sustainable supported accommodation
- Parental/family support
- Support with independent living
- Access to real education, training and employment
- Addressing substance misuse.
- Pro-social relationships and activities

e) Structured programmes to address the issue of youth offending are now widely used and vary in intensity and outcomes. Although there is a wide range of interventions available, core characteristics have been defined which may make particular programmes more effective than others:
- derived from a theoretical model or robust evidence-base
- delivered in close proximity to the home environment to facilitate transferable learning
- delivered with appropriate intensity based on a comprehensive risk and needs assessment
- directly addresses criminogenic needs
- incorporates behaviour and interpersonal skills training
- maintains programme integrity
- provides aftercare and relapse prevention support.

iii. Intensive Community Supports

a) Evaluation of Intensive Community Support and Monitoring Services commissioned by the Scottish Government, has evidenced success in reducing the frequency, severity and risk of offending in young people.

b) The application of key principles can further increase the likelihood of success of intensive community supports, and services should be flexible and responsive whilst maintaining the highest quality and standards, have access to community resources, and have support from management.

c) Effective intensive services should contain the following elements:
- identified key people in the lives of the young person and their family
- strong partnership approach at all levels within organisations
- ability to produce 24/7 Child’s Plan with objectives and interventions based on a comprehensive assessment of needs and risks
- risk management strategies and contingency plans
- monitoring and supervision including the use of electronic monitoring (MRC) where appropriate
- review arrangements and evaluation of progress
- transition and aftercare plans
- attention to staff support, supervision and training requirements

d) Despite the relative success of such schemes, the evaluation also identified differences in how boys and girls responded to the services. It was found that compliance rates for boys were much higher than those for girls, particularly in relation to the MRC, in that boys were more likely to adhere to the rules, possibly
more mindful of the need to avoid the consequences. Boys also responded to the often large numbers of workers involved in an ISMS package, however, girls were found to comply more with a holistic care plan but with fewer workers providing direct intervention.

iv. What Works for Girls and Young Women

a) While there is commonality across genders, there are certain factors in offending and risk taking behaviours by girls which have stronger correlations than for boys. They include victimisation (including physical, emotional and sexual abuse), weak support networks (including school and low parental supervision), peer influence of boys and male associates involved in offending behaviour, unsupervised and unstructured leisure time, low self-esteem, mental and emotional health and material deprivation.

b) The profile of girls in literature and as experienced by practitioners, suggests that interventions directed towards females should:

1. Ensure that girls are not disadvantaged in avoidable ways relative to boys. Girls’ problems can sometimes be more difficult to recognise due to the often covert nature of their behaviour. In addition, relatively low numbers in comparison to boys can lead to them becoming marginalised as services specifically for girls are often viewed as not viable in terms of economy or scale. Because most existing interventions are derived from male theories of offending, they are less likely to impact on the problems experienced by girls.

2. Be based on a therapeutic model which is evidenced based. Interventions should be holistic in nature, derived from robust theoretical perspectives and address multiple and complex needs, including criminogenic needs, in a continuum of care. Programmes should not only be specific to gender, but also to age and stage of development, ethnicity and culture. Although interventions should be holistic in nature, the number of professionals directly involved in delivering services should be kept to a minimum to allow relationships to be built founded on mutual trust and respect.

3. Take proper account of the circumstances contributing to girls’ behaviour and the associated risks of recidivism. The nature and severity of risk taking behaviours in many girls and young women can be attributable to trauma and neglect experienced in childhood and/or throughout their lives. Because of the history and entrenched nature of some of these behaviours, a pragmatic approach needs to be taken to the reality of recidivism when attempting to address underlying problems. For many girls and young women, life will have been focused on the need to survive. They may have developed specific coping mechanisms and strategies in order to achieve this, for example, self-medication and self harm. In cases such as this recidivism is almost inevitable as part of a change process as young women learn new skills and develop more self confidence in putting these skills into practice.

4. Recognise the importance of relationships in girls’ lives and use these to construct alternative attitudes and lifestyles. Girls and young women are more likely to engage with services which are supportive in nature, recognise the value of individuals and where relationships with staff are based on mutual respect and trust. Relationships are paramount to how
young women construct their identity and relate to the outside world and they report their relationships, particularly with female peers, as the most significant. Peer support programmes which focus on supportive relationships are being developed in the US to combat physical violence and bullying. (Batchelor S. and Burman M. 2004)

5. Promote the constructive use of networks of support - family, professional and social. Young women can have a tendency to become isolated in the community, particularly following a period of care or custody where they may have lost traditional family and social support networks. Relationships forged prior to, and whilst in care or custody, may be founded on anti-social or pro-criminal attitudes and associations. Even if young women are not returning to the family home due to internal conflict, the importance of support from immediate family and other significant others needs to be recognised and should be mobilised. Stable and appropriate professional support should be provided and other pro-social relationships which are stimulating and bring stability should also be encouraged. Interventions should target practical, educational and health needs including mental and emotional wellbeing. Much emphasis is placed on the need to deal with the effects of trauma and mental health, however, other needs such as physical health and access to education, training and employment should not be underestimated in terms of promoting emotional and mental wellbeing.

6. Interventions need to be trauma informed and have the ability to deal with a range of problems and symptoms whilst being mindful of the impact of trauma.

7. Encourage girls to become more self reliant and independent. Often girls and young women have not had the opportunity, ability or encouragement to think or do things for themselves. Knowledge and skills required to develop into successful adults should be imparted in a manner which is empowering and allows young women to become self sufficient and less dependent on others.

8. Provide access to female staff and ensure they are trained and skilled in dealing with sensitive emotional issues, and are familiar with issues regarding gender identity and female development.

9. It is recognised that it is not always viable to provide a physical space which is reserved exclusively for females; however an environment can be created which allows time for girls and young women to be with other females which is supportive, positive and non-stressful.

10. Acknowledge that girls need support systems which are sustainable in the long term and plan accordingly. In order for girls and young women to be maintained in the community and lead successful and productive lives, support needs to be provided on a longer term basis including into adulthood if necessary. According to individual needs, strengths and aspirations, this can be met through a combination of universal services such as health and parenting support, and specialist services including mentoring and those which promote mental and emotional wellbeing. Crucial in any continuum of support is that individuals have a clear focus and have realistic objectives and targets they wish to achieve. A recent consultation with young women in Glasgow identified education as a key area with a strong desire for access to real training and educational opportunities. (Merone L. 2010)
c) Overarching principles should underpin all work with girls who have been involved in offending and risk taking behaviours:
   
   - Give recognition to girls’ violent lives – take account of the reality of girls’ experiences
   - Play to girls’ strengths – a strength rather than a deficit approach will provide positive models for girls to restructure their lives and resolve conflicts
   - Talk and listen to girls – relationships are key to effective practice and girls’ insights should be incorporated into all work with them.

v. Making Our Services Work

a) Services should be founded on a commitment to person-centred principles.
   
   Support should be built around non judgemental working relationships between workers and girls where genuine empathy is demonstrated. Workers need to believe in the girls they are providing services to and that given the appropriate support and encouragement, they are capable of turning their lives around. The number of different professionals involved in providing direct services should be kept to a minimum to allow positive, trusting and respectful relationships to be built between girls and staff.

b) Girls require a more individualised assessment process.
   
   There are a number of structured assessment tools available to staff working in the youth justice field, the most common being YLS/CMI and ASSET used across Scotland as an aid to assess the likelihood of future offending behaviour. Whilst they are of some value, they do not consider girls’ pathways into offending or relate directly to issues of vulnerability. Assessment and screening processes need to reflect the needs of girls and actuarial risk assessment tools need to be a supplement to other measures which explore the reasons behind problematic behaviour, particularly in relation to mental and emotional health and self esteem. Assessments should be carried out over a period of time by way of a continuum of in-depth interviews and conversations which build on existing knowledge, explore risks, needs and strengths in order to create an individualised and effective support plan and gain access to appropriate services. Girls do not like to be viewed as a “problem” or categorised according to their risks and needs, therefore interventions, including the assessment process, should promote positivity, be solution focused and build on strengths. Girls also do not like to tell their “story” more than is necessary and additional or other specialist assessments should only be undertaken when required for reasons of safety, significant change in circumstances, or where the assessment will bring a necessary component to a support plan.

c) A physically and emotionally safe environment should be provided which promotes and values females.
   
   While it is acknowledged that physical space reserved exclusively for girls is sometimes difficult to justify due to the generally low numbers in comparison to boys, a female only environment needs to be created in a location or setting where individuals feel both physically and emotionally safe. This environment should be calm, comfortable and nurturing and allow the opportunity and time for girls to safely reflect on their experiences, express themselves, share feelings and build trust. This should be undertaken within the context of building healthy, positive and pro-social relationships, with an emphasis on physical, mental and emotional safety. Boundaries between staff and girls, and between the girls themselves, need to be
clear and inappropriate behaviours dealt with openly and consistently. An environment which has books, magazines, décor, media, arts and any other materials or items which promote positive images of females and their achievements will enhance girls’ understanding of female development and diversity. Girls will respond positively to, and be empowered by, contributing to the physical environment, such as choosing décor, furnishings and artwork. Girls’ connection to, and sense of ownership of, the environment and the value placed on their contributions will enhance their ability to feel safe enough to begin to express themselves emotionally.

d) Social and emotional needs should be addressed alongside programmed interventions.
A holistic approach to supports and services is required to identify and address individual needs through the social context of lives recognising the significance relationships, systems, culture and society. Programmes should be undertaken in an informal, female only, individual or very small group setting, which is both safe and supportive and allows time to solve problems by thinking, reflecting on experiences and building on strengths. Although delivered in a more relaxed setting, programmes must still be structured, relational, and have consistent rules and boundaries based on safety and stability. Solution focused interventions and those which teach girls new skills will increase self-esteem, self control and promote pro-social behaviour. Interventions which teach girls to value and respect themselves rather than relying on the validation of others will also enhance personal esteem. In many instances individuals will need a significant amount of preparatory work in order to prepare them for structured programme interventions due to their emotional and mental state as a result of sustained abuse, neglect or trauma.

e) Interventions should be solution focused, build on strengths, and directly address and promote physical, emotional and mental health.
Interventions should be tailored directly to the needs of individuals and based on a comprehensive and holistic assessment process, and recognition needs to be given to the range of physical, emotional and mental health needs amongst girls. Interventions should address all aspects of abuse, neglect, trauma and violence, including the impact of domestic violence where required. Issues around physical and sexual health are prevalent amongst girls and information should be available about female development, sexuality, personal care, sexually transmitted diseases, contraception and pregnancy. Information on self-care, body image, eating disorders, addictions and depression should be provided, including access to counselling or other specialist services where appropriate, and being mindful of the need to keep the number of staff directly involved to a minimum. Interventions should also be provided to address alcohol and substance misuse particularly in relation to the links between abuse, trauma, depression and self-medication, and the impact of this on physical and mental health.

f) Services should encourage and develop positive relationships built on trust and respect.
Relationships are significant in the lives of girls and time for staff and girls to talk and process feelings and issues is essential. Girls’ relationships can be enhanced through the use of one to one sessions and facilitating the development of significant trusting and respectful relationships with staff and each other. Girls should be given the opportunity to build pro-social relationships and connect with
positive role models. This may include individuals who are not part of delivering direct services but who can build on strengths and reinforce success through consistent, reliable contact and model and support survival and growth alongside resistance and change.

g) **What girls want**

Listen to what girls have to say and what they want from services. Recognise the importance of their views and use them in balance with assessed risks and needs to assist in the planning of both short and longer term goals. Provide skills training around specific areas of need and support for girls to express themselves in ways which are both positive and productive. Information about services and how to access them, and empowering girls to be more self-sufficient by doing things for themselves rather than depending on staff or others will help them to achieve and sustain their long term goals.

h) **No quick fix!**

Supporting and facilitating girls to achieve and maintain positive lifestyles is a long term project and requires appropriate, sufficient and consistent aftercare and sustainable community support over a period of time – often into adulthood and supporting them to successfully parent their own children. Long term support in the community can be facilitated through a combination of mentoring, mainstream and other services to support the success and achievement of long term goals. Problems experienced by vulnerable girls are generally deep rooted in abuse and trauma in childhood. It needs to be acknowledged that their journey to success will be a complex one and that past experiences, barriers and crises will re-emerge in times of difficulty or stress. For those involved in service delivery or design there needs to be a recognition of the significance of relational issues, a commitment to relationship based work and an acceptance that this process - and the time and resources required to facilitate and sustain positive outcomes - may be a lengthy one.
V PRACTICE EXAMPLES

i. Introduction
The following is a short selection of examples of services and practice to illustrate how the principles in this guidance can be brought to life to improve outcomes for girls and young women in Scotland. There will be many other examples and it is an aim of the Girls Development Group to establish networks of practitioners to promote and develop this important area of work.

ii. EXAMPLE 1.

“WHAT GIRLS WANT” – Youth Justice Research and Development Team, Glasgow City Council

STRATEGIES for WORKING with GIRLS
Findings from a Consultation with Vulnerable Young Women in Glasgow

In October 2010, twenty-two vulnerable and high risk young women in receipt of intensive social work services from Glasgow City Council were consulted by the council’s Youth Justice Research Team in-order to explore how the service can better support young women. As part of the process, young women aged between 14 and 21 years were asked to describe what an ideal service for girls would look like and what kinds of things would encourage engagement with services. Findings and suggestions for maximising young women’s engagement with services, as recommended by the young women themselves are outlined as follows:

1. Girls say: ‘Provide us with a safe and nurturing environment’;

i. Consider separate service provisions for girls
Young women were asked to identify the main worries or concerns for girls as well as the main worries or concerns for boys. Whilst acknowledging that girls and boys generally have a similar range of needs, young women identify girl’s main concerns as being related to sexual health, relationships, self esteem, unwanted pregnancy and avoiding ‘risky’ situations whilst under the influence of alcohol. Whilst boy’s main concerns are identified as; substance misuse, fighting with peers and being able to acquire sexual relationships. Young women also feel there are significant differences between the way girls and boys cope with their problems, with girls preferring to talk more. As such they generally feel that this warrants consideration for separate service provisions for the genders.

“Services should be separate, in two different places because some lassies wouldn’t like to talk in front of boys”

“Boys and girls have similar things but need different type of help. Girls like to talk more about it.”

“All need to be separate because the kind of problems they have are about the same, but lassies worry more than boys day to day, boys don’t worry as much which is why we do need to keep it separate”
ii. Provide services in aesthetically pleasing environments
The consistent message throughout young women’s feedback is that girls will be more likely to engage with services and interventions if they feel comfortable in their surroundings. Décor that is aesthetically pleasing to females and has an ambiance of feeling ‘homely and safe’ is particularly recommended. Suggestions from young women include;

“You should get the lassies that are going to be going to this and get them to decide how it is going to look, what colour to paint it etc. That will make them want to come because then it makes it more theirs”

“Decorate the place so it feels homely. People need to care about stuff, feel they own it. Have a nice floor, rugs and a couch”

“Make it more comfortable so they get used to each other, like have places to sit and talk with others, more informal settings…..”

“Have soft colours so it’s more relaxed”

iii Remove any barriers to attendance
Young women say that practical difficulties such as childcare arrangements and lack of transport can hinder girl’s ability to engage with services and recommend provisions are readily available to girls to overcome these barriers. It is also felt that providing basics such as meals and beauty care provisions (such as shower facilities, toiletries and makeup) would be incentives for girls to want to attend.

“For those that have babies bring them in but have someone that can keep an eye out”

“Have women (staff). Women might be easier to talk to but it depends on the lassie and what problems, some have issues with having a man around them”

“Should start later. start about 10am so you are fully wakened up”

“Putting on breakfast and lunch is a good idea. If the breakfast is good people will want to go”
2. **Girls say: ‘We need interventions that are responsive to our needs’**:

i. **Provide crisis support**

Young women say that they are most receptive to services that are flexible about meeting their needs. The consensus amongst young women is that girls need somebody to talk to on a daily basis about their problems, with a drop-in crisis support type of service being viewed as most desirable.

**For example Girls say:**

“You (should) have someone to talk to daily about problems because some girls don’t have anyone around that they can just talk to... need a crisis team who help for alcohol problems, someone to get close to lassies....”

“Don’t force people just have it like, it’s here to use if you want, someone always there to talk to, you just go”

The help should be there, an addictions worker should be there if you need it, but lassies wont go unless they want to. You could have it like a drop in”

ii. **Offer interventions that are tailored to the specific needs and concerns of females**

Young women identified the need for a range of focused interventions that will equip them with the knowledge and skills to address problems in their everyday life. The types of structured interventions that young women say they need include:

- Education around female sexual health, including contraception & pregnancy
- Strategies for staying safe in the community; including avoiding being drawn into prostitution and exploited whilst under the influence of alcohol
- Counselling or interventions to address feelings of trauma and bereavement
- Addictions support and information around the impact of substance misuse on the appearance and relationships
- Supports to increase family functioning; communication skills to reduce conflict in relationships and skills to establish appropriate boundaries
- Anger management skills focused around ‘relational violence’
- General parenting skills including activities to inform decision making about becoming a parent and activities to promote bonding between young mums and their babies.
- Confidence building activities to promote positive self-esteem

“We need more sex education. I don’t think they get much in school these days and also if they don’t go to school. This would be best by people coming in to talk to them about issues”

“I had underlying anger about my mum and family for 4 or 5 months we talked and did activities like learning anger management skills, it was useful”

“Needs to be about getting lassies more confident about themselves because you get pure
paranoid about yourself, your appearance and whether people like you, you can get their confidence up by taking them places and doing team building...making them aware’

“Have that baby doll that cries and you do budgets...A class where you get to push prams and see if that’s what you would want”

“Don’t just have classes in, take them out, educate them to be streetwise. Show them how people’s lives have gone down hill. Make it more real”

iii. Provide opportunities to achieve academically

All young women in the sample had experience of alternative education provisions as their emotional and behavioural problems meant they were unable to be contained within the mainstream school environment. In the main young women say they feel it is important for girls to be afforded the opportunity for a ‘fresh start’ or a ‘second chance’ to re-address the gaps in their education and achieve their full academic potential. With regards to education young women say they would like:

- The opportunity to undertake academic qualifications and vocational training within a different type of learning environment that feels nurturing and supportive and ‘doesn’t feel like mainstream school’.

- Additional educational support for those young women over the age of 16 who still need extra help with basic numeracy, literacy and developing life/employment skills. In particular there is an identified need for supports to bridge the gap and prepare girls for the transition between leaving school and entering college placements or employment

“I don’t want to go to school just for the sake of attendance, want to go so I’m getting something out of it, not just to please everyone else”

“A chance to do qualifications and give people that didn’t get the chance to do it. People should get chance to re-sit qualifications. Should do standard grades and Access 2 & 3. Should sell it as a chance to relearn again and get better at things”

“In school I was too chaotic to sit in a classroom for a long time. I just can’t keep my attention which is why I need to be able to learn at my own pace, you need more help. You should be asked how you would like it done (lessons) and not be forced into it”

“Post 16’s will need support and encouragement to go into education and training. Like girls’ will need help with what to write on a CV because they didn’t go [to school] and they will need support to find jobs”

“Need something for those people that are not ready for college. Some people still need help with reading and writing...Need more support education wise and physically and mentally so they don’t mess up. Like I’m not ready to go to college. I’m not mature enough, not being able to read, it’s embarrassing, what can I ever do?”
3. Girls say: ‘Our potential for positive change is underpinned by the quality of the relationships we establish’

i. Girls respond to workers that are caring and nurturing
   a. Young women are more likely to engage positively with services if they have good relationships with staff. Characteristics of a good worker as identified by young women include:
      ➢ having a good sense of humour;
      ➢ a respectful attitude;
      ➢ a general enthusiasm for working with young people; and
      ➢ the ability to talk to and relate to young people.
   b. Above all girls say they are more likely to engage with services that promote a sentiment of positive self regard for others. Young women feel that girls will engage more positively with workers if they feel their participation is valued. In particular, where care planning is done in collaboration with the young person to ensure it’s meaningful and where the young person is given some choice.
   c. Where workers show commitment to young people by always following through contacts
   d. Where behaviour management strategies adopted by workers are always fair and don’t exclude the young person.

“You need to have good workers that you can trust. Have good personalities. Know how to work with young people. A sense of humour. No judging, no eyeing you up like they’re better than you. Good talking skills to young people. Acts yourself around you so you feel you can act yourself”

“How young people get on with staff depends on the bond. You should get to choose the key worker. Have an allocated one for a wee while until we can choose who we get on with”

“I don’t like having too many people to work with...You ask them to do one thing and they do the complete opposite, things have not been carried out ... Some workers don’t do a lot with you, they just sit and talk to you and bore you. I recommend you avoid that”

“They can make it more fun by having compromise, don’t tell you what you’re doing, have a choice what you are doing”

“Like have a quiet (room) to themselves so when (the young person’s) angry they can get on with their work and not be put out or suspended”
ii. Provide activities that promote learning and support through shared experiences

   a. Young women feel that enabling girls to support each other through their shared experiences can have significant benefits; providing an incentive to engage with services and widening girls social support networks. Young women recommend;

   b. The use of peer support groups and facilitation of group working to empower girls to help each other to make positive changes

   c. The use of recreational and self development activities to promote social cohesion and foster good group dynamics between peers and reduce the risk of conflict

   “You should have group-work, a group where anything you want to improve or change, you have like a talking session where you get people’s opinions and help”

   “Have all the girls together and have counselling, group sessions where you do like what can be made better from this weekend to last weekend? and they talk through it with you”

   “Get young people to talk about their experiences, like an AA group for alcohol. Instead of tea and coffee have ginger”

   “I was pure worried about not knowing anyone when I first came to XXX. You should explain to girls that everyone is in the same boat and can help each other. That will make them more likely to feel not that bad about coming”

   “Should do stuff to help with confidence, working with other people. Do team building like outdoor stuff and quizzes. Learning to work as a team. That will also help lassies get on so there’s no bullying going on”

EXAMPLE 2.

YOUNG WOMEN’S CENTRE, Glasgow City Council Social Work Services

i. Referral Criteria

   ➢ aged between 12 and 18 years old.
   ➢ residing across the range of accommodation options, including in a family setting, LAAC provision, and homeless and care leavers accommodation
   ➢ involved in or at risk of sexual abuse or exploitation or abused through prostitution
   ➢ presenting behaviours causing concern due to the frequency, gravity and impact on safety
   ➢ at risk of becoming accommodated, progressing through the care system or becoming involved in the criminal justice system as a result of their chaotic lifestyles
ii. Typically these are young women who are trying to find strategies to cope with dysfunctional family life, loss, bereavement, rejection and trauma. Issues are generally relationship based, poor self image and identity, poor education connection impacting on socialisation and access to pro-social relationships, poor physical and mental health and limited support networks. They are often surrounded by large numbers of practitioners who have had limited success in engaging them. The aim of the service is to assist the young women to increase resilience, promote protective factors and reduce adversity and vulnerability.

iii. Underpinning Practice
Intervention is client centred and promotes that the young women can recover, survive, overcome, and achieve rather than be a victim. It encourages female empowerment and challenges the disadvantaging of females, is anti discriminatory and anti oppressive. The support it offers is unconditional, accessible, responsive and flexible to need, and is consistent with social work values and attitudes. The service values individual choice and the ability to make decisions and encourages young women to achieve their potential through self actualisation and determination.

iv. Elements of Service
Due to the complexity of young women’s needs, the service offers an intensive, flexible and individually tailored response to need by establishing a safe, nurturing ethos and approach through the environment and relationships.

v. Keyworker
Identified as the main source of intervention and will be involved in the decision-making processes around the young women, this involves giving the young women some responsibility for the relationship and acknowledging that the worker may become a significant person in a young woman’s life. The keyworker’s initial task is to focus on building and sustaining the relationship, particularly when the young woman has put up barriers towards staff and has disengaged from services. This relationship is the most influential factor in effecting change. The unconditional positive regard, consistent and reliable approach reinforces determination and commitment to making contact effective.

vi. Assessment
The assessment process considers the chronological age of the young women and the associated rights and responsibilities. However, just as importantly, how neglect, trauma and abuse experienced by the young women may have impacted on cognitive development and emotional intelligence. The keyworker is aware of the potential impact of all of the above factors can have an affect on how and what is learned and processed from interventions, therefore, assessing learning style is important in maximising the impact of the service.

vii. Structured and Focused Intervention
Interventions are regularly reviewed, the focus of intervention is considered, prioritised and a service plan compiled. The service plan is needs led with flexibility and responsiveness to immediate risks and needs included in the plan. The young women are involved in this process and their views considered.
Solution focussed therapy and motivational interviewing are utilised to promote change in conjunction with the programmes, tools and resources to focus on a range of issues. Being flexible and responsive to need and addressing crises can sometimes have an effect on the fluidity and continuity of a programmed intervention. In addition, young women who come into the service may initially not be emotionally ready or able to focus on structured programmes.

viii. Therapeutic and Diversionary Activities
Use of these activities can encourage young women to achieve success, increase interests and boost health, self esteem, and confidence. These activities are also used to assist the young woman to make the transition following the sometimes emotionally charged formal interventions.

ix. Crisis and Drop-in Facility
This allows the young woman a point of contact if they are emotionally distressed, to explore strategies in managing conflict, or encouraging and reinforcing progress beyond the official exiting from the service.

x. Support to Family and Carers
Carers who access this aspect of the service have often themselves experienced multiple generations of disadvantage, poor parenting, trauma and loss and are unable to fully meet the needs of the young women. The aim of this intervention is to facilitate the parent in improving the quality of care they provide to themselves and to the young woman, and to build this relationship to sustain beyond the confines of the direct services provided.

xi. Weekend Support
This provides diversionary and therapeutic activities that the young woman may be interested in but will focus discussion around pertinent issues.

xii. Education
It has been identified that education and employment outcomes are poorer for chaotic, vulnerable young women and that they are more likely to disengage from mainstream services. These young women will remain part of communities and there is a need for them to make a contribution to these communities. In acknowledgement of this, the education component of the service is currently being developed and is expected to be operational by August 2012.

xiii. Level of Contact
The service can be provided over seven days if required, utilising a duty system outwith planned keyworker contacts. Three monthly reviews determine the level and intensity of contacts in addition to focus. Exiting the service is phased, based on need and issues around transitions. Young women are encouraged and supported to engage with the support structures around them and access new supports to limit the risk of relapse or recidivism. The drop-in is also available to those who have formally exited the service.

xiv. Commitment to a Multi-Agency Approach
The service is enhanced by collaboration and working in partnership with other agencies, resources, families and the young women themselves. Engaging and sustaining the young women’s involvement with appropriate services that will meet
specific needs can often demand keyworkers having to facilitate contact e.g. court appearances, mental health appointments. The keyworker is an advocate, on the young person and carer’s behalf, whenever necessary. Often the young women are involved in simultaneous process driven procedures which may involve multiple assessments, lengthy discussions and regular attendance at meetings. This can prove labour and time intensive for all involved, therefore, we try to amalgamate processes wherever possible and promote one comprehensive plan. The partnership working and the impact of this on positive outcomes for young women relies on good communication between services, the young person and their family. The keyworker is a conduit to effective communication between the partners. Young women are expected to participate in all decision making processes and generally do because they have been consulted and prepared in advance.

xv. Interface With Other Services
Within social work services the service interfaces with children and families services, addiction, young parents support base, youth justice services, residential services and adult women’s services.
Outwith social work the service interfaces with residential care providers, education, health services and voluntary sector providers
Developments the service is involved in include child protection, youth justice, trafficking and adult women’s service provision.

xvi. What Does it Mean for Staff?
As the service is primarily delivered on an individual basis, there is pressure on each staff member to demonstrate commitment to the relationship with the young women, and individuals can be very exposed as they are each “the” service to each of their clients. Staff contribute to the care planning for the young women, and have to carefully manage their own thoughts, feelings and behaviour in order to manage high levels of risk while meeting needs. Staff support each other through difficulties and issues that arise when dealing with trauma, complex needs and other presenting behaviours of the young women.

xvii. Outcomes
The outcomes for young women are explored individually through a 3 monthly review of their service plan. The outcome comparison is made between what the issues were on entry to service and the impact of the service on exit. These outcomes are translated into a reporting mechanism for the Youth Justice Research and Development Team, who analyse and provide feedback. As part of this process there is a follow-up 6 months post exit interview to examine outcomes beyond direct service intervention. It has been evidenced that the service is considered to be appropriately meeting the needs and that outcomes have improved for those who have been involved.
EXAMPLE 3.

MENTORING for FEMALE OFFENDERS, Dundee City Council

i. In Dundee, Criminal Justice Social Work established a dedicated team to work with female offenders in April 2011. The team comprises social workers, support workers and a dedicated national health service nurse.

ii. One of the ways that Dundee work with female offenders is by offering the Court an intensive support service as an alternative to remand or as a requirement of a Community Payback Order or condition of Probation. This is provided by Tayside Counsel on Alcohol (TCA) who allocate mentors to female offenders. The mentor will agree a mentoring "contract" with the client which aims to tackle the identified criminogenic needs. In addition, the mentor will provide a pro social role model and will work with the client to explore goals and aspirations.

iii. Criteria
   - Female
   - Aged 16 years and above
   - Can have chronic substance misuse
   - History of trauma linked to offending (abuse; loss; victimisation)
   - Emotional/mental health issues
   - Previous exclusion and/or non-compliance with the Court

iv. Programme Content
   - Initial 3 months - minimum twice weekly contact (CJS and TCA mentoring)
   - Further 3 months contact based on assessed risk level (NOS)
   - Continued involvement beyond 6 months by negotiation
   - Model of assertive outreach and pro-active engagement
   - Individually tailored support
   - Emphasis on referral to suitable agencies
   - Counselling depending on need and motivation
   - Groupwork where appropriate
   - Literacy assessment in all cases
   - Apex assessment in all cases

v. Mentoring is a trusted one-to-one relationship where practical and emotional support is provided by the mentor on a wide range of issues relating to offending behaviours. Mentors can provide a vital role in helping women avoid breaching court orders and address some of the practical issues facing women offenders. Women tend not to keep appointments because of their chaotic lifestyles and mentors can help women prepare for and attend appointments as well as providing the emotional and practical assistance to access services and improve life circumstances.

vi. An evaluation by the Scottish Centre for Crime and Justice Research (2011) of a mentoring service ‘Women in Focus Project: An Evaluation’ found that 77% of women, where re-arrest data were available, had a reduction in offences or no further offences recorded.
vii. Initial Evaluation
During a typical 3 month period from January - April 2012 the mentors worked with 20 female offenders. This involved over 192 appointments and 380 hours of mentoring. Women reported to their mentor that they feel having a mentor has helped them in a variety of ways, including increasing their motivation with compliance, supporting them to sustain their accommodation, enabling them to engage in education and training and in one circumstance, improving the female’s personal safety. Some of the women supported with mentoring have reduced their illicit drug use, maintained their progress in becoming drug free or reduced their alcohol consumption. Other comments include a noted improvement in their financial situation. Women subject to mentoring are also supported to attend their Court appearances.

viii. Case Example
A young woman was referred to the Mentoring Service in October 2011 and she was matched with a Mentor. Initially, her mental health was very poor and she was very chaotic. As she was also intimidating when she hadn’t taken her medication, the mentor was always accompanied by the CJS Nurse. The Mentor and Nurse worked together to help her understand her mental health condition and through this she took responsibility for her mental health and began to take her medication more regularly. She went to local drug services and received support for her heroin use. She was also supported to apply for accommodation as she expressed a reluctance to stay with her boyfriend permanently.

Towards the end of 2011 the Mentor and Nurse became concerned about her relationship with her boyfriend, with bruises appearing on her neck. It became clear that she was suffering domestic abuse and she consented to support from Women’s Aid. She was also moved into Supported Accommodation. Unfortunately, all the change appeared too much for her to cope with and she became chaotic again, missing appointments, not consistently picking up her methadone and often not taking it when she did.

However, through ongoing joint working of the Mentor and Nurse she re-engaged in her appointments with all agencies and appears to be stable again. It is hoped this will be maintained and that she will reach her goal of becoming independent soon. The Court continues to monitor her progress.

ix. The Women Only Mentoring Group
The Women Only Mentoring Group meets weekly and is facilitated by TCA staff and a student Social Worker. The group consists of six core group members. Originally the focus of the group was therapeutic and peer support but the women were encouraged to decide what they would like the group programme to be and now undertake an activity every fortnight. The focus is on supporting them to develop confidence and social skills. Activities have included Vertical Wall, Decoupage and Clay Work, all of which they would not have had the money or confidence to undertake on their own. In addition, members of the group are given the opportunity to provide an update of their week. They have recently agreed to take part in a Scottish Mentoring Network film promoting Mentoring in Scotland.
EXAMPLE 4.

CASE STUDIES – Time For Change

1. Transition from Secure illustrates partnership and mental & physical health dimensions of Intensive Support Plan

Emily

a. Emily was 15 when she was admitted to secure accommodation. She had previously spent some time in an adolescent psychiatric ward and had been diagnosed with physical and mental health issues. Emily had also made disclosures about abuse but later retracted these. At the time of her admission to secure accommodation her behaviours were posing risks to herself and to others. Family relationships, which had previously been characterised by violence and conflict, had completely broken down. While in secure accommodation work with Emily included the completion of a full risk and needs assessment focusing on criminogenic and non-criminogenic needs; forensic psychology - assessment and direct work with young person and staff; cognitive behaviour programme aimed at reducing anxiety; relationship building through attachment promoting work; work with family members and CAMHS.

b. Emily was referred to Time for Change when she was 16 years old by her Social Worker and the secure unit. She was due to be discharged from secure accommodation where she had been for the last six months. Her social worker was concerned about her continuing vulnerability and the lack of a clear plan about future placement. She highlighted that Emily’s parents were extremely critical of most services and ambivalent about supporting Emily. Emily also seemed to have ongoing difficulties with self control and self harm and was reluctant to engage with services.

c. Short contact from the Time for Change service began while Emily was still in the secure unit. There were five multi agency meetings, three outings from the secure unit with staff from Time for change to Emily’s mother’s home.

d. Once she was released from secure accommodation Emily went to live back with her mother, Time for Change led on a daily contact and support plan for Emily. They were on call 24/7 and made regular contact with Emily’s mother. Emily began a careers activity program. She was also given ongoing support from health service in relation to physical and mental health concerns. The Children’s Hearing made it a condition of her ongoing supervision order that she was not to have contact with her dad.

e. Unfortunately difficulties began to emerge from Emily shortly after discharge from secure accommodation. Emily soon begins to stay out without permission and her whereabouts are unknown. She is found by the police on a number of occasions under the influence of alcohol. Tensions at home resurface and Emily is in regular contact with her father, who undermines her mother’s authority. Time for Change is regularly being called out to the house. Emily is not taking her medication regularly and begins to refuse health support. Emily’s father becomes increasingly aggressive.
and verbally abusive towards Time for Change staff. There are concerns about his mental health and worker safety.

f. However, the Social Worker is keeping in good touch with TFC. TFC has also made links with Emily’s boyfriend who is an ally in finding Emily and in monitoring her health. There are attempts at college attendance and housing support which falter. The social worker makes efforts to strengthen the links with Emily’s GP and Psychiatrist.

g. After five months there is a serious medical emergency and a TFC worker takes Emily to the hospital as the GP is unable to deal with situation. Ten months after secure discharge Emily is detained under the Mental Health Act and for three months there is TFC input at the hospital to manage behaviour and motivate Emily to engage with supports. TFC continues to take part in planning and information meetings with Health, Housing and Social Work including Adult Care.

h. A proposal is made by social work to terminate Emily’s Supervision Requirement and transfer her case to adult care. This is resisted by TFC and Emily’s mother. A supported tenancy is allocated to Emily as part of the hospital discharge plan along with CPN input to monitor health issues. Emily resists this and does not co-operate so health input is terminated.

i. TFC support is productive and continues at four times week with focus on employment, life skills work and building personal responsibility. Ground rules for TFC support include a pro active approach with regular on-call support and a health management plan which is agreed by Emily and TFC workers at a TFC internal meeting.

j. Eighteen months after discharge from secure accommodation the hospital notifies Emily that she no longer has mental health problems.

k. Emily is now 18 years old and has made considerable progress, in the last six months she has:
   • completed the Princes Trust and hosted the award ceremony
   • is in a new relationship which is mainly positive
   • has a new tenancy
   • is currently awaiting the outcome of job interviews and is hopeful
   • learned to manage her own health issues, diet and medication
   • learned to use TFC relationship to talk through issues and anxieties
   • worked through historical issues and now has planned but more limited contact with her family on her terms
   • come off Supervision

l. Although she still relies on the TFC worker and will continue to have periodic crisis in confidence, she is moving on with her life and is more accepting of her health and family issues. There are now no behaviour concerns and Emily does not self harm.
2. Illustrates a traditional path - Care, Secure, Cornton Vale – and the questions around termination of Supervision Requirements for extremely vulnerable and high risk girls

Sally

a. Sally is 17 years old. Her family have been known to social work since Sally was very small and she was repeatedly accommodated during her childhood due to lack of parental care. Her mother has long term mental health problems and is currently in hospital. Her father is currently in custody again, he has been engaged in offending behaviour throughout Sally’s childhood. Sally has one older brother who is has been in and out of young offender institutions and secure accommodation.

b. Sally spent also spent a short time in Secure Accommodation and was returned to the same local children’s residential unit. On discharge from the residential unit, she was offered supported accommodation with Through Care support and she remained on a supervision requirement. Sally was referred to Time for Change six months after discharge from secure accommodation. She had 42 outstanding offences, mainly for shop lifting.

c. Sally was reluctant to become involved with Time for Change and it took four or five attempts each week to engage with her. She resented the police being called when she failed to return to her supported accommodation and kept saying that what she really wanted was her wanted her own tenancy.

d. In time Sally began to engage with a female TFC worker around the issue of contact visits with her dad and her brother, who were both in custody. On journeys to visit them she began to open up about her family to the worker. She talked without real conviction about stopping offending but also enjoyed sharing stories about the shop lifting she had done with her father when she was very small. The shop lifting stopped as Sally became more committed to meeting with TFC.

e. The worker identified that Sally had a difficult relationship with her boyfriend was also difficult to engage and involved in offending behaviour. It became evident that Sally exercised little control over her own life, which was largely driven by commitment to her dad, her brother and her boyfriend, who also had outstanding court appearances.

f. Time for Change helped Sally get through court appearances and all outstanding offenses were dealt with after five months. At this point social work felt progress had been made and wanted an exit plan for TFC and to have the Supervision Requirement terminated. TFC resisted this, as it was evident that Sally was high risk in terms of future offending. Sally said she wanted to be off Supervision because she felt this was the only way to get a tenancy. TFC’s involvement was terminated.

g. Three months later one of the TFC workers met Sally in prison on remand. She had acquired 12 new offences, mainly for shop lifting. TFC informed Children and Families Social Work and following a meeting, Sally was referred to the TFC service again by Criminal Justice Social Work.

h. Sally has worked with TFC since her release from prison. She meets with her worker four times a week. The focus of the work is on life style, relationships and job
search. She is motivated and keeps good telephone contact out-with meetings. She is on a Payback Order and her progress is reviewed by the court. The court knows about TFC’s involvement and has said they value it.

i. There has been one serious lapse when Sally disappeared for two weeks. TFC know most of her family and friends and Sally responded to callouts and got back in touch.

j. Sally is still committed to her family and boyfriend so although intentions are good she needs constant encouragement to hold things together. Sally is more assertive now with her boyfriend and now has some of her own friends. Sally is very committed to finding work. She thinks she would like a number of part time jobs and is working on putting together a CV. TFC continue to see Sally on a planned basis, these visits are usually short but frequent.

3. A Community Alternative

Debbie

a. Debbie’s family have been involved with Social Work since her birth and she had numerous placements within the local authority before the age of 5. Debbie’s mother has a long standing heroin addiction and has never cared for her, although they do see each other now. Debbie’s childhood involved multiple losses and multiple placements as she was passed between the care system and various family members. When not in care Debbie mainly stayed with her maternal grandmother and for a short period seemed settled there. However, Debbie’s behaviour at school and in the community deteriorated, with Debbie being charged for several assaults. As a result she was moved to a children’s residential unit. This placement quickly fell apart and she was then placed in secure accommodation for six months. On discharge from secure Debbie returned to live with her grandmother. The previous pattern of behaviour soon resumed.

b. Debbie was referred to TFC prior to leaving school. She had a number of assault charges, wasn’t meeting with her social worker or the local Intensive Support team, and was out of school and refusing to attend the alternative education service. Debbie was still living at home with her grandmother but this placement was under pressure and her social worker was considering whether she should be returned to a placement in secure accommodation.

c. Social work were not optimistic about the likelihood of Debbie engaging with TFC. However, Debbie remembered the worker having contact with one of her friends in Secure Accommodation. She asked a couple of friends who also knew of the project and decided to engage, meeting with the TFC worker quite readily.

d. Debbie and the worker designed a support plan which Debbie was happy with. It involved regular one-to-one support, help to determine a feasible education plan, work with her grandmother to agree some ground rule at home, and support to make a longer term plan for the next two years.

e. Debbie’s grandmother was initially very sceptical about the possibility of any change and it was clear that she saw it as Debbie’s task to make changes. Some of Debbie’s behaviour seemed to be around resentment and fear of other family members. The
opportunity to share this with the TFC worker seemed to ease some of the pressure at home. It was clear that Debbie was trying to make sense of what people in her family were doing and she found the relationships between her grandmother and others in the family difficult to understand.

f. Education was difficult and Debbie needed a lot of coaxing to attend any meetings in consideration of a return to school. The TFC worker helped devise a programme that included education and social activities that interested Debbie, this encouraged small amounts of progress in attending her education placement.

g. Debbie started life story work and was keen to reflect on her experiences and her feelings about those involved in her life. It emerged that Debbie had a clear moral code and resented her relatives’ violent behaviour and her grandmother’s involvement with some of these people. Debbie struggled with the fact that she wanted contact with her mother but did not want to share her life style.

h. Debbie has progressed well in response to the time spent with her worker who has adopted a holistic approach to their time together, working on everything from careers links and future planning, to family contact and family dilemmas. Although incidents continued for a period gradually things have stabilised. Debbie is not working, although she has explored various options but finds it difficult to follow through. She is in a stable relationship and her grandmother approves. Debbie has not gathered any charges for 17 months and is happy with her life. Contact with TFC has reduced in relation to progress. Debbie is no longer on Supervision.
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