

Secure Care in Scotland, a Scoping Study:

Developing the measurement of outcomes and
sharing good practice.

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1. Executive Summary

This is a scoping study designed to help identify evidence gaps regarding the outcomes experienced by children and young people placed in secure care in Scotland.

Initially a brief literature review examining recent papers and articles discussing outcomes for young people both in and leaving secure care was carried out. Gaps in the literature were identified and then semi-structured interviews completed with heads or deputy heads of service within each of the five secure units in Scotland, to further clarify where the gaps and challenges are in relation to this subject.

While individual units have been working to identify their own outcomes models, there is currently an evidence gap with regards to both short term outcomes and longitudinal follow up of young people leaving secure care. This is an area of enquiry that it is difficult for individual units to progress given the scale and complexity of the task. However, with the secure estate now effectively splintered and competing for business with one another, concerns were raised that not only were individual secure units no longer collaborating and sharing information, they were also not sharing good practice. This tension between competition for business and sharing good practice could potentially impede overall improvement of the service. Interviewees identified that this would be a considerable challenge for any efforts to redress the evidence gap.

By examining the literature and interviews with secure care providers multiple questions were raised including: how should baselines be measured; what constitutes a positive (or a negative) outcome; when should these outcomes be measured; should it be on leaving the unit or examining where the young people have reached years down the line; and how can reaching an objective be attributed to any particular intervention or placement.

Interviewees identified a range of current and significant challenges within the secure care sector and expressed a desire to see these issues explored in any future studies. The three most significant issues raised were mental health, continuity of care, and lack of care planning.

Despite steps taken by the Scottish Government to ensure that the mental health of young people in residential and secure care is streamlined and coordinated to ensure the best possible mental health care and support is available, there are still some areas where this is not yet happening, resulting in disjointed care. Several secure care units themselves have identified this as a gap and a priority for the service they offer in the future, if funding allows.

Continuity of care for young people transitioning out of secure was identified as a concern for secure care units. Issues described included a lack of forward planning and unanticipated short-term stays. Interviewees identified that good work can be easily undone when young people are moved without planning, a contention that is also reflected in wider literature.

This lack of planning is similarly an issue when it comes to staff in the secure units being able to spend time with young people working on the aims and objectives identified on arrival. Staff are not always able to reach the point of starting to work on issues such as health and wellbeing, resilience and education.

Despite the challenges identified in pursuing a research project based on these issues, stakeholders agreed about the importance of their participation to ensure we understand the impact that secure care has on the lives of our children and young people and what can be done to improve this.

2. Aims and methodology

The aim of this study was to explore the literature on secure care and outcomes for young people, and identify need and appetite for a research project to more fully address long term outcomes for those who have experienced secure care.

Recent articles and reports (published from 2000 to date) relating to secure care policy and/or secure care outcomes were examined. Articles were identified through a library search using relevant search terms. Further reading was identified through bibliographies of these articles in order to build up a summary of the use of secure care in Scotland. The literature search was expanded beyond Scotland to include some studies that examined outcomes for young people who had been in secure environments across the UK and beyond.

This review was carried out in part to document current secure care policy and practice; and to identify evidence gaps to potentially inform the design of an empirical research study looking at outcomes of young people who have experienced secure care.

This review of the literature was combined with interviews with those working in secure care, to explore what is known about outcomes for young people and the challenges and issues associated with a better understanding. From May to July 2015 a semi structured interview was held with a representative from each secure unit. Their views and responses are presented throughout this paper.

3. Introduction

This section will highlight the current legislative and policy frameworks for secure care in Scotland. It will go on to describe the current secure estate and the recent changes it has experienced. Lastly from the literature, the characteristics of the young people placed there will be described.

3.1. Legislation and policy

There are two methods by which young people in Scotland can find themselves in secure care:

- Referral to the Children's Hearings System resulting in a Compulsory Supervision Order (CSO).
- Committing an offence and being given a custodial disposal by the Court.

The Children's Hearings System has responsibility for dealing with most children and young people under 16 years of age who commit offences and/or who are in need of care and protection.

For children who commit very serious crimes there is an option for them to be jointly reported to the children's reporter and the procurator fiscal and together they will decide whether prosecution through the court is appropriate. The court may then sentence, or alternatively return the young person to the hearing to be dealt with. A young person who appears in court accused of an offence, where bail is not considered appropriate, can be remanded to the care of the local authority responsible for them under section 51 of the Criminal Procedures (Scotland) Act 1995. Local authorities are then responsible for placing that young person in secure care.

A young person convicted of an offence in court can be sentenced to detention in secure accommodation under section 205 or 208 of the Criminal Procedures (Scotland) Act 1995. In these cases, it is the responsibility of Scottish ministers to place the sentenced young person in suitable accommodation.

Before a child or young person can be placed in secure accommodation through the Children's Hearings System, the children's panel must consider if the young person meets the legal criteria set out in section 70(10) of the Children (Scotland) Act 1995. That is: having previously absconded, is likely to abscond unless kept in secure accommodation, and, if [the child] absconds, it is likely that their physical, mental or moral welfare will be at risk; or is likely to injure themselves or some other person unless [the child] is kept in such accommodation.

The recommendation of the children's panel must be authorised by the chief social work officer of the relevant local authority, which is then responsible for placing the young person. Once an authorisation has been made by a sheriff or children's hearing, there are four central duties laid out in the regulations in relation to the chief social worker's decision about whether to implement a secure accommodation authorisation, they are: the duty to consult, the duty to assess, the duty to record and notify, and the duty to review.

The current legislation is the Secure Accommodation (Scotland) Regulations 2013. In the National Standards for Youth Justice Provision (Appendix 1 to the National Youth Justice Practice Guidance) it is stated clearly under Objective 5: To ensure that secure care and detention is used only when it is the most appropriate disposal, and that consideration has been given to alternatives “All young people should have a throughcare and aftercare plan covering a period of at least 3 months following the day of departure from secure care/YOI, to support them in the community as “children in need” under C(S)A 1995”. Similarly it identifies that “a placement in secure care must be part of a planned journey through the care system” (Scottish Government 2009, pg. 1).

Within the new Children and Young People (Scotland) Act 2014, which became law in March 2015, is the provision that aftercare services for young people leaving care should provide support - defined as ‘advice, guidance and assistance’ - to young people, including those who have been in secure care, up until their 26th birthday. The new Act also identifies the need for corporate parents to ‘safeguard or promote the wellbeing’ of looked-after young people and care leavers. Wellbeing is also relevant to the assessment criteria for young people who are seeking or in receipt of aftercare support.

The Scottish Government’s Getting it Right For Every Child (GIRFEC) programme aims to ensure that all parents, carers and professionals work together effectively to give children and young people the best possible start in life and improve their life opportunities. The approach is designed to help those facing the greatest social or health inequalities, encouraging earlier intervention by professionals to avoid crises at a later date. The GIRFEC model is a framework that acts as an ever-evolving guide for those who work with young people. It enables a single planning process that should in effect create a single child’s plan and is described below:

- It provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person’s needs, the strengths and pressures on them, and consider what support they might need.
- It defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action.
- It provides a shared understanding of a child or young person’s needs by identifying concerns that may need to be addressed.

The ‘Whole System’ Approach (WSA) is about identifying at the earliest opportunity when young people are in trouble. It has been rolled out across Scotland after a successful pilot and provides a mechanism for early intervention and support, while being integrated with approaches to deal with young people who continue to commit the most serious offences. The approach covers the following areas:

- Early and effective intervention
- Opportunities to divert young people from prosecution
- Court support
- Community alternatives to secure care and custody
- Changing behaviours of those in secure care and custody
- Improving reintegration back into the community

3.2. The secure estate in Scotland

In 2009 there were seven secure units in Scotland carrying a capacity of 124 places for young people, an increase of 30% since 2003. In 2009 the Scottish Institute for Residential Childcare (SIRCC) undertook a national review of secure care called the 'Securing Our Future Initiative'. Its aim was to address the issue of capacity in the secure estate and made nine recommendations for improvement. Prior to this study the last policy review of secure accommodation was concluded in 2001.

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) accepted the nine recommendations in full, the most visible of which were the adoption of a procurement company, Scotland Excel, to manage the secure estate and the closing of two secure units. This resulted in an overall reduction in the number of available beds nationally, back to a level close to the capacity of pre-2003.

In July 2011 Scotland Excel awarded framework agreements for the provision of secure accommodation. Four secure care providers at that time were awarded a place on the framework, these were the Good Shepherd Centre, Kibble Safe Centre, Rossie Secure Accommodation Services and St Mary's Kenmure. The two Edinburgh units, St Katharine's and Howdenhall are not included in the procurement framework and continue to be managed by City of Edinburgh council. The framework was developed in collaboration with COSLA and the Scottish Government and these four centres between them offer 78 placements for looked-after and sentenced children and young people, a further 12 places are available in the two Edinburgh units. This initial arrangement was for one year with the option to extend further, and to date Scotland Excel continues to manage these services.

According to 'Commissioning Social Care, Prepared for the Auditor General for Scotland and the Accounts Commission, March 2012' The national secure care contract has brought about the following benefits:

- The national contract sets out the rights and responsibilities of all parties, drawing also on the National Care Standards for Care Homes for Children and School Care Accommodation, and aims to improve outcomes for the children and young people.
- It uses a standard service specification detailing 13 elements that must be provided as part of the weekly rate. These include 24-hour care and accommodation, clothing, schooling, toiletries and a specified rate of pocket money dependent on age. Before this was in place, these elements tended to be negotiated on an individual basis and could vary by provider and by which council was paying for the care.
- Working collaboratively on one national contract is beneficial in terms of resources for providers, councils and the Scottish Government.
- Managing the contract centrally will free up council resources and pool expertise. The commercial aspects of the contract are being managed by Scotland Excel while the service and outcomes aspects are the responsibility of a national children's commissioning manager appointed by COSLA and the Scottish Government. This allows a coordinated response to any issues which might arise with a provider.

Savings have been forecast for councils and the Scottish Government at around £400,000 per year. The new secure care contract also includes some additional provisions to support service users. Providers have made a commitment to consult regularly with the children and

young people in their care and to use their feedback to improve services. They also committed to supporting the transition of children leaving their care by providing skills for future independence. Scotland Excel has participated in a national working group to establish methods for monitoring outcomes for children placed in secure care.

Today there are four secure care units that are managed on the framework by Scotland Excel and two smaller Edinburgh units managed by the City of Edinburgh Council. Combined these units have a capacity of 90 places. These changes to how the secure estate is funded and organised means there are fewer places for young people, they cover a smaller geographical area across the country and there is greater competition between units which could result in local authorities technically being able to pick and choose between alternative placements for the young people in their care. Currently it is not known what effect, if any, these changes have had on where young people are placed, for how long and what happens to them once they leave the unit.

3.3. Characteristics of young people in secure care

On 20 July 2015, there were 88 young people in secure care, eight of whom were sentenced. The average number of young people in secure from 1 April to 30 June 2015 is 86, the gender split is 55 boys and 31 girls.

Although the number of children under discussion in this paper is very small (under one hundred young people in Scotland are authorised to be accommodated in a secure unit at any one time and the number of young people securely homed each year is estimated to be 6% of all looked after children) (Children's Social Work Statistics 2013-2014, The Scottish Government) they are one of the most vulnerable groups of young people in our society, and if a society is judged by how we look after our most vulnerable members then it is vital that as a society we protect this cohort.

A study carried out by the Scottish Children's Reporter Association (SCRA) in 2009 examined the secure authorisations of 100 young people in 2008-9 and found that the backgrounds of the young people included 51% had witnessed domestic violence, 65% had experienced parental separation, 52% had criminal histories in their families, 36% had been neglected by their parent(s), 27% were the victims of abuse (physical, sexual and/or emotional), 88% had histories of absconding from care, 43% of the young people had parent(s) with mental health problems and 46% of the young people themselves experienced mental ill-health. Nearly half of the young people had been excluded from school, 68% had a history of truanting and 99% were persistent or frequent offenders. A third of the young people displayed sexually risky behaviour, 77% of the young people abused alcohol and 65% had abused drugs. The majority of the young people (74%) had previously had secure authorisations from children's hearings and 97% of the young people had previously had supervision requirements. Clearly, this is a very vulnerable group of young people.

In 2002 researchers in England examined the mental health of a sample of adolescent boys in secure care for persistent offending. They found 26 (27%) boys had an intelligence quotient (IQ) of less than 70. The need for psychiatric help was measured as high on admission to secure units, with the most frequent disorders being depression and anxiety.

There were high rates of aggression, substance misuse, self-harm, social, family, and educational problems and associated needs. After three months the areas in which needs were mostly met included education, substance misuse, self-care, and diet, however, the other recorded needs remained high. Similarly, Children's Social Work Statistics Scotland, 2013-14, published by the Scottish Government, recorded that 94% of young people in secure care accommodation on 31 July 2013 had at least one additional support need and by far the most common category of additional support need was 'other social, emotional and behavioural difficulties', which at 79% is higher than the proportion for other looked-after children or those on the child protection register.

At least half of the young people admitted to secure care have been known to social services from before the age of ten, and some from birth. The majority of female authorisations to secure care are due to welfare concerns whereas for males these authorisations are more likely to be on offence grounds. This is the case both in Scotland and also in England and Wales and will be discussed further in this report.

4. What are outcomes

There are various types of outcome measurement, these are broadly:

Quality of Life Outcomes: outcomes that support an acceptable quality of life (e.g. being safe and living where you want)

Process Outcomes: the way in which support is delivered (e.g. feeling valued and respected or having a say over how and when support is provided)

Change Outcomes: outcomes that relate to improvements in physical, mental or emotional functioning (e.g. increased confidence or fewer symptoms of depression). This could also refer to a reduction in offending.

Due to the scarcity of information about the quality and contents of residential secure care, Harder in her 2012 article 'The downside up' referred to it as a "black box" and more recently Sovereign et al (2013) tackled the recent argument made by various researchers who had suggested that 'nothing works' in secure residential care. These ongoing debates show how this has become a major topic of interest and concern in recent years and highlights that making decisions based on evidence is vital in terms of effectiveness and cost-effectiveness. However, several questions remain at the heart of these discussions and arguments, namely: what are we expecting from our secure units; what do we hope to achieve; and what does a positive outcome for a young person leaving secure care and returning to their community look like?

Secure residential youth care "...is both incarceration and an alternative to incarceration, a form of control imposed so that care can be given" (Harris & Timms, 1993, p.4)

When examining this population; the most vulnerable of young people, who in each case have experienced the most chaotic of lives so far, determining outcomes is not a straightforward, binary measure. Depending on context the intervention might be judged positively, negatively or even as having a neutral effect, and the young person might

experience a positive change in one aspect of their lives while experiencing a negative result in another. Things also change rapidly with young people; what might be measured positively last week might not be so stable today.

If one wants to adequately compare 'now' to 'then' it is vital to accurately measure how the young person is doing prior to whatever intervention is being assessed. Currently there is no widespread assessment or measurement tool adopted nationally and so outcomes within the literature tend to either evaluate the effectiveness of specific treatments or else be very broad and refer to where the young person goes post secure care. This leads to a further question in terms of outcome measurement; are we interested in the effect of secure care on the young person's life while they are being held, or in how the young person moves on through their life path? By moving on from secure care, unless the young person is being moved to a prison for committing an offence, by definition the young person should no longer fit the criteria for requiring secure care and thus could be argued to be in a much better situation than when they initially arrived - hence a (fairly simplistic) positive quality of life outcome for that young person.

In the literature when referring to interventions such as custody, secure care or intensive interventions such as ISMS, 'outcomes' often refer to changes such as reduction in offending or 'risk of offending behaviour' changes, measured using tools such as ASSET or YLS-CMI. However, not all young people who are in secure care are placed there because they have an offending history or are a risk to other people. Outcomes for this particular population, which although small is very complex with varying needs, might be particularly hard to generalise and involve different forms of treatment. There are relatively simple 'change outcomes' that can be examined but if we are to truly take on board the Kilbrandon ethos it is important to look at other outcome types such as process outcomes and quality of life outcomes too. Similarly, individuals' outcomes need to be distinguished from service inputs and outputs.

The Looking After Children materials which were originally developed in England to help ensure the physical, emotional and social needs of young people in care were met, have been adapted for other countries in Scotland they were piloted in 1997-98. The materials consist of two sections, one to record essential information and planning/reviews that would be required for day to day care of young people in residential or foster care, the other focused on assessment and action with the intention of promoting the child's welfare. Within this there were seven dimensions identified to be key to the development of all children and young people, these were: health, education, identity, emotional and behavioural development, family and social relationships, social presentation, and self-care skills.

More recently, the current Scottish approach 'Getting it Right for Every Child' (GIRFEC) puts wellbeing of children and young people at the heart of its approach. Eight areas of wellbeing are identified, these are the SHANARRI Indicators of; safe, healthy, achieving, nurtured, active, respected, responsible and included. These indicators are given context by the four capacities as outlined in the Curriculum for Excellence which aims to ensure that every child and young person be a successful learner, a confident individual, a responsible citizen and an effective contributor.

The Scottish Government's stated intention in 2006 was that less time should be spent on measuring what has gone into a service and how money has actually been spent, and more time focused on what that funding has achieved for the lives of individuals and communities.

It also stated 'Our national priorities must be about outcomes - the real improvements that people see in their communities and in their lives - better health, reduced crime and anti-social behaviour, an improved environment and increased educational attainment'. The current National Performance Framework, which contains 45 national indicators and related outcomes, includes one which states 'we have improved the life chances for children, young people and families at risk'. Is it true, when we examine the most vulnerable young people, those in secure care, that we are improving their life chances, and if so, how can we measure this?

4.1. Outcomes from the Scottish literature

Kendrick et al (2008) examined 'The Outcomes of Secure Care in Scotland' over a three year period, after two years the young people's outcomes were assessed broadly as either: 'good' – 14 (26%); 'medium'- 24 (45 %); or 'poor' – 15 (28%). This research also highlighted the importance of managing the transition from secure care. Social workers attributed a good outcome more to an appropriate placement and education being offered when the young person left secure, rather than simply the placement itself. A gradual 'step-down' approach from the structure and supervision of the secure setting towards a more open setting was also linked to better outcomes. This finding reflects the good practice highlighted in transitions and reintegration research. It is also echoed in a 2014 examination of the new Children and Young People's Act by Who Cares? Scotland which was carried out with care experienced young people. This study found that 45% of the respondents did not feel ready to live alone directly from care; furthermore 33% of respondents did not know where they wanted to live post-care.

SCRA examined the outcomes of 100 young people who had been subject to a secure care authorisation in 2008/9, they found that within six months 33% of the young people were given a further secure authorisation, 67% continued to be referred to the children's reporter and one young person was placed on ISMS with a movement restriction condition (MRC). The majority of the young people returned to negative peer and/or family influences. Nonetheless, of this group six of the young people were living independently and 13 had attained employment. An important issue raised by these findings is that for many young people there can be a combination of positive and negative events going on simultaneously, thus making it too simplistic to state with any accuracy that the young person had had a 'positive' outcome or a 'negative' one.

Although it can be argued that whether referred on welfare or offence grounds those young people accommodated in secure care are safer than they would have been during the period of time they were there. In order for the secure placement to have met the best interests of the young person, '[young people]...should be able to address risky behaviours that led to their admittance in the first place' (Barry et al, 2008). With only 24% of the young people examined by SCRA over the year of their study attaining improvements in two identified criteria (using the SHANARRI wellbeing framework), this would not appear to have been the case for all of the young people with a secure care authorisation. In fact, Burman and Batchelor (2009) in examining young incarcerated women argue that this incarceration 'exacerbates the social, emotional and health problems which led many young women there in the first place'.

These concerns were also reflected by some secure units in Scotland. In cases where the young person has been referred to secure care through the Children's Hearings System,

there are times during reviews when it is deemed the young person no longer fits the secure care criteria and a decision is made to return the young person to their previous placement or their home. This can happen quite suddenly, negating any potential planned transition or in fact any treatment. Although it is considered in the young person's best interests to not be placed in secure care for longer than strictly necessary, and in fact this is specified in the guidance, it could be argued that the resultant lack of time, particularly the reduction of time to work towards positive outcomes within a nurturing secure environment, is not always in a young person's best interests. For example, one respondent described it as a 'sense of uncertainty'. It was pointed out by one respondent that we look for young people to change but without well-designed pathways for change, this aim will be limited.

It would also appear to run contrary to the good practice guidelines for The Children's Hearings (Scotland) Act 2011 (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013 which state "A placement in secure care must be part of a planned journey through the care system" (Scottish Government 2009, pg. 1).

Several secure units indeed provide various levels of managed settings for young people, so that once young people are stable and ready to move on from the secure setting they can move onto a close support unit within the same or nearby location; others also have further levels of independent living. The key for each of these stages is that the young person can continue to be supported to move towards positive outcomes, something that respondents were concerned might not always happen once young people are returned to local authority care. One of the priorities identified by a respondent was to increase the number of close support units in order both to reduce the use of secure care unnecessarily and also give greater options for young people who no longer fit the secure care criteria. If these units could replicate the type of work that secure care provides but in a less secure setting, this would be seen as a positive move.

One respondent described that the relationships with the parents or carers at home can be maladaptive for the young people, pointing out that sometimes 'the young person becomes the change agent for the family', a potentially impossible task for a child.

In terms of what is currently recorded by secure units relating to the young people who have been placed there and transitioned away, two of the units described having made efforts to maintain a record of where young people go in the years following secure care. This was not something mentioned by other units, although they were not explicitly asked for this information. It was, however, suggested that unless the young person remains with the secure unit or one of its other service provisions, or indeed prison, then a national database would need to be created in order to track individuals as this is not information routinely shared.

4.2. Decision making and outcomes

Studies of secure accommodation have tended not to focus exclusively on the issue of decision-making, but a number have provided some analysis of decision making as part of their wider enquiry into the operation and outcomes of secure accommodation. In particular, studies from across the UK have identified significant geographical differences in the use of secure accommodation, which has raised questions about how the legal criteria for secure decision-making is applied and how local context impacts on decision-making practices

(O'Neill 2001; Walker et al. 2006). Walker et al.'s (2006) longitudinal study of outcomes for young people placed in secure accommodation and alternatives in Scotland found that local decision-making involved various decision-making groups, including children's hearings and screening panels. Although identified as crucial to local systems of secure accommodation decision-making, at that time the internal workings of these decision-making groups had not been fully explored. Roesch-Marsh in 2012 did observe these decision-making meetings and highlighted some of the issues with them, including: a lack of diversity within the groups; the changing membership of the group and potential power imbalances between permanent members of the group; and those who attend because they have made a referral.

The new Children and Young People Act (2014) highlights the importance of involving young people in decision making. This is a consideration that was long overdue, if we examine the Scottish Children's Reporter Administration (SCRA) 2008-9 study on 100 children in Scotland who had been given a secure authorisation through the Children's Hearing System (although they did not include young people who had been given a secure authorisation through the courts). The object of the study was to look at how the young people came to the attention of the children's reporter, how decisions regarding placement were made and implemented, how long each young person stayed in secure care and where they went after they left. One of the findings they made was in regards to the poor quality of information recording, particularly around the decision making stages. What was also noteworthy and particularly concerning was the lack of young people's voices at the hearing during this period of decision making. This is disappointing as it has been documented that when young people feel more in charge of their future and their next steps, they have more positive outcomes.

In a 2008 study carried out in by Barry et al which looks at transition through secure care, it was recorded that of 76 young people in the sample only 21 had been placed in a secure unit within their own local authority. It is worth remembering that when this study was carried out it was during a period of time when there were more secure units in more geographic areas than there are currently. Geographical distance from the family home is an issue in terms of access to the young persons' family and friends, both during the period of secure care and also particularly when the young person is preparing to leave. This was a practice recommendation identified by the SCRA (2010) report and similarly raised earlier in the Kilbrandon Report.

Greater research needs to be carried out in this area, for although it seems a commonly held belief that placing children a great distance from their support system of family or carers is not appropriate, little research has been carried out that explicitly looks at this issue in terms of the effect it has on the young people themselves or on their potential outcomes, nor the impact on families affected. With the recent reduction in secure care units in Scotland and the geographical placement of most of them in the more populous central belt this should now carry higher weight in terms of priority.

4.3. Gender and outcomes

The current and ongoing emphasis on risk assessment means that girls are often considered to have a high level of need and subsequently assessed as 'high risk'. In addition, the 'welfare-based' approach to female offending also means that girls are often considered to

be in need of greater protection than boys. Burman and Batchelor (2009) drew attention to what they describe as the politicisation of young women in Scotland with regards to how they are dealt with in the criminal justice system, arguing 'Young women offenders fall between two stools. Policy responses to youth offending focus primarily on young men (ignoring gender) and policies in relation to women offenders fail to differentiate between older and younger women (ignoring age) [...] young female offenders are an invisible minority whose offending pathways and distinctive needs have gone largely undocumented'.

Schliehe (2013) in the paper 'Inside the carceral' also pointed out that in Scotland young women represent only a small proportion of arrested offenders, however, in recent years, they have been identified as a 'particular problem' arguably far in excess than they should. This has taken place alongside a changing public perception of girls' behaviour and their social regulation, which has included an arguably rising moral panic over girls' involvement in alcohol abuse and violence. The connections between adverse experiences, lifestyle factors, young women's agency and pathways remain under theorised (Burman, 2014). Some of the girls and young women who enter secure care units, prison or closed psychiatric units because of their 'difficult' and 'unmanageable' behaviour are termed as 'offenders' and are processed through the criminal justice system while others are confined to minimise the risk they pose to themselves.

Perhaps due to the relatively low numbers of young women in prison or secure care their behaviour is in fact often tackled using the same interventions as those used with young men. As these tools and techniques are designed for males and based on the male experience they are arguably not as effective with young women as young men. If it is assumed that young women are afforded the same opportunities for change as young men then this will be flawed and outcomes will be limited from the start - as Worrall (2001) points out, 'as important as enhanced thinking skills are, they can only be, at best, a prerequisite to empowering women to make better choices if the choices genuinely exist'. It is also well documented that women have different pathways into offending and their risky behaviour is often a response to other needs that are not being met, low resilience and other particularly female pressures.

In 2014 Roesch-Marsh looked at how gender is affected by risk assessments and decision making when it comes to placing a child in secure care. While young women have often been seen by criminal justice and welfare systems as more vulnerable than young men, this has not necessarily been a positive assumption. It has often resulted in young women being locked up in secure units or sent away to residential schools for behaviour such as running away, sexual 'promiscuity' and general 'waywardness', something unlikely to have happened if they were male (O'Neill, 2001, Worrall, 2004). It is documented that young women are much more likely to be admitted to secure accommodation because they represent a risk to themselves. Roesch-Marsh expressed a desire to look further into how or why ideas about gender shape decision-making in such cases; her study found that taking account of gender within the risk assessment process is not straightforward and that young men and young women do experience different risks and often have different needs.

"Removing young people from the community and placing them in locked facilities serves to 'reassure' the public but does not appear to be more effective than community-based interventions" (Mendel, 2000)

4.4. Health and outcomes

Although the 2013 study by van Dooren, Richards, Lennox and Kinner examined young people who were prisoners (aged to 18 to 24) who were transferring out of adult prisons, rather than young people in secure accommodation, the findings suggest that most young prisoners experience compromised physical and mental health across multiple domains, including socioeconomic disadvantage and risky substance use. In the SCRA (2009) report on 100 young people given secure authorisations the point is made that for some of the young people the health check they all receive as soon as they arrive at the secure unit was the first time their health needs had been addressed.

In 2009 the Scottish Government issued guidance on health assessments for looked after children. This was to clarify the implementation of action 15 of Looked After Children and Young People: We Can and Must Do Better 2007, that 'Each NHS Board will assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments'. Similarly, after health and wellbeing was identified as a key recommendation by the Securing Our Future Initiative (SOFI) in 2009, the Scottish Government responded by writing to all health board chief executives alerting them to their responsibilities to looked after children and young people, including those who are in secure care.

In 2012 the Scottish Government continued to emphasise focus on this vulnerable group of young people within the latest mental health strategy to improve the way in which Child and Adolescent Mental Health Services (CAMHS), local authorities and third sector providers work together to address the mental health needs of this population with the development of a CAMHS balanced scorecard. With the Protection Through Partnership Programme, the Scottish Government held a series of seminars for everyone involved in the life of looked after children, focussing on self-harm and suicide in this vulnerable group. The intention was to develop further staff training in this area.

In 2015 the Mental Welfare Commission for Scotland completed a Visit and Monitoring Report after visiting all five secure care sites in Scotland with the intention of collating information from both the young people and staff regarding the management of mental health needs. It was anticipated through anecdotal evidence that there would be limited support from CAMHS and that staff in secure units would be left to manage the mental health of young people themselves. However, what they found was that although there was variation across units, where CAMHS were involved with young people they were providing good support. The Commission argued for the implementation of nationally agreed pathways of care both within secure care but also beyond, as young people reported feeling very uncertain regarding what would happen at their next placement.

Reflecting the findings of the report by the Mental Welfare Commission for Scotland, representatives from many of the secure units reiterated the need for more clarity regarding the mental health of young people in secure care, although one stated that they felt that CAMHS levels of support had improved. One secure unit, however, had identified this as such an important gap in service that they had held discussions with the Scottish Government about potentially creating their own unit specifically for young people with mental health issues. But there was concern regarding 'entrenched behaviours' by the time

young people have arrived in a secure placement. One respondent described a situation where a young person with mental health problems had been removed from secure care and placed in a 24 hour care flat in their home community as 'really awful', pointing out that progress inevitably breaks down at this point.

4.5. Planning for exit on admission

The aim of throughcare and aftercare is to enable and support the young person to make a successful transition to independent adult living. This means the young person must be empowered to make decisions and take control of their lives leading to more positive potential outcomes. To do this they must be at the heart of the assessment and planning process and fully involved in all aspects of their own throughcare and aftercare.

'Through-care should, theoretically, begin at the point of sentence, with the process starting in prison' (Malloch, 2013). Although this author was referring to people who are in prison the same ethos was echoed by Elsley (2006) in *'No time to lose'* regarding children in care, who stated 'Leaving care should be planned well in advance. In fact, learning about life skills should begin to happen as soon as young people arrive in care'.

The 2008 Scottish study by Barry et al *'This isn't the road I want to go down'* highlighted that the majority of young people in their study claimed not to have a throughcare worker whilst they were in secure care, and that those who did sometimes questioned the quality or availability of the input they received. Exit plans were relatively unknown by many young people, even when they were due to be leaving secure care within a week or so of interview. Further, approximately one third of those who were familiar with their exit plans felt that they had been changed or disrupted, partly due to the lack of alternative placements to secure care. A more recent examination involving Whole Systems Approach leads across Scotland found just over three quarters (77%) of respondents stating young people always have a throughcare and aftercare plan on release from secure or custody (Nolan, CYCJ, 2015). However, this means that nearly a quarter do not and also does not clarify how much advance knowledge these young people have prior to their release.

5. Current outcomes measurements

There are five secure care providers in Scotland and the Scottish Government has provided support for them to develop outcome models that best fit within their service. To further support this Dr Emma Miller from the University of Strathclyde was asked to work with the stakeholders in identifying how best to achieve this. It was hoped that all secure units would have an outcomes strategy embedded in their work by the end of 2013.

The Scottish Government did not want to recommend the use of a particular tool to measure the outcomes of the young people as they felt none would fully meet the needs of the secure estate and, more importantly, none of the tools had been adequately evaluated. Units were thus encouraged to develop their own outcomes model by selecting an outcomes tool then developing that tool to fit the needs of their organisation.

During a stakeholder event in May 2012 it became clear that this process would not be straightforward for everyone. Some of the participants were not able to easily identify

individual outcomes, instead identifying service outcomes or interventions. At the beginning of Dr Miller's involvement with the secure care outcomes working group in 2012, two of the units were described as quite advanced in their implementation and had collected months of evidence in assessing and improving outcomes for the young people in their care. The other three units were still working on developing their outcomes measuring tool. From the outset Dr Miller advised the units that the best way to successfully deliver this work was through collaboration. Units were encouraged to work together to share their ideas and experiences, unfortunately due to the competitive nature of the Secure Care Framework agreement, units were reluctant to collaborate.

Even in 2015, respondents from secure units feel there has been a reduction in sharing good practice with their fellow secure units, it has become as one described a 'culture of not sharing'. Another pointed out that prior to the introduction of the National Contract with the Scotland Excel Framework Agreement the relationship between units was more open, and that there were more opportunities to meet and share information both formally and informally. Thus, the National Contract has resulted in a broad reduction in sharing both information and good practice between secure units, now that they are competing for business. For some units this has resulted in a feeling of being a bought-in service that has less of a voice than they had previously; for others it would seem to have enabled focus in ensuring that the service they offer is something that they feel answers the questions asked of them.

Several of the respondents felt they were no longer being seen as one part of a whole system within child welfare and justice in Scotland but instead as more of a provider. This can be argued to have the potential for both a positive and negative impact on the units. Positive in the sense that within a framework, each unit is free to specialise or provide different services to one another, but negative in that rather than providing a high quality service there can be a feeling of running a business that merely has to be profitable in order to survive. One respondent pointed out that they were acutely aware that it is a competitive market. The secure estate was described by one respondent as the most regulated in Scotland, and that though this is warranted if not handled well it could stifle further development.

Although the SHANARRI well-being indicators as identified within GIRFEC have now been adopted by all units, there are still some reported reservations from some of the units about the relevance of these. One respondent asked 'do these outcomes matter or are they just a mechanical exercise', pointing out that in order to understand and accurately record outcome changes they had to have meaning for young people and staff. It was also suggested that there would be great difficulty in demonstrating 'attribution' for any positive outcomes, also that although there may be positive impact it might not be immediately identifiable or indeed measurable. Another respondent pointed out that secure care is an 'artificial environment' in which to create or measure change.

'... the routines and attitudes required to successfully negotiate custodial environments are vastly distinct to those required for negotiating challenges in the general community' (Halsey, 2007)

Secure units identified the importance of having agreed objectives with all individuals and professionals who are involved with the young person. However, there was concern raised by respondents that once a secure placement is secured the social worker involvement

drops off sharply, with visits to the placement much reduced. This affects the work that can be completed with the young person by reducing the in-depth knowledge they can bring to initial assessments, placement plans and ultimately throughcare and outcome aims. Nolan in *Youth Justice: A study of local authority reintegration and transitions practice across Scotland* (2015) found that 70% of Whole Systems Approach managers reported that within their local authority, the role of lead professional was retained within the authority while the young person was housed in secure care or YOI. Though this percentage does suggest that this is not always the case, Nolan's study did not differentiate between secure care and YOI and therefore it is difficult to identify the situation for secure care alone.

The Securing our Future Initiative (SOFI) study published in 2009 stated that "it is known that many young people passing through the secure system experience very poor outcomes". SOFI found that only a minority of young people fared well after leaving secure care and that girls in particular had especially poor experiences of secure care. It went on to point out that secure care also performs poorly in terms of reducing offending and that around half of young people leaving secure care return within a year. However, several studies outwith Scotland have recently shown that short-term outcomes for young people leaving institutions has been better than might be expected, and these are described below.

In 2010 a study was carried out in the Netherlands by Harder, Knorth and Kalverboer, into the post-secure lives of young people.. It was a small study and as they described it, one of the first of its kind. They found that despite nearly half of the young people only knowing of their departure from secure care within a fortnight of it happening, in the main the short-term outcomes were perhaps better than might have been anticipated.

In 2011 Anghel examined outcomes of Romanian children who had left care. The Bridges model of transition (2009) was used to help understand the experiences of care leavers and their carers. The Bridges model highlights the role of the leader in creating protective conditions for traversing what is described as three unavoidable transition stages:

1. Ending of old identity/behaviour;
2. A neutral zone of deconstruction and transformation;
3. A new beginning.

Preparation for leaving care can be viewed as 'learning to end care', followed by the neutral zone which begins at discharge. Where young people lack family support, formal carers are the young people's main transition guides in this study. Anghel found that the availability of learning opportunities for young people through their formal and informal carers after discharge changed the nature of the neutral zone. In fact most of the sample examined did better at follow-up than expected. This suggested that further learning during the transition stage can influence future coping abilities.

The importance of being supported throughout the release process, for example being 'met at the gate' once released, was something highlighted by Malloch (2013) in *The Elements of Effective Throughcare, Part 2: Scottish Review* as helpful for reintegration more broadly and also specifically by The Commission on Women Offenders (2012) with regards to women.

6. Gaps and issues

The immediate issues identified by respondents from the secure units in Scotland were the lack of continuity of care for young people, mental health and the support young people in secure units require, and the reduction in collaboration and sharing of good practice.

Within the literature there is variation regarding the measurement of outcomes in general, with different studies and authors looking at different stages of a young person's journey to capture potential change and selecting different types of outcome to analyse. Where the young person is next placed immediately after leaving secure care might not tell us a great deal, however, where their life path has led them five years from now might be more informative regarding the effect of secure care. Similarly, placement location or where the young person is currently living is only one aspect of their life story. Further questions must be asked; what has their journey entailed, what have their achievements been, how do they feel about their lives now, have they fulfilled their own dreams or expectations, and what is their quality of life?

Since Walker et al's (2006) study, which was the first longitudinal study of secure accommodation to be completed in Scotland and following on from that, the SCRA (2009) study examining 100 young people given a secure authorisation, there is still a dearth of longitudinal studies measuring outcomes and experiences of young people who have been placed in secure care in this country. While there are various anecdotal accounts of young people not going on to thrive in positive destinations after leaving secure care, and previous studies have been bounded by timescales that limited the period available to follow up on the young people after transitioning out of secure care, a more robust and long term study of the geographical and emotional outcomes for young people post secure care is long overdue. However, due to the complex backgrounds and needs of these young people, it will require the involvement of multiple service providers, and some level of involvement on the part of the young people and/or their parents or carers, to maintain a level of contact with the young person as they grow.

It is clear that most secure units lose touch with individual young people once they move on, unless they stay within close support or move into other linked services provided by such secure units as Kibble Safe Centre. Also, despite the framework agreement with the national secure care contract which lists 13 aspects of support and intervention that each unit must provide, each unit makes its own decisions regarding methods of identifying need and priorities and uses their own outcome framework. With each unit designing their own baseline measures to aid them to set objectives for the time each young person stays in secure care, and their own wellbeing standards with which to measure them (within the SHANARRI framework); and with no motivation to share them with one another due to the competitive nature of secure care provision; there are real hurdles for any national study examining outcomes.

There is still limited knowledge with regards to decision-making due to poor quality record keeping. It is vital that this paperwork be consistent and accessible to ensure clarity and openness around the risks and needs of these young people and why certain decisions have been made. It is vital to ensure that the voices of the young people involved are heard during all aspects of social work interventions but particularly with regards to decisions such

as placement in secure care, and transitions both in and out of placement and towards adulthood.

There needs to be greater clarity around what throughcare and aftercare means and how long, as a service or even as a relationship with an individual, it should be involved with those young people transitioning out of secure care or reintegrating into the community.

Clearly, as identified within the literature and the gaps therein and after consultation with the secure units themselves, a longitudinal study that follows the life path of those children and young people who have been housed in secure care would give the best overall view of the experience of secure care for young people. It would also present a picture of where young people go and the lives they grow into as they move into adulthood and beyond care. This would require the involvement and significant buy-in of not only the secure care units themselves but also social work, police, prisons and the young person themselves.

As the importance of measuring outcomes has been clearly identified by the Scottish Government, and as all five secure units in Scotland now have an outcomes framework embedded within their practice, now would seem to be the ideal time to take an in-depth look at what has been recorded, and to build on these measures to explore the short and long term impact of placement in secure care.

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