

Secure Care in Scotland: Looking Ahead

Key messages and call for action

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The images used here were created by artist Graham Ogilvie during speaker inputs and discussion at a secure care sector leads engagement event in April 2016. More of Graham's art work and the outputs from that event can be viewed on the CYCJ website:
www.cycj.org.uk/wp-content/uploads/2016/05/secure-care-sector-leads-event-outputs.pptx

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Overview

“Secure care saves lives. I can honestly say I don’t know what would have happened to me if I hadn’t come into secure. I was harming myself and out of control. I was off my head and tried to kill myself several times, I would possibly be dead if I hadn’t been secured.”

“I mean I’m in here for nothing – like I stole a few hundred quid and X (referring to another young person) you’re in here for really serious stuff – it’s not a fair system – they shouldn’t lock young people up – I don’t know anyone who it’s helped.”

Young people in secure care

Secure care is the most intensive and restrictive form of alternative care in Scotland. When a young person is secured, they are detained in a secure care centre, designed to keep safe those children and young people who pose a very high risk to themselves or/and others at a certain point in time. Though the numbers of children and young people secured each year in Scotland are relatively small, the decision to restrict any young person’s liberty is significant and has an immediate impact for that young person, and for their family, friends and wider community.

This paper sets out the key messages which emerged from the secure care national project. It summarises the evidence and recommendations arising from the project work. These were presented to the Scottish Government, and the Secure Care National Steering Group and other partners, at the ‘halfway point’ of the project, in June 2016. The Scottish Government subsequently committed in its work plan for 2016/7 to:

“publishing, by the end of this year, the independent report into the configuration and funding arrangements for young people in or at the edge of secure care and establish a strategic board to link secure care provision to our Getting it Right For Looked After Children (GIRFEC) Strategy and the overall GIRFEC approach”

The findings are wide ranging but it is important to acknowledge that many positive developments and achievements in secure care in Scotland were identified. These are well documented through inspection reports, internal and external evaluations and recognition by the Scottish regulatory bodies and others. The project encountered a dedicated, caring, compassionate and skilled workforce of people across the sector and the responsible agencies, trying their best to meet the complex and diverse needs of very troubled and vulnerable young people.

Nearly 60 care experienced young people spoke to the project. Their reflections on life in care were by turns saddening, moving, dismaying, humbling and uplifting. They shared powerful accounts of the impact and experience of secure care. Some stated that being secured had saved their life, and/or had changed their life and their hopes for the future, for the better. Others related concerns about their experience of secure care, and of the care system more widely, particularly in relation to how well they felt they were listened to, heard or understood within day to day and agency decision making processes. Young people’s

accounts strongly echoed the testimony of previous generations of young people in secure care.

Key professional decision makers expressed dramatically differing views about both the purpose and quality of secure care in Scotland. The project concluded that a lack of consensus is exacerbated by:

- the absence of a national strategic and standards framework, i.e. no stated set of values, principles, or underpinning care and treatment model which applies across what is described as the secure care 'sector'
- the view of secure care as 'other' and 'outside' of the wider care system

The focus of previous reviews of secure care, and of the published policy and guidance, has been on preventative interventions, and on ensuring diversion from, and reduced usage of, secure care. The project concluded that whilst this continues to be very important, more attention should now be paid to the impact and experience of secure care itself. The known strengths and shortfalls identified in the Scottish approach to secure care could underpin further practice developments and improvements to the way in which we respond to the small number of young people whose acute needs can only be met in a contained setting. This includes young people who are currently dealt with by the adult justice system, as at the time of writing, October 2016, there are more 16 to 18 year olds on remand or sentence in prison settings than there are on remand or serving sentence in secure care.

The vast majority of professional stakeholders stated that they aspired to the vision set out in the Securing Our Future Initiative report (SOFI), that is; a Scotland where there would be no need or will for secure care.

However, less than a handful of those consulted stated that secure care (in its current form) would not be required 'for the foreseeable future' for a very small number of young people presenting the very greatest risks and dangers to themselves or/and others.

There is a lack of shared understanding between and across agencies and no collective vision of the future place, purpose and function of secure care, or of how to meet extreme needs and manage extreme risks without it. This was apparent from the differing perspectives, ethical positions and local planning arrangements adopted by senior managers from different local authority areas. Further work needs to be undertaken towards achieving a *vision for change*, which is informed by lived experience and the considerable knowledge of the sector itself.

The First Minister's announcement of a forthcoming 'root and branch' review of the care system in Scotland is timely. Truly transformational change can only be achieved through a Scotland wide consistently nurturing, holistic response to young people involved in very high risk behaviours, which recognises the impact of difficult childhood experiences and trauma on young people.

The vast majority of young people in secure care are there for their own protection rather than as a result of offences they have committed. For those who are there on sentence or remand, there is a growing body of evidence which shows that young people who offend are almost always young people who have experienced multiple difficulties, hurt, neglect, trauma, bereavement and abuse. The available information about young people coming into secure care tells us that most have significant mental and emotional health needs as a

consequence of their family and care histories and experiences. The project concluded that our systems are disconnected and do not fully acknowledge or take account of this.

The current commissioning and quality assurance arrangements are also disjointed. They set out the terms and conditions for the purchase and provision of *individual places* in secure care. They ensure that each individual secure care service is inspected against regulations. But they do not provide a *national framework* fully aligned to GIRFEC principles, to underpin the commissioning and governance mechanisms and enable ongoing evaluation of the impact, experiences and outcomes for young people.

Call for action

The key findings of the project call for:

Strategic vision, direction and leadership from all stakeholders responsible for making decisions about young people who are in, and on the edges of, secure care, particularly the Scottish Government, local authorities and their representative bodies CoSLA and the SLGP.

An explicit statement on the place of secure care in the continuum of responses to very high vulnerability and risk.

Further exploration of the complex interface between secure care and the Children's Hearings System; adult justice and custody; looked after children's services and; the Scottish Government's Getting It Right for Every Child (GIRFEC) strategic approach.

A National Standards Framework which includes a care pathway for young people on the edges of, and in, secure care that clearly articulates: the preparation, information and support young people should be offered before and during admission, and with day to day living in a restrictive care setting; advocacy and participation arrangements and expectations and resourcing of this; a health care pathway, including mental and emotional health and wellbeing; and revisiting and strengthening guidance in relation to transition support and aftercare.

A Secure Care National Strategic Board to provide leadership and direction, giving voice to care experienced young people and involving them in driving a long term programme of transformation for secure care and approaches to young people on the edges of secure care in Scotland. The strategic board should lead and co-ordinate the work required to develop and realise the national strategy and standards framework and **a strategic partnership approach** to engage all responsible corporate parents in the review of commissioning and resourcing arrangements for secure care.

Background and Context

Young people and secure care in Scotland

Children and young people can be placed in secure care through the Children's Hearings System (the CHS) or the Courts. At any one time, 75% to 80% of young people in secure care have been secured for their own safety, rather than as a consequence of their having been remanded or sentenced in relation to a criminal offence. Every young person's situation is individual to them, but the vast majority of young people who are secured have been exposed to extreme danger, such as repeatedly spending time in very unsafe situations which have caused or are very likely to cause them serious harm, for example sexual abuse and exploitation, harmful alcohol and drug use which is compromising their health and safety, or life threatening self-harming behaviours.

In recognition of the restriction of liberty and the nature of secure care, there are robust regulations in place with the aim of ensuring that children and young people are only secured when (and remain secured for no longer than is) absolutely necessary, and that young people receive appropriate transition support into, during and following secure care.

The majority of young people in secure care are subject to an order made by a children's hearing. The Children's Hearings (Scotland) Act 2011 provides the legal framework, including specific conditions and the 'secure care criteria' which must be satisfied before a children's hearing issues an order with authorisation for placement in secure care. Once a children's hearing does issue an order, with secure authorisation, there is a second stage of decision making. The Local Authority Chief Social Work Officer and the Head of the Secure Care Centre which will be responsible for caring for that young person, have certain powers and duties in relation to whether the secure authorisation is implemented.

The Children's Hearings (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013 (the Regulations) set out the definitions and parameters of secure care. The guidance issued alongside the regulations states that:

"Depriving a child of their liberty infringes on one of their most fundamental human rights and impinges on associated rights to freedom of association and family life. For this reason any decision to place a child in secure accommodation can only be justified because it is in their best interests and/or because it will protect the rights of others"

In the same way, where the Courts are imposing a sentence or remanding a young person, there are National Standards (National Standards for Youth Justice Provision, Appendix 1 to the Guide to Youth Justice in Scotland) in place. These state that secure care and detention should be used only when it is the most appropriate disposal, and alternatives have been considered.

Historically, far fewer girls and young women have been secured than boys. However, as within the adult Justice System in Scotland, there is evidence over several decades that girls and young women who commit offences, or who are deemed to be at considerable risk, proportionately escalate more quickly through the CHS and Courts towards secure care or custody, when comparing the grounds and/or offences and the options chosen and disposals made for young women and young men. In the past two years, whilst far fewer young women (age 16 to 18) have been remanded or imprisoned in Scotland, the numbers

of girls and young women who have been secured in relation to extreme self-harming behaviours or as a result of them being deemed to be at significant risk of sexual exploitation, has increased.

The average age of young people when they are placed is nearly 15 years, but there are very rare occasions when children under 12 have been secured (Scottish Government information 2013/14). The average length of stay in secure care is between three and four months, but in parts of the secure care sector which proportionally have more young people placed on remand and short term orders, the average time in a secure care placement is nine weeks.

In law, local authorities are responsible for providing secure care services. There are five secure care centres in Scotland, who between them offer 90 places. The centres are commonly collectively referred to as the 'secure care sector'. Only one of these centres is delivered directly by a local authority, and the rest are run by independent, charitable organisations. These four centres are part of a national contract framework managed by Scotland Excel on behalf of the Scottish Government and the 32 Scottish local authorities.

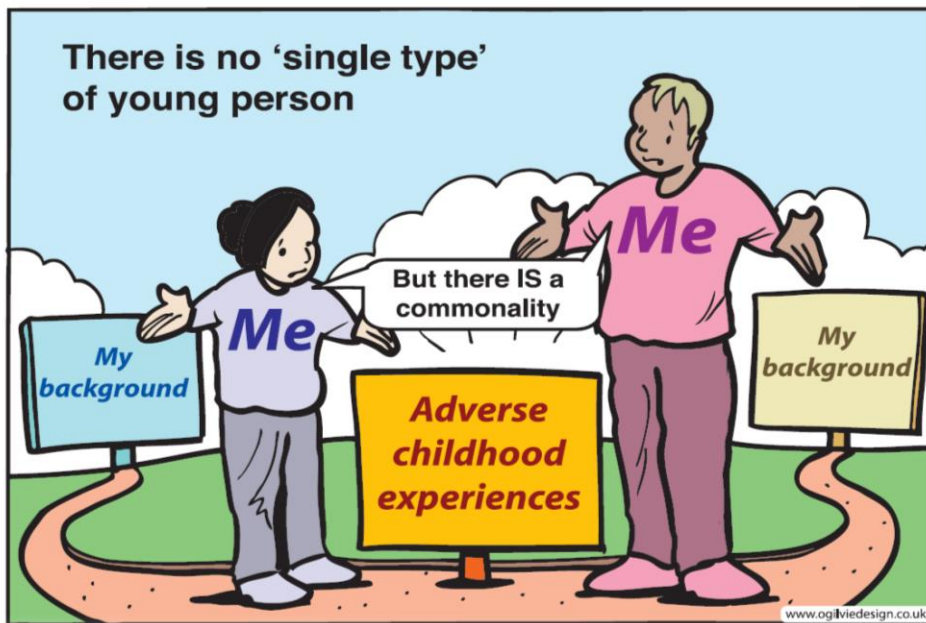
- Good Shepherd Secure Unit, The Good Shepherd Centre, in Bishopton (Good Shepherd) which is contracted to provide up to 18 places
- Kibble Safe Centre, part of Kibble Education and Care Centre in Paisley (Kibble) which is also contracted to provide up to 18 places
- Rossie Secure Accommodation Services, Rossie Young People's Trust in Montrose (Rossie) which is contracted to provide up to 18 places
- St Mary's Kenmure, Bishopriggs (St Mary's) which is contracted to deliver up to 24 places

In addition, Edinburgh Secure Services (ESS) is run by City of Edinburgh Council and it provides 12 places, primarily for young people from the Edinburgh area. The Council has indicated that it intends to reduce capacity to six places, and will present proposals to the relevant City of Edinburgh Council Committee in mid-December 2016.

In Scotland, we take pride in our Children's Hearings System and the founding 'Kilbrandon' principles which underpin our welfare based approach to children and young people who may have been involved in offending behaviour, and which are held at the heart of the Scottish Government's Getting it Right for Every Child (GIRFEC) strategic approach and implementation programmes. The Scottish Government introduced the Whole Systems Approach (WSA) in 2011, as part of this strategic framework. Its focus is on supporting young people who come to the attention of the Police or are involved with services as a result of offending behaviour. One of the key aims is to ensure that wherever possible young people who have been involved in serious offences are diverted from detention. Where detention is necessary, consideration should be given to secure care as the place of detention, rather than imprisonment. The WSA, among many other factors, has resulted in a significant reduction in the numbers of young people in secure care on offence grounds in recent years.

All of the secure care centres are registered, regulated and inspected as children's care and education services by the Care Inspectorate and Education Scotland. Secure care centres are not youth offender institutions, or prisons, though as noted there are some young people in secure care on remand or serving sentences for serious crimes.

Whether they are secured on welfare or offence grounds, young people in secure care are among the most highly vulnerable and highly at risk in Scotland. Their additional support and mental wellbeing needs are well reported as greater than those of the wider vulnerable and looked after child population. As a consequence there are unresolved dilemmas facing decision makers and the secure care sector.



Can secure care services designed and established primarily as youth justice settings 15 to 20 years ago, provide the emotional nurture, containment and truly trauma sensitive care which is now needed?

If so, then to summarise one secure care practitioner: can we expect secure care to treat 12 years of hurt, abuse, neglect and trauma in a 12 week placement?

“Sometimes it feels like we’re providing a service that nobody really wants, for young people who nobody knows what to do with and who feel like nobody cares about them”

Senior Manager, Secure Care Centre

“Secure Care is still seen as being for young people who are in trouble - I haven’t done anything wrong but I was with someone who’s set fire to another person – but then I guess that young person might have had bad things happen to them - we’re blaming young people instead of the adults who’ve hurt them and let them down”

Secure Care experienced young person

The 2014/5 Scottish Government figures show that overall there has been a downward trend in the numbers of young people secured in Scotland since 2011, though this trend was reversed in 2014/5. Available data for 2015/6 shows that dramatic and sustained spikes and dips in placement use have continued, but the overall trend is sharply downwards again from 2014/5 to date.

This data comes with a caveat, as it does not reveal the high proportion of places in Scottish secure care centres which have been accessed by English local authorities due to capacity issues in England from 2015/6 to date. As of September 20, 2016, there were 12 vacancies across the secure care sector, and 27 of the young people in secure care in Scotland were placed there by English authorities. That means that only 51% of all contracted places were occupied by Scottish young people. All four of the independent charitable providers have experienced pressures in relation to falling numbers of referrals from Scottish local authorities. In contrast, ESS was either near, full, or beyond capacity, throughout most of 2015/6.

There is minimal information available about the longer term outcomes from secure care, although a research proposal for a longitudinal study is in development at the University of Strathclyde. There is also little information which tells us what happens to those young people in Scotland who present very significant risks and who may meet the 'secure care criteria' but who are not secured. Therefore it is very difficult to compare experiences and outcomes from secure care with other interventions or care settings.

The secure care national strategic and transitions advisory function

The Scottish Government commissioned a secure care national adviser role, hosted at CYCJ, to deliver the 'national strategic and transitions advisory function' from August 2015 to March 2017. The project was tasked with working with sector leads and other partners to:

- ensure the effective delivery of service to children in secure care
- review current trends, achievements and risks
- make recommendations to partners about future configuration of the secure estate.

There were several drivers for the secure care national project:

- **The need to revisit the purpose, function, impact and experience of secure care** in the context of the Getting it Right for Every Child strategic framework (GIRFEC) and the developments in law, policy and practice since the previous review of secure care, the Securing Our Future Initiative (SOFI) reported, in 2009
- **The volatility and unpredictability of usage during the past five years**, with dips leading to considerable financial uncertainty and worries about sustainability for the independent charitable centres, and spikes leading to uncertainty and worries for placing local authorities about location and placement choice for young people
- **Recognition that strategic direction is required to inform the commissioning process** and review of the contracts with the four independent charitable centres

The project approach was one of inquiry, listening to, and hearing and learning from a range of stakeholders, including secure care experienced young people. The project undertook an intensive fact finding and engagement programme to explore stakeholders' current experiences and perceptions about secure care, and the structural and resourcing arrangements in place.

The initial fact finding highlighted considerable variation between local areas and the approaches and resources available to respond to high risk. Two national seminars involving decision makers and sector leads were held to explore the emerging issues. CYCJ undertook a research study 'Responding to High Risk and High Vulnerability: Chief Social Worker and Local Authority Approaches', which is due to report before the project concludes.

SOFI, SO far?

The Securing Our Future Initiative (SOFI) was commissioned by the Scottish Government to comprehensively review secure care in Scotland. It reported in 2009 and the Scottish Government and Convention of Scottish Local Authorities (CoSLA) fully accepted all nine of its recommendations and strongly endorsed the principles underpinning the vision the report described.

The secure care national project will produce a document mapping the findings from its work against the SOFI recommendations as part of the supporting information it will produce for the proposed strategic board.

In short, the project noted that considerable activity and real progress has been made to realise several of the recommendations. In particular SOFI called for a co-ordinated approach to the commissioning and purchasing of placements, alongside a planned reduction in the overall number of places, and this process was completed by 2012.

The SOFI vision looked towards a future where no child or young person requires to be secured, and urged further investment in improving systems, services and responses to very high risks through effective early intervention, preventing the need for secure care and increasing the choice and range of community based alternatives. The early findings of the CYCJ research indicate considerable variation in how far these recommendations have been progressed. Where local areas are developing new approaches, whilst this is positive in maximising community based responses for individual young people, these plans are being made without reference to the secure care national steering group and this risks a further fragmentation of approach.

For those young people where the risks are such that their safety or that of others can only be protected in secure care, a range of actions were suggested to improve and maintain the nurturing, high quality care, education and wellbeing help and support to young people in secure care. A review of inspection reports and internal and external evaluations across the secure care sector evidences continuing investment and innovation by the secure care centres, but the connectivity and in-reach of other services remains patchy and problematic.

The SOFI report also argued strongly for action to ensure that a placement in secure care is experienced as part of a young person's care journey. It identified a need for further exploration of the way in which mental and emotional health and wellbeing needs are identified, and how help and support and treatment is provided to young people in secure care and on the edges of secure care.

SOFI defined secure care within the context and principles of Getting It Right for Every Child (GIRFEC) and the recommendations urged a full review of the interface between the adult

justice system, the Children's Hearings System, the use of custody, secure care, mental health services and intensive community supports described as 'alternatives' to secure care.

In relation to this integration agenda, the project concluded that several key opportunities for change and improvement have been missed, or rather secure care has been missed out. The secure care sector and the secure care national steering group have not been connected to the relevant GIRFEC implementation groups which have developed and rolled out GIRFEC policy and initiatives since SOFI. Substantial planning work has been undertaken in relation to mental health forensic in-patient provision for young people and this has not taken secure care into account.

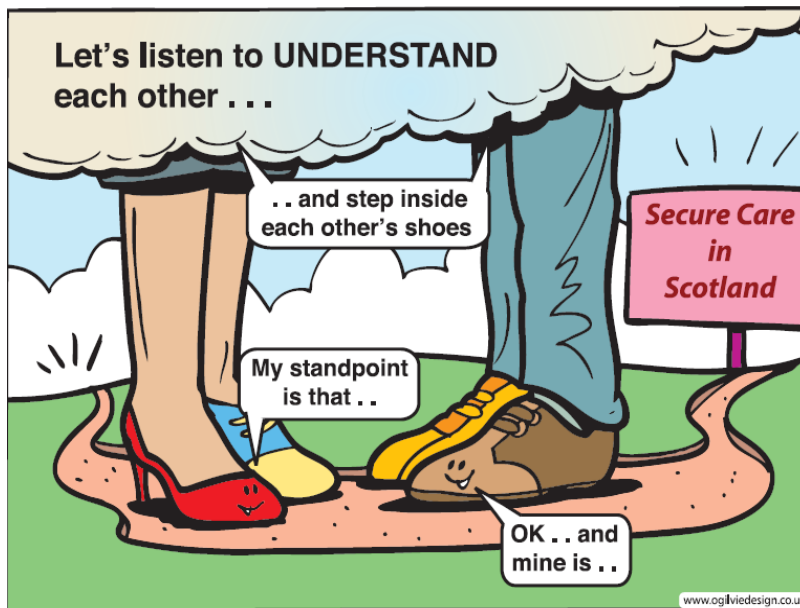
Perceptions of secure care

The project created a space, enabling the various professional partners to air, explore and debate strongly held assumptions, perceptions and beliefs, about the purpose, effectiveness, costs and value of secure care. There is a need to continue this important dialogue beyond the remit and time frame of the secure care national project, as it appears more could be done to ensure understanding and a culture of respect across all partners.

There was some evidence of a lack of confidence and trust between some local authorities, some children's panel members, parts of the health service and the secure care centres. Some of this may relate to issues from the past. There is a legacy from the closure of Scotland's largest secure care centre due to concerns about abuse and poor practice, in 2006. Within the last five years, the introduction of the national contracting arrangements led to the de-commissioning of a well-regarded secure care centre that had only been operating for three years.

There is also a lack of connectivity and knowledge exchange activity across the care and youth justice 'communities' in relation to young people in secure care and on the edges of secure care, and this may also have impacted on levels of confidence and understanding. There are considerable financial and operational pressures on local authorities as purchasers of secure care and on the four independent charitable secure care centres as providers. On occasions the project heard evidence that disputes arising from the business and commercial transactions were impinging on the relationships necessary to ensure effective team working around the young person.

Trust and respect is essential for achieving shared commitment to corporate and collective parenting responsibilities for these most vulnerable young people, and to overcome the inevitable tensions arising from the purchaser/provider relationship within which corporate parents now operate.



Key Messages

Strategic vision and sustainability

Fundamental uncertainty about the place of secure care remains. A hundred sector leads, including senior managers from local authorities and Chief Social Work Officers, gathered together in April 2016 to discuss the secure care national project early findings and contribute to the next steps. More information including the briefing paper which was circulated to participants is available on the [CYCJ website](http://www.cycj.org.uk). Participants were keen to achieve a strategic vision for the future, and asked for leadership and direction from Scottish Government and the local authority representative bodies in particular.

At that same event, and throughout the engagement process, stakeholders expressed differing perspectives on what that vision might look like. Some took the view that secure care is an absolute 'last resort', to be avoided almost at any costs and accessed only as a physically containing, holding and stabilising environment for as short a time as possible. Some regard the use of secure care as an indication of system and service failure.

There are others who believe that secure care has the potential to provide a positively containing, holding and stabilising environment which can provide nurturing and therapeutic care in a safe space, and that too many young people experience too many disruptions and home settings before they are eventually secured. They highlight evidence from some local authority areas where the use of secure care has dropped dramatically. This suggests that whilst fewer young people are being secured from these areas, the age at which those young people are secured has increased, and the number of previous disrupted care placements and proportion of these young people experiencing two or more short term repeat placements in secure care, is also higher.

There is no system in place to enable effective reflection and evaluation of outcomes and experiences of secure care, custody, or alternative responses to very high risks and needs.

Scottish local authority placements in the secure care centres have reduced dramatically in the past year and the proportion of young people placed from England has increased. The longer term impact of a High Court (Family Division) ruling in England (September 2016) which highlighted the complexities of cross border placements, is not yet fully understood. There are already significant financial pressures on all four independent charitable secure care centres which are reliant on the 'spot purchase' nature of their individual contracts.

The contract framework was established following SOFI and the first contracts began in 2011. Under previous arrangements, a capital grant system had operated, and so there was impact for the fee paying local authorities and for the independent charitable organisations which were successful during the tender process.

At the same time, secure care is a very high cost resource, in part due to the high staffing levels and nature of the service and in part due to the nature of the secure care contracts framework. The majority of local authorities are comfortable with the arrangement to spot purchase as their requirements are so few and far between.

The secure care sector is not fully connected to the GIRFEC strategic implementation programmes and groups and the secure care national steering group does not have active buy in from all the relevant and responsible bodies. In reality the use of the term 'secure care sector', whilst regularly used by stakeholders and during the project work, is inaccurate. The current governance and funding arrangements are not organised as such and all five secure care centres are independent of each other.

The existing contracts between Scotland Excel and each of the four independent charitable secure care centres deal with the secure care sector as a market. The project assessed that overall, whilst the contracts framework has brought far greater clarity and accountability to placement by placement purchasing arrangements, this approach to commissioning the most extreme form of care is problematic. Planning for the future should include consideration of preventative, alternative, complementary and step on services, within a strategic programme for the future development of new approaches to safe care, and close support services.

This will be complex due to the interface between the CHS; the adult Justice System; mental health and Child and Adolescent Mental Health Services (CAMHS); children's services and; the regulatory and inspection arrangements. There is a lack of overview and evaluation of the data gathered by different agencies and no national regular review of the impact, experience, usage and outcomes from secure care.

The project concluded that for some children and young people in Scotland, placement in secure care is necessary to keep them and/or their communities safe. This recognises secure care as a form of care and as sometimes necessary as the right resource, rather than a last resort, for some young people, in extreme situations, at certain points in time.

Children and young people in secure care should experience nurturing, high quality care where their needs and rights are recognised, understood and met. Secure care *can* be delivered in such a way as to deliver a nurturing and therapeutic environment but this will require changes to the way in which we think about, govern and use secure care.

For young people's needs to be fully recognised, understood and met, the vision for secure care has to include its place within the continuum of responses to young people who present the greatest risk to themselves or/and others and are the most vulnerable to harm, including those facing custody.

It is not just about the quality of care, relationships, opportunities and interventions delivered by the secure care centres. For young people's rights to be recognised, understood and upheld, a strategic vision, and the implementation of that vision, must have children's rights at the centre and openly acknowledge the tensions between 'secure' and 'care.'

There is a need to develop integrated health and social care approaches to improve understanding, recognition, assessment and responses to the needs of young people who have experienced difficult childhoods, abuse, neglect and trauma; but currently health services are not involved in the commissioning approach to secure care.

Scotland Excel provides regular and detailed information on local authority spend and usage of secure care. The User Intelligence Group meetings (UIG) held at least once a year by Scotland Excel bring together local authorities and Scottish Government and provide the only national forum for local authority commissioning and operational managers to engage in reflection and debate around secure care.

Inevitably Scotland Excel data analysis and these meetings focus (rightly) on the terms and conditions and management of spend related to the contract. Consequently they do not however offer a meaningful opportunity to explore strategy, policy and practice - or the impact and experience of secure care services - with all the people who need to be at the table. They do not involve or hear directly from care experienced young people. There is no forum for this.

Following interim discussions, a decision has been taken to review and renegotiate the existing contract arrangements between the secure care sector and Scotland Excel (on behalf of the Scottish Government and the 32 Scottish local authorities) for the medium term, but longer term solutions are required.

High risk and vulnerability: a whole system approach?

"I was in X House (residential childcare) - I'd never been in care before that but I was out of control. Then they put me in X and I was in there a month. It was horrible. I hated it. They put their hands on you for the slightest thing – you know – restraint. There was way too much restraint and at the same time they didn't care about you – I just totally ran wild and after 1 month that was me – in secure. They should have something in between. I mean staff in there (X House) just phoned the Police for anything or restrained you but there was no control and no help"

Secure care experienced young adult

The project noted that the issues around the interface between the CHS and the adult Justice System are longstanding, highly complex and well reported. Although the WSA has

had a widely recognised positive impact, too many young people are still dealt with in adult Courts and too many 16 to 18 year olds imprisoned on sentence or remand.

There is no consensus among stakeholders, including young people, on whether the current integrated model delivered by the secure care centres (caring for young people whether they are on sentence or remand or secured for their own protection only) is the best model possible. Some stakeholders feel the time is right to revisit the current regulations and guidance in relation to Joint Reporting and young people in Court and the use of secure care and Young Offender Institutions (YOIs) for remand and sentence for young people (aged under 18 years). It was not clear whether there is a need (and/or an appetite for) a discrete secure care centre to work with these young people.

There are significant underlying tensions in relation to definitions, meaning and purpose. Custodial sentences contain an element of punishment in their intent, whilst disposals from children's hearings do not. However many stakeholders, including young people, still perceive and experience secure care as a punitive option. Some young people described 'doing their time' in secure care.



There is a lack of shared understanding and no clear definitions as to what is meant by 'alternatives to secure' and 'complementary services' and there is no national directory of such services.

There was evidence of quality local authority and third sector services with substantial experience, knowledge and capacity in delivering services which prevent the need for young people to be secured, or/and provide intensive supports for young people transitioning into and on from secure care. However, such services are not available or accessible for all local authority areas and there are gaps particularly in relation to meeting the needs of vulnerable

young people with significant mental health and wellbeing needs, and vulnerable young women in particular.

Young people described a lack of what they termed ‘in between’ help and support, particularly in residential care, and the young person’s account on page 14 is typical of the experiences shared with the project by secure care experienced young adults reflecting back.

The Scottish Government issued strengthened guidance for Chief Social Work Officers (CSWO) in 2013, and considerable work has been undertaken led by the Chief Social Work Adviser to support CSWOs in their role. However, there is no detailed best practice guide or monitoring tool to support and evaluate CSWOs and local authority high risk and vulnerability and secure care screening arrangements. Approaches vary greatly across Scotland. Most areas secure a very small number of young people each year, and as no single agency has a meaningful overview of approaches to young people at the edges of secure care, there is no national picture.

Chief Social Work Officers and senior social work managers have mixed views and experiences in relation to the value and effectiveness of the current secure care sector. Some local authorities are developing their own intensive and close support residential childcare or/and wraparound services and it is as yet unclear whether these local authorities intend to utilise secure care in the future. It is also unclear what the relationship will be between these local authority services, mental health in-patient secure care services and the secure care sector. Scotland Excel has noted that in such a small market, any changes locally will affect the national picture and there needs to be more openness regarding changes to local commissioning arrangements, or we risk an even greater separation of secure care from the wider system.

There has been limited uptake of electronic monitoring (EM) as only small numbers of Movement Restriction Conditions (MRC) have been issued as part of the package of interventions and supports for young people on the edges of secure care. The quality of assessments presented to, and consideration of EM and secure care and alternative options, at children’s hearings, appears to be variable. Further exploration is required in relation to the best way forward for maximising the potential of EM and other ways of approaching safe care and the protection of young people who are at very high risk themselves and/or pose very high levels of risk to others. CYCJ published a paper reviewing use of EM with young people in October 2016, and this includes details of a small survey and focused discussions undertaken by the secure care national project with senior Children’s Reporters and some panel members.

Transitions

“I didn’t know I was going to be locked away from my pals and family - I had no idea – all I was told was to come downstairs....two guys handcuffed me and put me in a motor and then said you are now going in secure”

“It’s tough - very, very hard at the start – let’s face it, it’s not a place you want to be”

“When you first come in you hate it, but I can see that if I wasn’t there I would have ended up dead or something. It’s been good for me”

Young people talking about the experience of arriving at a secure care centre

Many young people described a lack of information and preparation for them and their families prior to becoming secured, with a high proportion of young people stating that they did not feel well prepared and/or informed by carers, and/or by social workers, and/or at children’s hearings. Some young people gave heart breaking accounts of having been very ill prepared and unsupported and therefore distressed or traumatised by the admission experience. Few of the young people the project met with had been accompanied by a known adult at the point they had been admitted to secure care.

The high use of emergency measures currently risks young people being re-traumatised by the secure care admission process. A lack of information and time available to prepare for a young person’s admission is damaging for young people. It can prevent effective risk assessment and tailored responses and can lead to, for example, potentially unnecessary searches. This is less the case with ESS, where secure care services are integrated with the local authority’s strategic, planning and service framework. There was evidence that the admission process at each of the centres is generally managed very well by skilled, compassionate, well trained and knowledgeable staff in this difficult context.

Day to Day Living and Children’s Rights

There is no specific National Standards Framework for secure care, despite this being the most restrictive form of care setting, and young people frequently being placed a considerable distance from their families and usual home communities. Concerns were expressed by the United Nations Committee on the Rights of the Child (CRC) in its report setting out the Committee’s response to evidence it gathered and heard in relation to how the UK, including its devolved governments, is complying with the United Nations Convention on the Rights of the Child (UNCRC). It urged the UK Government to review approaches to restraint, to cross border and distant placements and the impact on family relationships and contact of these placements.

Fewer than 200 Scottish young people were secured between September 2015 and September 2016, yet there is no way of ensuring equity in approach to restrictive practice including the use of ‘single separation’ and time out, safe holding/physical restraint and approaches to ‘mobility.’ There are different techniques, methodologies and training approaches in place across the centres.

The project noted that consistent calls from children's rights and care experienced advocates are set out in previous reports. There is an urgent need to address this, and an opportunity to do so through the review of the National Care Standards which is well underway.

There is significant variation in how local authorities and partner agencies including health and education services interface with the secure care sector and how involved and engaged corporate parents are in: sharing information about young people; contributing to transition planning; and ensuring continuity of care and relationships when young people move on from secure care.

There is also variance in how each secure care centre, and each placing team, ensures young people's meaningful participation and equitable access to advocacy and children's rights services.

Moving on and through care support

The project found that for too many young people, the preparation and support they receive as they move on from the secure care setting is disproportionate to the secure care placement, i.e. inadequate. There is evidence that some young people (up to 37%) are experiencing repeated short-term secure care placements, or subsequent placement breakdowns, as a result. The project also heard from stakeholders and young people about the individual elements which combined can ensure a successful transition for young people coming out of secure care. These echoed the findings of previous reviews.

“You get out of it what you put in, ken? I’ve been in three times – the first time I just messed it up again, the second time I was like pretty much the same – but this time I’ve changed – I know what I want for me when I get out of here, I know what I want to do for myself and what’s good for me”

“Having a plan really helps – but they need to involve us – half the time you don’t know what’s in your plan or you’re seeing it at the last minute”

“How can it be right that you start work experience or something...But then you’re going all the way to other side of the country (when you leave secure care) so you can’t carry on with that”

Young people talking about the support they’re getting with preparing to leave secure care

“It’s heart-breaking when you see what a young person has achieved in here and how they’ve changed and then they’re terrified about what’s going to happen cos they’re telling everyone that they’re not ready to move on yet...we’ve had situations where the system has just set them up to fail”

Secure care practitioner

Where young people, secure care teams, or placing local authorities shared examples of **effective transitions from secure care**, there were common elements:

Relationships: Young people felt that there was a team around them, and that the people in this team knew them well. They had good relationships with their key worker and with particular staff at the secure care centre. The secure care centre made best use of these. Young people had regular contact with their social worker, even where the relationship with the social worker was not always easy. A through care worker, either from the young person's own area or from the secure care centre, was involved, or/and there was continuity of relationships from the young person's previous placement or setting. Relationships and communication between the secure care team and the placing authority were respectful and there was open and frequent communication and dialogue. Where differences of opinion or professional judgement arose, these were managed professionally, with people respecting each other's motivation to do best by the young person, and each agency prepared to consider all the information and perceptions and views of all parties.

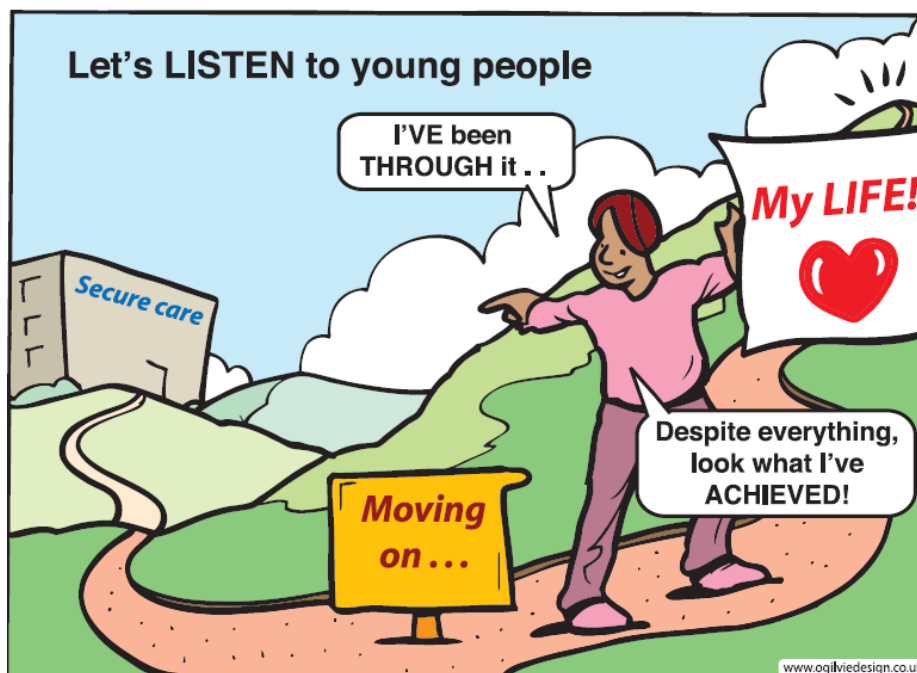
Purposeful planning: There were clear plans in place, and the young person was central to the development of those plans, identifying their strengths and hopes for the future. These plans were 'living' documents to which the whole team contributed and they were responsive to changing needs and circumstances. The team around the young person shared their skills and knowledge to ensure that there was consistency in how the young person was supported. Key time, conversations, planning discussions and formal review meetings were well planned, everyone was well prepared, meetings were well chaired/facilitated and they took place within agreed time scales. From the outset of the placement, the secure care centre and the local authority had worked together with the young person to set out the purpose of the placement and to plan for the transition on from secure care. The secure care centre had a range of accredited programmes, interventions and approaches delivered by skilled, qualified and highly trained staff. Everyone used their skills and qualities well to provide an interesting range of enjoyable activities and to inspire and coach young people to identify and nurture talents, ensuring opportunities for young people to build their confidence, skills and hope.

Preparation: In the best situations described by young people and staff, *preparation* had been absolutely vital to a successful transition. This included the preparation of assessments of risk and need, the identification and preparation of the receiving placement/setting and most importantly, the preparation of and support for the young person. Young people had been fully engaged and involved in their own care plan, and goal setting, had contributed to reports for hearings and reviews, and had undertaken a meaningful and practical programme of preparation. The placing authority had been able to identify an appropriate home setting for the young person following secure care and there were pre-placement visits and introductions.

Timing and young people's readiness: Young people said that their own state of readiness and preparedness was key. Staff gave examples where young people had self-assessed that they were not ready to move back to a completely open setting, and reported that at times the most potentially successful outcomes had been thwarted because local authorities had not agreed with this assessment and had moved young people on before they were ready.

Resources: The placing authority had invested in the young person and the placement, by ensuring regular contact and involvement with the young person, and by prioritising through care support. Where young people were moving on from secure to a new setting even a considerable distance away, funding had been assured so that the secure care team were able to be involved and to support the young person with that move.

Currently, different data sets are gathered by different agencies. The Scottish Government, Scotland Excel (in relation to the four contracted centres), individual local authorities and the secure care centres, all record and report varying information. We therefore have no comprehensive national overview about repeat placements, or how many young people move from secure care into placements and settings which meet their needs and offer some longer term stability. A National Standards Framework might focus attention and provide clear and consistent guidance for all corporate parents, but it is the quality of relationships between young people and the care teams, and investment in communication, resourcing, planning and preparation which are key to effective transition from secure care.



Mental and Emotional Health and Wellbeing

Young people on the edge of, and in secure care, are likely to have experienced multiple difficulties (often referred to as adverse childhood experiences, or ACEs) and have additional mental and emotional health and wellbeing needs. Some young people may have unrecognised problems which have been missed, particularly those who have experienced multiple home settings. Young people's day to day functioning and emotional wellbeing has been compromised by past trauma and they require help and support to deal with distress, stress, depression and anxiety. All available information and evidence tells us that secure care should provide positive containment and a therapeutic 'treatment through care' environment. The current structural arrangements, regulations and expectations of secure

care do not necessarily support this model, and sometimes risk re-traumatising the most vulnerable young people.

There has been considerable investment across the secure care sector in developing specialist intervention services, where clinicians and qualified health and wellbeing practitioners work together across care, education and support services to ensure that there is a health care pathway, in which the individual needs of each young person are identified, properly assessed and addressed.

This happens through treatment and therapeutic interventions, but also through everyone involved with the young person being aware of how to respond to them as an individual in light of their mental and emotional state. In some centres, there are highly effective 'whole system' approaches in place, ensuring that attachment and trauma informed thinking underpins all service development, policy review and practice development, including staff supervision, training and support.

“Everything we do here is about promoting mental and emotional wellbeing and regulation. It’s not just about clinical interventions and programmes. An hour or two a week of clinical intervention is not going to do it in isolation. The majority of young people who are secured here haven’t been looking after themselves, and many have been hurt by others...most will have a range of difficulties with day to day functioning and relationships...They’ve been affected by violence. They’ve used alcohol and drugs to manage trauma and distress...they have been wounded by their multiple adverse experiences and whether you work here as a teacher, a cook or a psychologist, our job is to respond to that all day every day in a way that helps that individual young person to move forward”

Manager of secure care specialist interventions team

There is no health care pathway in place nationally clearly setting out the roles, responsibilities and resourcing expectations specifically for the provision of mental health support and treatment for young people in secure care.

And certainly no statement backed by resources that recognises what young people have been telling us for years – continuity of care and meaningful attachment relationships are key. Young people described the importance of that one carer or professional who is ‘there for them’ and acts as an anchor, a safe harbour, and a reference point helping them to find their bearings as they move forward.

There is evidence from several placing authorities and from the secure care sector that each year, a number of young people at significant risk, often young women, who are involved in life threatening self-harming, are secured, or are sent to hospitals in other UK jurisdictions, as there are not the appropriate alternative services available for them in Scotland.

The in-reach of CAMHS to young people in secure care is variable and there are tensions and disputes across health board and local authority boundaries in relation to the funding and provision of care. There is no shared understanding or collective vision across health and social care strategies and services in relation to children and young people and trauma. There is little connection between the systems which plan and manage medical secure care

(in-patient psychiatric provision) and the secure care sector. There are longstanding issues in relation to definitions, terminology, language and meaning - when a young person is in crisis and distress, do we diagnose and treat or undertaken a holistic assessment and respond accordingly?

Stakeholders had mixed views on whether a specialist secure care centre which bridges the gap between secure care and psychiatric in-patient care, and is jointly developed and resourced by relevant departments, might be a way forward; but the majority were of the view that the current arrangements are not adequate.



Next steps

In September 2016, the Scottish Government stated a commitment to establishing a strategic board to link secure care provision to the Getting it Right For Looked After Children (GIRFEC) Strategy and the overall GIRFEC approach.

A Plan for Scotland; The Government's Programme for Scotland 2016-17:

www.gov.scot/Resource/0050/00505210.pdf

The final six months of the secure care national project work will focus on delivering the necessary advice and supporting information to Scottish Government and all relevant partners to take this forward.

Objectives have been set in relation to establishing the principles, aims and purpose and membership of the strategic board for secure care and approaches to very high risk and vulnerability.

The project will scope options for consideration in relation to the funding and configuration of secure care services. A range of knowledge exchange activities across all relevant groups and agencies will be completed to share and explore the implications of the key messages, including those from the CSWO and local authority research.

Acronyms, definitions and explanatory notes

(ACE) Adverse childhood experiences are traumatic events or experiences in childhood that can have long-lasting negative impacts on health and wellbeing. There are at least ten events and experiences generally regarded as ACEs. Scottish Public Health Network report May 2016 provides more information about ACEs:

www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf

Additional support needs The Education (Additional Support for Learning) (Scotland) Act 2004 places duties on local authorities, and other agencies, to provide additional support where needed to enable any child or young person to benefit from education. Young people may have additional support needs due to a range of learning difficulties and individual circumstances. Scottish Government school statistics provide more detail:

www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/PupPupilCensus

Alternative care in this report refers to the care provided to those children and young people who cannot live with their birth families, and who are formally looked after in care, for example children and young people who are living with foster carers or in various residential care settings.

CAMHS Child and Adolescent Mental Health Services is the range of services across agencies that contribute to the mental health and care of children and young people. CAMHS provision delivered nationally in Scotland through the National Health Service (NHS) includes community based assessment and care/treatment and in-patient mental health (hospital) services.

Care Inspectorate was formed under the Public Services Reform (Scotland) Act 2010, and is the independent regulator of social care and social work services across Scotland. Secure care services are regularly inspected against standards for Residential School Care Accommodation and as Care Homes for Children and Young People. See website:

www.careinspectorate.com/

Chief Social Work Officer The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of certain social work functions. In relation to secure care, CSWOs have considerable duties and powers. The Scottish Government published revised statutory guidance in June 2016:

www.gov.scot/Resource/0050/00503219.pdf

Child In law, the definition of a child applies to children and young people, in all legislation and regulation around the formal systems (see United Nations Convention on the Rights of the Child (UNCRC)). However, as the vast majority of children who enter secure care are aged over 14, the terms 'children', 'children and young people' or 'young people', are used interchangeably. All these terms refer to anyone aged under 18 years.

Children and Young People (Scotland) Act 2014 The Act strengthens the rights of children and young people in Scotland by encouraging Scottish Ministers and Public Bodies to think about these rights and how they relate to their work. It also created new systems to support children and young people and to help identify any problems at an early stage, rather than waiting until a child or young person reaches crisis point.

www.legislation.gov.uk/asp/2014/8/introduction/enacted

The Children's Hearing (Scotland) Act 2011 main provisions came into force on June 24, 2013. The Act was introduced to strengthen and modernise the Children's Hearings system and bring into one place most of the children's hearings related legislation. Scottish Government pages provide more information and a link to the legislation itself:
www.gov.scot/Topics/People/Young-People/protecting/childrens-hearings/legislation

Children's Hearings (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013 aim to ensure that the process around the placement of a child in secure accommodation is fair, transparent and in the best interests of the child. The regulations are intended to strengthen the rights of the child within the secure accommodation decision making process; and to lead to more consistent and standardised decision making practice throughout Scotland. The Scottish Government published related guidance in relation to the regulations (see also Chief Social Work Officer).
www.legislation.gov.uk/ssi/2013/205/made

CHS Children's Hearings Scotland is a public body. It was established by the Children's Hearings (Scotland) Act 2011 (see above) and became fully operational on June 24, 2013:
www.chscotland.gov.uk/home/

The CHS (Children's Hearings System) is Scotland's unique system of juvenile care and justice. Children and young people may appear before a lay tribunal, called a children's hearing, which consists of three children's panel members, who are trained volunteers and who make decisions in the best interests of the child, taking into account the views of the child and all those present and involved. See the Scottish Government relevant pages:
www.gov.scot/Topics/People/Young-People/protecting/childrens-hearings

Close support describes foster care, residential care and/or packages of individual support which provide additional and intensive relationship based help and supervision to young people whose circumstances and behaviours significantly jeopardise their wellbeing and safety.

Corporate parent The Children and Young People (Scotland) Act 2014 (see above) defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers." The Act lists those public bodies who are corporate parents. See the statutory guidance: www.gov.scot/Resource/0048/00483676.pdf

CoSLA (Convention of Scottish Local Authorities) acts as the national voice for local government in Scotland. It represents 28 local authorities and works with members to promote the position of local government as the legitimate tier of governance closest to the people of Scotland. www.cosla.gov.uk/

Cross border placement refers to young people placed from another part of the UK (ordinarily England) in the Scottish secure care sector. Sir James Munby, President of the Family Division in England, made a judgement concerning two such cross border placements in September 2016. See link:
www.judiciary.gov.uk/wp-content/uploads/2016/09/pfd-x-and-y-20160912.pdf

CYCJ (Centre for Youth & Criminal Justice) supports improvement in youth justice. CYCJ is engaged in practice development, research and knowledge exchange activities across Scotland and is funded by the Scottish Government and hosted by the University of Strathclyde. www.cycj.org.uk

Education Scotland was established in July 2011 as a public body, responsible for supporting quality and improvement in Scottish education, including inspection of schools across Scotland, including secure care centres. Comprehensive information is available at: www.educationscotland.gov.uk/

EM Electronic Monitoring Where the Courts impose EM on a person who has been charged or convicted of an offence, the person has a device placed around their ankle which is linked to a tracking system and monitors their movements and potentially their location. It is intended to enforce home confinement or compliance with various orders. The Scottish Government set out its intention to increase the use of EM as an alternative to remand and custody in October 2016: www.gov.scot/Publications/2016/10/8620

GIRFEC (Getting It Right for Every Child) is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them. Further information through the link here: www.gov.scot/Topics/People/Young-People/gettingitright

High risk and vulnerability This term is used to describe young people who are in, or on the edges of, secure care. This refers to children and young people who are extremely vulnerable to being harmed by other people or themselves, or who have the potential to cause serious harm to others (of course children who pose a risk of harm to others are almost always also vulnerable to harm themselves).

Joint Reporting Where a child or young person is alleged to have committed a (usually) very serious offence, such as murder or rape, the Police will make a joint report to the Procurator Fiscal (PF) and the Children's Reporter. The Scottish Children's Reporter Association (SCRA) statistical analysis report provides information about Joint Reports for 2015/6:

www.scra.gov.uk/2016/07/scras-official-statistics-201516/

Kilbrandon Principles In May 1961, a committee was set up by the Secretary of State for Scotland under the chairmanship of Lord Kilbrandon, a senior Scottish judge, to review the treatment of "juvenile delinquents and juveniles in need of care or protection or beyond parental control". The Committee's report was presented to Parliament by the Secretary of State for Scotland in April 1964. It led to the establishment of the Children's Hearings System (see below) and the report defined the core principles which underpin it:

- whether they require care or have offended, children or young people in trouble have similar needs and those needs should be met through a single system
- a preventive approach, involving early identification and diagnosis of problems, is essential
- once the facts of the case have been established, the focus of the hearing should be on the best means of meeting the child or young person's needs

- in deciding how a child or young person's needs should be met, his or her welfare throughout childhood should be the paramount consideration
- the child or young person's family and its circumstances should be integral to the discussion about how best to meet his or her needs
- compulsory measures of care should be applied only where the child or young person's welfare cannot be secured through voluntary arrangements
- through the appointment of lay panel members, the child or young person's local community should participate in decisions about children or young people

The full report can be accessed from the Scottish Government website here:
www.gov.scot/Publications/2003/10/18259/26900

Mobility is a term used to describe young people's opportunities to spend time outside of the secure environment, either supervised or unsupervised by staff (see also restrictive practice).

MRC (Movement Restriction Conditions) were introduced in Scotland as part of the Antisocial Behaviour etc. (Scotland) Act 2004. They may be imposed by a children's hearing as part of a package of supports and supervision which is an alternative to secure care (see also Electronic Monitoring).

National Standards for Youth Justice Provision, Appendix 1 to the National Youth Justice Practice Guidance form a baseline for the Scottish Government National Youth Justice Practice Guidance which is aimed at all professionals who work with young people involved in offending behaviour and offers information, advice and practical assistance in best practice.

www.gov.scot/Publications/2013/04/8899/55

'Responding to High Risk and High Vulnerability: Chief Social Worker and Local Authority Approaches' is a CYCJ qualitative research project. It aims to increase knowledge and understanding about the role of the Chief Social Work Officer and procedure and practice in relation to the care planning and support experienced by young people who are secured.

Restrictive practice refers to the restrictions on liberty and certain rights which result from being secured, and living day to day in a locked environment. Link to the Scottish Government information leaflet for young people here:
www.gov.scot/Resource/0048/00484268.pdf

Scotland Excel is the Centre of Procurement Expertise for the local government sector in Scotland. Established in 2008, it is a leading non-profit shared service funded by Scotland's 32 local authorities and its £700m plus contract portfolio supports the delivery of social care, construction, roads, transport, environment, corporate, education and ICT services. The secure care contract established between Scotland Excel and the four independent charitable secure care centres in 2011 was the organisation's first involvement in social care procurement. Since then, Scotland Excel has built a portfolio of social care contracts for fostering, children's residential care, adult residential care, care agency workers, community meals and telecare. All of these social care contracts are developed in partnership with key stakeholders and take account of national policy drivers: www.scotland-excel.org.uk/

Scottish Government Children's Social Work Statistics Every year this publication gives the characteristics of certain children in Scotland. This includes data about children who are looked after, involved with child protection systems and young people in secure care: www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork

SLGP The Scottish Local Government Partnership was established in March 2015. The SLGP provides a voice and representation for member Councils on priority issues that affect local Government. Almost 25% of the Scottish population lives in the combined four local authority areas of the member Councils. See www.slgp.org.uk/

Secure care criteria Under the Children's Hearings (Scotland) Act 2011, there are two stages to the secure care authorisation process - the children's hearing may authorise secure care but the CSWO (see above) will decide whether or not that authorisation is implemented. The Head of the Secure Centre also has a role. A children's hearing must be satisfied that one or more of the criteria in s83 (6) of the Act are met AND having considered the other options available (including a MRC) whether a secure accommodation authorisation within the order is necessary.

Secure Care National Steering Group is a group jointly chaired by Scottish Government (Youth Justice and Children's Hearings) and the Convention of Scottish Local Authorities (CoSLA), which represents and acts on behalf of 28 of the 32 Scottish Local Authorities. Several other key partner organisations, including the five secure care centres, Care Inspectorate, Social Work Scotland (SWS) and Education Scotland are also members.

Secure care sector is a term used to describe the four independent charitable secure care centres which are contracted to provide secure care, and sometimes the term is used when referring to all five secure care centres in Scotland. These are the only services currently approved and registered to deliver secure care as defined and regulated in law. More information about secure care can be found at <http://content.iriss.org.uk/youthjustice/sc-secure-care.html>

SOFI Securing Our Future Initiative was a Scottish Government commissioned review of secure care which published its report in 2009. SOFI made nine recommendations covering a range of areas, including approaches to high risk and vulnerability and alternatives to secure care, through to the way in which secure care services were commissioned and the number of places which should be available. The recommendations were accepted in full. See link to the relevant reports: www.gov.scot/Publications/2009/04/23163903/1

Single separation refers to a legal definition regarding the use of 'time out' in secure care. Each secure care centre has clear procedures in relation to the use of 'single separation' and how this is managed and recorded (see also restrictive practice).

UNCRC United Nations Convention on the Rights of the Child is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history. It has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. The UN Committee on the Convention (CRC) assesses the UK's progress against the Convention every five years. See link below for June 2016 report: www.crae.org.uk/media/93148/UK-concluding-observations-2016.pdf

WSA - Whole Systems Approach Underpinned by GIRFEC principles (see above) WSA has six key elements across three main policy strands: *Early and Effective Intervention (EEI)*, aiming to reduce referrals to the Children's Reporter via pre-referral screening (PRS); *Diversion from Prosecution*, aiming to keep young people away from the criminal justice process, and; *Reintegration and Transition*, supporting young people in secure care and custody, and their reintegration into the community.

www.gov.scot/Topics/Justice/policies/young-offending/whole-system-approach

YOI - Young Offender Institution The Scottish Prison Service is responsible for running HMYOI Polmont which is Scotland's national holding facility for young offenders aged between 16 to 21 years of age. A vision aligning Polmont with GIRFEC (see above) principles has been established. However, Polmont is still a prison environment and regime. Link to the April 2016 Scottish Government publication about Polmont is here:

www.prisonsspectoratescotland.gov.uk/publications/longitudinal-inspection-hmyoi-polmont-19-21-april-2016