Reimagining Secure Care: Future World View

What is happening?

Events, activities, lived experiences etc.

| MH services and supports are embedded across the continuum of care | Development of national centre for excellence | Multi-agency workforce is developed through a national training model |
|---|--|---|
| Services are co-designed with CYP/families/carers, to meet their needs | Integration across processes and organisations | NHS is integrated and accountable across the continuum - for MH and general health |
| CYP/families/carers are fully informed and supported throughout the continuum of care and prepared for all transitions. | Evaluation, impact and reviewing processes are meaningful and support continuous learning for positive change. | Hybrid settings provide MH and developmental support & intervention |
| Settings and environments feel safe and supportive. | No CYP deprived of their liberty because of external risk or MH | Wide range of learning and skill-based activities available for each CYP in community |
| Children's time with those important to them is not limited if deprived of their liberty | Ensure individualised educational supports are available. | Developmentally appropriate environments consider age and maturity |
| Educational expectations for CYP in the system are equal to CYP not accessing services. | CYP feel valued | CYP have opportunities to practice skills and make mistakes |
| Collaboration across all agencies - not just statutory | Events, activities, lived experiences etc. | Risk of harm is not a barrier to accessing services |
| All CYP/Families have access to therapeutic spaces | CYP, family and carers, all stakeholders and professionals are involved in development of care plans | Systems support professionals to create trusting relationship |
| Corporate parents' step into their responsibilities | Employers create opportunities for children to have work/experience who have experience of the justice / welfare system. | Development of multidisciplinary hubs in community for individualised support |

| Accessible information | Responsibility for safety | CYP matched to care |
|---------------------------|------------------------------|----------------------------|
| from education to enable | planning is shared across | placements - need & |
| better transitions | all roles. | location |
| Children do not need to | There is effective | Families / carers choose |
| be removed from their | governance and scrutiny | who supports them and |
| communities to be kept | to ensure appropriate and | know where they can get |
| safe | purposeful regulation. | independent advice. |
| All transitions are fully | High levels of support | Any experience of |
| scaffolded and resourced | follow CYP as they | deprivation of liberty are |
| | transition through different | trauma informed & |
| | services and settings. | responsive. |
| | | |

Who is involved?

Roles, organisations etc.

| Children & Young People | Health | Support Worker |
|--------------------------|---------------------------|-------------------------|
| Family Systemic Supports | CAMHS | Pupil Support |
| Children's Hearing | Schools | Parents/ |
| System | | |
| National Centres for | Judiciary | Carers |
| Excellence | | |
| Education & Employment | Education | Outreach teachers |
| Services | | |
| Youth Workers | Communities | Educational Psychology |
| Voluntary Sector | Mental Health Services | Police |
| Early years specialists | Sports / Activity Clubs | STARR |
| Play Therapists | Social Work | Occupational Therapists |
| Scottish Government | Community Learning & | SCRA |
| | Development Workers | |
| Care Inspectorate | Residential Care Settings | Colleges |
| CSWO | Speech and Language | |
| | Therapists | |

What are the priorities?
Policies, processes, legislation, indicators etc.

| Scot Gov strategy to shift societal mindsets and increase understanding of adversities CYP encounter. | Shared learning from other areas | Physical health needs prioritised to build resilience |
|---|---|---|
| Longer term, whole system planning (with Scot Gov) given same priority as short term | Funding should follow CYP to ensure optimum supports | Workforce is integrated, with all staff understanding the function, roles and approaches within all parts of the system. |
| Additional resources for CYP, families and carers throughout the continuum of care and at transition points | Whole System Approach prioritised in all areas, at all levels. | Maximise alternatives before and after e.g. Movement Restriction Conditions |
| Multi-agency workforce training across the whole system | Organisations across the sector share responsibility for continuous learning, impact, evaluation and accountability | Security and sustainability in funding and commissioning to support the workforce, long term planning and consistency in delivery |
| CYP placed near home to maintain/build relationships in community | National/strategic definition of close support within settings | Universal services intervening at earlier opportunities |
| Increased LA investment in community safety and therapeutic etc. supports | Scot Gov strategic leads within every layer of the system | Care sector workforce professional qualifications |
| Youth work and CYP participation more involved across the whole system | No time limit for transitions | Increased opportunities for work experience in secure care |
| Strategies needed to support poorest families | Local support and resources 24/7 when CYP return home | CYP/Families involved in all stages of transitions. |
| Needs of whole family supported | Additional support & resource is provided for implementation | Capacity building for intensive supports - resources and spaces |
| Workforce is well trained, resourced, fluid and adaptable - able to meet changing needs | Improved use of restorative approaches | Lead agency modelling trauma informed leadership |
| National, whole system strategy in place to | Ensure safety of CYP at risk of exploitation | National campaign to support positive |

| support the continuum of | | perceptions of |
|--------------------------|-----------------------------|----------------|
| care | | CYP/Families |
| Standardised process | Emphasis in creating | |
| across system | trauma informed societies | |
| | & communities - not just | |
| | services. | |
| Increase in MH provision | Local outcome plans with | |
| locally and nationally | clear accountability levels | |

What are the cultures and mindsets?

What drives / motivates what is happening in the system?

| Systemic change is viewed as an ongoing, collaborative project of continuous learning and development. | CYP the focus and not the system | Communities are confident of safety and system responses |
|--|--|--|
| There is a wider societal understanding of CYP in conflict with law - adversity/vulnerability | Deprivation of liberty only happens as a last resort, and with the right trauma informed, wrap around supports | Societal attitudes of CYP presenting risk have changed |
| Workforce feel skilled and confident in keeping CYP safe in communities | Deprivation of liberty is believed to be just one form of intervention within the welfare and justice landscape and is only used as last resort. | Families and carers feel valued and have more autonomy around decision making and support to meet needs. |
| Relationships with CYP/families are lifelong | Workforce embraces collaboration, flexibility and failure at all levels to adapt to changing needs for CYP and the system. | Social Care engages with the whole community |
| Communities, CYP, families and carers feel safe and secure in their neighbourhoods. | CYP/Families viewed from unmet need lens with no stigma & supported in communities | Participation with CYP/Families is embedded across system |
| Understand and acknowledge links between relationships and participation | Inclusive, equitable and non-coercive cultures and mindsets to supporting CYP/Families. | Public concern continues for CYP convicted of most serious crimes. |