



Children and Young People's
Centre for Justice

Reimagining Secure Care

Literature Review

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Table of Contents

Introduction	01
Definition and Purpose of Secure Care	01
What Does It Do?	03
Who is Accommodated There?	03
Diversity	04
Emerging Themes	05
Emerging Theme: Risk	05
Emerging Theme: Physical Environment (Physical Space)	06
Emerging Theme: Trauma and Relationships (Trauma-informed Practice)	09
Emerging Theme: Multifaceted Support	12
Emerging Theme: Time and Transitions (Time-limited approaches)	14
Conclusion	16
References	17

Introduction

The issue of children being deprived of their liberty is a global one, with Nowak (2019) providing a conservative estimate that up to 1.5 million children are placed in a locked setting each year. This causes significant concern over the realisation of children's human rights and poses challenges to states who seek to honour the commitments made within the United Nations Convention on the Rights of the Child - in particular Article 37 - and other relevant international treaties (Haydon, 2018; Kilkelly et al., 2023; Nowak & Krishan, 2022).

Scotland's Independent Care Review (2020) reached several conclusions about secure care, making specific reference to the design, function and delivery of this specific form of out-of-home care. With this having precipitated consideration of the future configuration of services and supports to those children who face, make or take the highest level of risk, the 'Reimagining Secure Care' project was commissioned by the Scottish Government to explore potential options as to what a reimagined Secure Care should look and feel like for children in Scotland before, during and after secure care, aligning with legislative changes and in keeping with the longer term aims of the Promise. With this in mind, this literature review attempts to offer context and background reflecting developments, approaches and current thinking about the evolving nature of secure care, and should be read in conjunction with the [Reimagining Secure Care final project report](#), and the [children and young persons' report](#).

Several limitations of this literature review must be highlighted. Firstly, the literature review is incomplete in that it only draws on literature from the English language. Secondly, the literature reviewed draws almost exclusively from the Global North. Both these factors result in a review that is Anglo-centric and lacks the insight that may be found among scholars from other parts of the world. Thirdly, the ambiguity of the term 'secure care' means that relevant literature may be missing due to the difficulty in identifying suitable, pertinent literature.

Definition and Purpose of Secure Care

Within literature, policy and legislation, the term secure care has been used to describe various models of care and locked environments that deprive children of their liberty, including secure children's homes, secure training centres, Young Offenders Institutions (YOI), intensive psychiatric care wards, residential care and locked educational provision.

However, for this literature review, the primary focus is on children who are placed within secure accommodation in Scotland; a locked children's house where children reside without the need for them to give consent.

This report charts the needs these children have, the responses offered to them, and the locked environment itself. The history of and aspirations for secure care in Scotland has been outlined elsewhere (see Smith et al., 2005; Smith & Milligan, 2004; Wilson, 2022), with major developments afoot following the passing of the Children (Care and Justice) (Scotland) Act 2024. These pending changes – and more yet to come – are no doubt influenced by the conclusions of Scotland’s Independent Care Review in 2020, which stated that:

- Secure care should not be perceived as a primary setting of care.
- Whilst secure care may be appropriate for some children, there must be alternative services and support settings in communities that can provide enhanced support. That support must look similar to the principles of intensive family support, in whatever family setting the children are living.[...]
- The planning and provision of secure care must reflect the needs of children in Scotland to ensure there are sufficient places for those that need them.”

Independent Care Review (2020, pp. 80-82)

In response, the Scottish Government has since defined secure accommodation as:

- “a form of residential care that restricts the freedom of children under the age of 18. It is for the small number of children who may be a significant risk to themselves or others in the community. Their needs and risks can only be managed in secure care’s controlled settings. Secure care aims to provide intensive support and safe boundaries to help these highly vulnerable children reengage and move forward positively in their communities.”

(Scottish Government, 2020, p. 2)

Further context as to the purpose, role and definition of secure care in Scotland can be found within Section 22 of the Children (Care and Justice) (Scotland) Act 2024 which brings into statute a provision stating that a secure accommodation service deprives a child of their liberty whilst seeking to safeguard and promote the welfare of the child and taking account of the effects of trauma which they may have faced.

Utting and Woodall (2022) and Gough (2017) stress that placement within secure care can be a traumatic experience, and any deprivation of liberty can have an adverse bearing on the short and long-term well-being of a child.

What Does It Do?

As the subsequent sections of this report demonstrate, the needs, risks and vulnerabilities of children resident within secure care are diverse, complex and acute. These challenges require multi-agency responses, with the secure care setting seeking to provide elements of residential care, psychological support, education opportunities and medical attention. This leads to interventions and approaches focusing on educational, health, social, familial, psychological and behavioural issues. The particular means by which this support is delivered varies widely and is informed by the particular circumstances of the child and any particular responsiveness issues (Sallnäs et al., 2024; Whitelaw & Gibson, 2023).

Domestic literature highlights that secure care benefits from on-site psychologists delivering trauma-informed interventions and undertaking assessments, with this approach contributing to greater confidence amongst staff members and improved experiences amongst those residents there (Roles & Johnstone, 2024). Staff deliver intensive support to address various issues, including family dynamics and the child's behaviours (Schliehe, 2015), whilst secure care provides a range of educational inputs including "integrated, multi-professional, and innovative approaches...delivering what is described as the '24-hour curriculum'" (Gough & Lightowler, 2018, p. 99). As such, secure care provision undertakes a wide variety of tasks.

Who Is Accommodated There?

Scottish secure care differs from many international approaches in that those children who are deprived of their liberty by virtue of coming into conflict with the law, and those who are at risk to themselves or from others are accommodated within the same accommodation.

Some research has suggested that over three-quarters of children in Scottish secure care are placed there as a consequence of welfare needs, rather than solely due to their involvement in acts of harm towards others (Gough, 2016). However recent research in England (Hart & La Valle, 2021) and Scotland (Whitelaw & Gibson, 2023) demonstrates that many children who are accommodated on 'welfare' reasons also have a history of conflict with the law. Moreover, the level of harm caused by the 'welfare' population within these two studies often surpasses that of those who enter the custodial setting (Whitelaw & Gibson, 2023).

Within UK literature there has been debate over the colocation of children accommodated due to welfare concerns, and those who are placed there due to them conflicting with the law (Andow, 2016, 2024). Such a position has long been the case in Scotland, where children detained by court live alongside those who are placed there by the Children's Hearing System. The source of this debate stems from concerns from some who believe that children who have committed offences pose a risk to those who face acute vulnerabilities.

Similarly, there is a fear that children who engage in acts of self-harm or para-suicidal behaviour may distress their peers, or perhaps lead to them displaying similar behaviours. Views relating to these concerns have been shared by children and young people living in secure care and YOI, as outlined in the Reimagining Secure Care Children and Young People's Report.

This debate had been concluded, to some extent, by the work of Hart and La Valle (2021) who found no pressing need for these particular cohorts to be kept apart due to the analogous profile of each. This position echoes the findings of Whitelaw and Gibson (2023) who compared the profile of children within secure care in Scotland to those detained within the prison estate. They conclude that each population have been exposed to similar levels of harm, and poses similar levels of risk.

Moreover, just as the 'needs not deeds' ethos of Scotland's Children's Hearing System has stated for almost eight decades, those children who are viewed as requiring protection and those who have caused harm to others are the very same children; they have often caused harm to others, whilst have been exposed to harm themselves. The dichotomy of children being merely at risk, or a risk, is therefore to be rejected. Rather the child must be regarded as both.

As previously mentioned, this view is not shared unanimously amongst children and young people who were involved in the Reimagining Secure Care project, perhaps reflecting the views of the adults around them.

Diversity

Secure care has a particularly gendered element to it, with the route into secure care often varying depending on the gender identity of the child in question (Hales et al., 2018; Henriksen, 2018). Khan (2021) notes the particularly high levels of mental illness and emotional dysregulation among girls. Gibson (2020, 2021, 2022) echoes this position, noting the heightened rates of mental ill-health, exposure to abuse and general mistreatment amongst girls compared to their male counterparts, both being far higher than their peers in the general population. This point is repeated by Beaudry et al. (2020) who chart the heightened and diverse levels of diagnosed mental health problems among girls within locked settings across the globe.

Next to no data is available regarding the life experiences, needs or risks of transgender children who enter the secure estate due to limited numbers and a lack of academic attention. However, some data confirms the presence of transgender children within the secure estate (Bartlett et al., 2021; Gibson, 2020, 2021, 2022) and as such consideration must be given to the particular needs of this cohort.

Children within Scotland's secure accommodation are predominantly of White backgrounds, with those present there of Black, Asian or Afro-Caribbean descent very often being under the care of local authorities from outwith Scotland (Gibson, 2022). Within much of Anglophone literature, there is evidence of a largely disproportionate use of secure provision for children from Black, Minority Ethnic or Indigenous ethnicity (Crowe, 2024; Hales et al., 2018; Pilarinos et al., 2018). This trend is also found within Scandinavia (Henriksen et al., 2023).

Emerging Themes

Drawing on available literature, this report explores how the needs, risks and vulnerabilities of the small number of children who experience secure care, or who pose significant levels or risks to others, can be met.

As Johnson (2017) notes, there is no single model for responding to the needs of those children who have faced the most acute levels of trauma, nor those who face, make or take the highest levels of risk. Similarly, while there is no clear Scottish definition of what an alternative to secure care is, it is viewed elsewhere as an intervention that does "not require involuntary containment in a locked facility" (Crowe, 2024, p. 9). The benefits of alternative responses to children in such situations include financial savings, social cohesion, improved children's rights, reduced secure care usage, and meeting needs more humanely (Crowe, 2024).

A rights-based approach to children who are at risk of losing their liberty calls on consideration of all alternative approaches and service design (Kilkelly et al., 2023; Kilkelly et al., 2016; Liefwaard, 2019). To this end, Sax (2022) suggests that states and relevant actors consider legislative changes, procedures and structures that lead to the detention of children, and urges the provision of support to avoid the use of this measure. In reimagining how Scotland responds to the needs of these children literature points to several developments that may be useful in creating provision that best meets the needs of this particular cohort of children, thus responding to Sax's suggestions.

Emerging Theme: Risk

Understanding the competing concepts surrounding risk practice enables practitioners to appropriately support children, utilising the correct restrictions where necessary and ensuring that disproportionate measures are not imposed that restrict or deprive a child of their liberty unnecessarily (Day, 2022; Heron & Lightowler, 2023; Smyth, 2024).

Scotland's approach to children whose behaviour may pose a significant risk of harm to others is positioned firmly within a child protection approach (SG, 2023). However, the Framework for Risk Assessment Management and Evaluation Guidance (SG, 2021) which provides a formulation-based approach to risk practice that seeks to be rights upholding, developmentally, systemically and trauma-informed - is not yet fully embedded, consistently across the country.

Moreover, addressing the interface between this guidance and child protection to re-frame secure care as the ‘deep end’ of the child protection system, ensures it is a space where a response to decades of risk, trauma and harm can be delivered (Henrikson, 2021)

In recent years England’s focus has shifted from merely responding to intra-familial harm towards also considering the child within the wider context of their peer, networks, communities and society. Contextual Safeguarding offers a framework within which consideration of this domain and the impact they have on the safety of the child can be considered, and interventions addressing these concerns can be devised. This approach calls on assessment or risk to be ‘collaborative’, ‘rights-based’, ‘ecological’ ‘strengths-based’ and ‘evidence-informed’ (Firmin & Lloyd, 2023) and thus echoes many of the conclusions of Scotland’s Independent Care Review, and the principles underpinning Getting It Right For Every Child and Framework for Risk Assessment Management and Evaluation Guidance (SG, 2021).

Whilst there has been limited uptake of Contextual Safeguarding in Scotland, its application thus far has been broadly positive and particularly beneficial in addressing some of the factors that precipitate admission into secure care (MacLean, 2023). Its use in other parts of the UK is more established where it has helped practitioners to consider risk factors such as child criminal exploitation and child sexual exploitation – and the subsequent concerns associated with these – in a more rounded, holistic manner (Lefevre et al., 2020). Wroe and Manister (2024) suggest that this approach allied with relationship-based practice may prove beneficial in developing an understanding of the child’s circumstances, citing an example of a child making a transition out of secure care due to the increased insight offered by the Contextual Safeguarding approach.

Emerging Theme: Physical Environment (Physical Space)

Recent years have seen substantial changes to the profile and nature of secure care in The Netherlands. This has led to massive reduction in the scale of provision, both in terms of number of children deprived of their liberty and in the number of children placed within any one secure accommodation setting (Oostermeijer, Souverein, et al., 2024; Souverein et al., 2019). Total numbers have been more than halved, whilst each secure accommodation site now accommodates up to eight children at the most. This step precedes governmental plans to end the use of secure children’s homes by 2030 for those who have not caused harm to others (Williams et al., 2020).

In place of large-scale secure care, The Netherlands has adopted a model of integrated, small-scale community facilities which offer safe, humane and developmentally responsive services that seek to promote relational security, rather than mere physical safety (Elenbaas, 2023; Oostermeijer, Souverein, et al., 2024; Souverein, Mulder, et al., 2023; Souverein, Oostermeijer, et al., 2023).

Integral to this approach has been consideration of the physical space within which children are accommodated, acknowledging that the material environment can have a significant impact on their behaviour and well-being (Souverein, Mulder, et al., 2023; van der Helm et al., 2014), and recognising the socio-ecological positioning within which the child experiences their life (Johns et al., 2017). This starting point has contributed to the development of small(er), community-based resources that respond to the needs and risks of those children who may otherwise have entered the secure arena, with Oostermeijer and Dwyer (2024, p. 340) proposing a provision that is “small-scale, locally sited, and integrated with the surrounding community, designed to promote relational and differentiated security, and comprising therapeutic design characteristics”.

By embedding services in the community, engaging local and regional partners in design, implementation and operationalism, and adopting a multidisciplinary integrated assessment approach and treatment plan, children residents there have been supported to successfully sustain education and work, and start to engage with health and support services (Crowe, 2024; Oostermeijer, Souverein, et al., 2024).

The approach, described as the ‘Dutch model’, has identified alternatives to the physical containment of children within custodial settings, recognising the negative impact of incarceration which may include increased trauma, violence towards self and others, developmental deterioration, recidivism, stigma, and social exclusion (Oostermeijer et al., 2023). Recognising these concerns and the deleterious effect of loss of liberty and proximity to family (McCarthy et al., 2016; Oostermeijer, Souverein, et al., 2024), similar approaches have been established in the USA where residential homes have been retrofitted as children’s houses, situated within the local area within which the child in questions resides.

This combination of a more home-like environment and shorter distance to the child’s community permits greater contact with family and support networks and has been shown to reduce episodes of offending behaviour, whilst improving school performance (Oostermeijer, Souverein, et al., 2024). Of note within this approach was the pace at which change was achieved; the first such accommodation was opened within five months of legislation that brought responsibility for the care of the children from state to city level being passed, thus providing more local oversight of the provision. Stakeholders from across the multiple strands of local and state government contributed to the change, adopting practices that had proven successful in other jurisdictions (Weissman et al., 2019).

The total number of children resident within secure accommodation was also cited by children as factors that affected the environmental milieu, hindered relationships with staff, and was deemed a sign of shame and failure. They felt that too many residents resulted in staff having less time to respond to their emotional and practical needs and could lead to conflict within the physical space.

Placement in 'group living' was viewed as shameful in that it implied that the child was not capable of living within a family setting, and an indicator of failed or fractured placements (Whitelaw, 2023). Smaller secure provisions such as that proposed by several Dutch scholars could perhaps remedy some of these issues.

In considering the future provision for children who face, make or take the highest level of risk consideration ought to be given, therefore, to the physical space within which support is provided as well as the surrounding socio-ecological factors that affect the environment. These factors all contribute to the therapeutic climate surrounding the child (Dwyer & Oostermeijer, 2022). Moreover, the location of the provision in question is of importance. Proximity to existing supports, networks and relationships serves a significant role in supporting children who face acute risk.

Flexible Provision

In comparison to European contemporaries, Finland adopts an approach to those children who face, make or take the highest level of risk that - at first glance - does not include the deprivation of liberty that secure care provides. Instead, a range of alternative provisions are employed depending upon the risk in question and the fuller circumstances faced by the child and their family. This can involve restrictions on contact with certain individuals such as an abusive parent or exploitative adult. Provisions can also include restriction of movement, such as prohibiting that the child leave a certain location or residential provision. As such these measures deliver confinement through measures that "takes place in fractions of space, time and relations, unlike secure care, which primarily functions by locking up people in a closed space" (Kallioma-Puha et al., 2021, p. 82). This reflects an approach that is closer to child protection than public protection, adhering to the legislative principles set out in Finnish statutes.

Of note is that these measures appear to relate to restrictions of liberty, rather than deprivation which constitutes greater and more acute removal of liberty and rights. Provision is available however within Finnish legislation to utilise 'special care' in instances where the child "endangers their own life, health or development, or a vicious circle of crime or substance abuse needs to be stopped" (Repo, 2024, p. 2). In such instances legal powers enable the state to place the child in a closed setting, or a room within their residential placement for up to 90 days (Pösö et al., 2010), thus resembling secure care as it is often configured within the UK. This form of restrictive practice could legitimately be deemed a deprivation of liberty. Despite this, children who have experienced this form of care also note the beneficial effect of the approach (Pösö et al., 2010).

Setting aside the legislative differences, there are lessons to be learned from Finland's approach to those children who face, make or take the highest levels of risk, and for whom care within an unlocked setting continues to bring with it heightened risk to the child or others.

The form of care delivered is of note due to the highly trained staff group, drawing expertise from psychology, social work, medicine and social pedagogy. Moreover, the residential settings where special care is delivered are physically small, with staff and children in close physical proximity and with education and other interventions delivered in the same space where the child lives.

Furthermore, the size of accommodation within these placements is limited with most caring for 3-4 children at any one time (Pösö et al., 2010). The parallels to Scotland's Independent Care Review are clear, with that body concluding that "Scotland must recognise that placing children in highly restricted environments must be used only when necessary and not simply as an escalation when other interventions have failed (Independent Care Review, 2020, p. 81).

At a more philosophical level, the clear commitment amongst Finnish policy to incorporate special care within the child protection suite of responses, rather than justice, reflects an ethos that could influence future approaches to those children who pose or are exposed to, significant levels of risk. This ethos may also explain the limited use of special care, yet the relatively elevated use of out-of-home care for children exposed to harm or neglect. Moreover, it also speaks to the positioning of residential care firmly within the child protection landscape, rather than appendant to that nation's response to children in need (Eronen et al., 2009).

Further examples of 'flexible secure' can be found in New Zealand, where their 'secure care' (which offers fewer restrictions than its namesake in other parts of the world) features a 'secure unit' within their campus, where children can be placed for a maximum of three days if their risks reach such a level that places them and others at risk (Thompson, 2019). The sliding-scale, graduated approach to secure care parallels the view of Hart (2015) who calls for such an approach here in the UK.

Emerging Theme: Trauma and Relationships (Trauma-informed Practice)

Despite the conflation of the terms, academic literature is clear that exposure to adversity does not equate to trauma in its medical sense (Lacey et al., 2022; Temkin et al., 2020). As such, it should not be assumed that those children within secure care who have faced widespread adversity will subsequently experience trauma, yet there is a significant population within secure care who do meet this higher threshold. Although McLean (2016) argues that the behaviours which precipitate admission into the secure environment may not always be related to trauma, but rather related to biological factors, much of the extant literature from the Global North recognises that children who are at risk of experiencing deprivation of liberty require complex, trauma-informed and developmentally appropriate support (McLachlan, 2024; Mooney et al., 2024; Willoughby et al., 2024).

Trauma-informed practice has since been adopted within settings that deprive children of their liberty in several nations within the Global North and is often a feature of residential care in Scotland (Heffernan et al., 2024; Whitelaw, 2023).

Trauma-informed practice is a strengths-based approach to supporting people, with the indicators and symptoms of trauma incorporated into the formulation of risk and need, and the delivery of care (Heffernan et al., 2024; McLachlan, 2024). Globally, it is an approach that calls on care that incorporates the following six components, namely 'safety'; 'trustworthiness and transparency'; 'peer support'; 'collaboration and mutuality'; 'empowerment, voice, and choice'; and 'cultural, historical, and gender issues' (SAMHSA, 2014).

One model of trauma-informed practice can be found in England which has recently seen the rollout of the 'Secure Stairs' model. It aims to provide integrated care across all secure settings, underpinned by training practitioners in issues such as attachment and developmental trauma, understanding complex behaviour, and trauma-informed care. Evaluations of this approach demonstrate significant increased competencies in each of these subject areas, and a positive impact on the knowledge, understanding and confidence in responding to trauma (Atkinson et al., 2023). Understanding these areas of practice can lead to improved relationships with the children in question, as well as providing a deeper insight into the impact of trauma (Bunting et al., 2019; Mooney et al., 2020).

Moreover, the adoption of Secure Stairs has had material benefits for children accommodated within secure children's homes in England. McKeown et al. (2023) report that children reported an improved therapeutic climate following the implementation of this model, as well as increased safety for children and staff. These authors note that these findings could also be attributed to the greater staff:child ratio that organically arose during the implementation of Secure Stairs, and as such improvement in dynamics and relationships cannot solely be apportioned to the trauma-informed approach now adopted.

Elsewhere, the adoption of trauma-informed practice has led to a decrease in restrictive practice including seclusions, isolation and restraint, which not only positively affects the child's immediate circumstances but is in keeping with a rights-respecting approach to care (Matte-Landry & Collin-Vézina, 2024).

Reduction in the use and duration of seclusion has also been a feature of recent developments in The Netherlands (van Dorp et al., 2023). This has been achieved through adherence to a regime of "organizational change, use of data to inform practice (i.e., monitoring and feedback), workforce development, use of prevention tools, increasing consumer roles, and debriefing" (van Dorp et al., 2023, p. 306).

Successful implementation of measures that reduce the use of seclusion has benefits for the child in the short term through reduced trauma (Black et al., 2020), and has been found to improve the environment and social milieu (Roy et al., 2021). This will no doubt contribute to other benefits such as reduced acts of self-harm, better educational outcomes and improved mental health (van Dorp et al., 2023). Given the direction Scotland is taking towards trauma-informed practice, and care that is rights-respecting, steps to reduce isolation of children appear to be well-suited.

Not only relevant to the care offered to children within the secure setting, trauma-informed practice is of benefit to their parents and carers and has been adopted within a range of services (Bartlett, 2023). Given the high number of children who leave secure care and return to live with their families, an approach that improves the quality and effectiveness of relationships, and addresses an aspect of secure care that is often overlooked by practitioners (Allgurin & Enell, 2022) appears to be of merit.

Although trauma-informed practice is not immune from critique (see Temkin et al., 2020) such an approach appears well suited to Scotland where a significant prevalence of traumatic experiences, mental-ill health, parental difficulties and exposure to complex adversities have been found amongst the cohort of children who are cared for within secure accommodation (Whitelaw & Gibson, 2023). Parallels with Scotland's National Trauma Transformation Programme are also evident; an approach that has been incorporated into the practice of social work, police, secure care staff and other relevant actors in recent years, albeit with varying degrees of uptake. Of note is the absence of 'cultural consideration' within Scotland's definition of trauma-informed practice, despite this featuring within neighbouring nations' approaches. Given the rising diversity among Scotland's citizens and the sizeable minority of children within secure care who are of Black, Asian, African or Caribbean heritage (Gibson, 2022; Whitelaw & Gibson, 2023) the needs of these children must also inform future developments.

Relational-based Practice

A predominant theme throughout recent literature regarding deprivation of liberty is the importance of relationships between the child in question, and those supporting and supervising them. The importance of relationships in supporting children facing significant risk has been stressed throughout the literature, with Smyth (2024) and Ellis and Curtis (2020) each providing accounts of how children in such situations benefit from quality, reciprocal, caring relationships. The availability of a trustworthy, reliable adult not only plays a role in the recovery from adversity (Asmussen et al., 2020) but can ameliorate underlying factors that precipitate admission into the secure environment and exposure to harm, with several studies highlighting the importance of residential staff in the therapeutic process (Ellis & Curtis, 2020; Whitelaw, 2023). Positive relationships with staff members are also influential in increasing a child's motivation to undertake treatment such as counselling. Levels of motivation and satisfaction with relationships have also been found to be higher in non-secure, residential settings (Roest et al., 2016)

The definition of relationship-based practice is often contested, and many practitioners admit to a degree of confusion over the term, as well as a fear caused by the culture of litigation and blame stemming from historical acts of abuse (Brown et al., 2018; Ellis & Curtis, 2020). Despite this, relationship-based practice is a key element integral to social work, underpinned by psychodynamic, psychosocial, and systemic perspectives (Kor et al., 2021). It is an approach which draws on each of these traditions to promote practice that encourages reflection within the child, involves unconditional positive regard and empathy, and recognises the adversities children face. Ruch et al. (2010, p. 22) describe this as a framework “through which interventions are mediated, as well as potentially being of intrinsic value as an intervention in its own right”. As such, the approach is both the route to subsequently deliver support, as well as being a source of support itself.

Relationship-based practice has assumed somewhat of a foothold within Scotland (Johnson & Steckley, 2023) and has been advocated within Scotland's Independent Care Review. However, achieving quality relationships with children is not an easy task. Creating a sense of relational security within the child and their socio-ecological network not only requires time, space and highly skilled staff, but calls on recruitment, training and management policies that facilitate these components, and working environments that respect and support practitioners to deliver care (Oostermeijer, Tongun, et al., 2024; Roest, 2022).

The physical layout of these environments is relevant in fostering such relationships. Buildings that provide spaces for private conversation, comfortable décor, and access to green spaces and were designed in a more home-like fashion were all identified as being beneficial in promoting relational security (Dwyer & Oostermeijer, 2022; Oostermeijer et al., 2022; Oostermeijer, Tongun, et al., 2024).

Workforce

Globally there are wide differences in the training and qualifications of those working in the services that respond to children facing acute risk and need. For example, the secure care and residential workforces of Scotland and Sweden respectively have relatively limited academic or vocational qualifications, whilst in The Netherlands staff have achieved, or are in line to achieve, the equivalent of an undergraduate degree (Johnson & Steckley, 2023; Knorth & Harder, 2022; Pålsson et al., 2023).

Emerging Theme: Multifaceted Support (Parents)

Support to parents and carers of those children experiencing secure care is also of merit given the history of inter-familial disruption and the likelihood that the child will return to reside with them in the near future, as well as the role they can play in reducing the risk of harm (Murphy, 2018; Roest, 2022). The need to consider this is reinforced by the children themselves who often cite family and carers are their strongest networks and source of help (Graham & Johnson, 2021).

However literature points to the lack of success in this aspect of practice; secure care prohibits and fragments family contact and very often exacerbates the familial challenges that the child faced before admission (Enell & Wilińska, 2022). Crowe (2024) highlights the role that family support plays in one Canadian service, where intensive support is delivered to the parent of the child in preparation for their eventual transition home. This support can take the form of various tasks such as developing parenting skills, planning for crises, and embedding behavioural changes.

Intensive Fostering

The uptake of intensive fostering in Scotland has been fairly limited however Gutterwijk et al. (2020) highlight the benefit that such an approach can have. Undertaking a meta-analysis of the outcomes secured by Treatment Foster Care Oregon for Adolescents (TFCO-A), their work highlights the benefits that can be achieved through the adoption of this model of intensive foster care. TFCO-A responds to children at acute risk by utilising a foster placement approach, with the intention that this will last for approximately nine months. The child is thereafter supported by foster parents, a therapist, a family therapist and a skills coach. The parents are offered a range of support to develop their capacity and address any underlying issues that they may face, with daily contact with the child's team and regular time spent together as a family (Buchanan et al., 2017; Waterman, 2021).

Not only does this approach avoid the adverse outcomes associated with secure care outlined by Souverein et al. (2013), Kendrick et al. (2008) and Henriksen et al. (2023), amongst others, it has been shown to be more successful in addressing areas of concern that other residential approaches (Gutterwijk et al., 2020). Consequently, those authors argue that when a child cannot be supported to remain within the family home, intensive fostering care such as that provided through TFCO-A ought to be the primary consideration.

The success of TFCO-A has been replicated elsewhere, with children in Norway enjoying a reduction in a range of risk factors that could otherwise have exposed them to adversity (Hukkelberg & Ervik-Jeannin, 2022), and a reduction in risk-taking behaviour amongst a Swedish cohort (Åström et al., 2020).

As Waterman (2021) argues, however, migration of an approach that originated in the United States poses challenges, whilst cultural, social and political differences exist between the UK and Nordic nations that mean that successful interventions and outcomes are not certain. Due to a range of doubts raised by scholars regarding TFCO-A and similar programmes imported to the UK, all but one programme disappeared. Yet 55% of adolescents undertaking TFCO-A were deemed to have successfully completed the programme (Waterman, 2021).

Education

Reflecting the move away from the use of secure care in The Netherlands, alternative residential provision has been established there which places significant emphasis on community-based education programmes. By developing comprehensive and intensive educational support and attention to wider social needs, such services have enjoyed some degree of success in reducing education drop-out and avoiding the use of secure care by focusing on the strengths of the child, and educational engagement (Pronk et al., 2020; Pronk et al., 2023). The approach – which includes a focus on parents – seeks to support the entire ecosystem, and has led to positive changes in emotional regulation, but it is unclear whether these benefits were sustained post programme. However, parents did not report more positive family functioning or reduced stress. However, 70% of children from the programme remained outwith secure care six months post-intervention and 90% remained within an education, training, or work placement (Pronk et al., 2023).

Integrated, Multi-discipline Residential Accommodation

Whilst recognising that financial and other factors may prove challenging, Johnson (2017) highlights the benefits of multi-disciplinary service for children with psychiatric and educational needs, and who may have experienced trauma. Reflecting on his Churchill Fellowship visit to Norway, Johnson outlines one such provision which saw care staff, psychologists and other professionals practice in a far more flexible way than is often the case within the UK. With psychologists – for example – working at various points throughout the entire day, it provides greater contact with the child and adds to the trauma-informed milieu (Johnson, 2017).

Elsewhere, as part of the Dutch approach to reducing deprivation of liberty multi-disciplinary services have been created to meet the needs of those children who would otherwise have entered the locked environment. The approaches and interventions delivered there encompass a wide range of needs including education, family counselling, therapy, mental ill-health and psychology (Bunders et al., 2024; Crowe, 2024; Kaijadoe et al., 2023; Pronk et al., 2020; Pronk et al., 2023).

Provisions such as these – whilst likely to be financially costly – may provide longer-term savings through the reduction of harm caused to, or by, the children in question.

Emerging Theme: Time and Transitions (Time-limited approaches)

No settled position has been reached within extant literature regarding the optimal time that a child ought to be subject to secure accommodation. Whilst the UNCRC Art 37 (b) stipulates this should be for the shortest appropriate period the divergence in the application is of importance given its impact. Henriksen (2021) summarises the range of detrimental effects that children experience as a consequence of extended accommodation within secure care.

Drawing on Danish data, she found that a placement lasting less than three months was very rare and may therefore lead to adverse outcomes for the child. The average length of placements in selected Global North nations ranges from 21 days in some states within Australia to over six months in New Zealand (Thompson, 2019). Length of stay within secure accommodation has also been highlighted within Scotland's Independent Care Review (2020) calling for this placement to last for the shortest time possible, in line with guidance under Article 37 of UNCRC.

However the conflation of this ambition alongside that of providing a trauma-informed environment is contested; the creation of such relationships often takes lengthy periods and some question whether secure care can serve any other purpose other than containment (Masson, 2002). Moreover, if the purpose of secure care is to resolve or heal trauma, a truncated period within that setting is unlikely to resolve the pertinent issues. As one secure care practitioner noted; "can we expect secure care to treat 12 years of hurt, abuse, neglect and trauma in a 12-week placement?" (Gough, 2016, p. 8). Such concerns have perhaps contributed to the approach taken within Australia, where secure care provision is legislated at the state level and has resulted in wide variance in the length of time children are deprived of their liberty. In some instances, this means that children cannot reside in secure provision for longer than 21 days, or 42 in exceptional circumstances, and requiring the placement to be reviewed frequently (Crowe, 2024).

Such short timeframes place greater urgency upon the state to identify the subsequent care arrangements, and avoid the risks associated with prolonged periods within a locked environment but may not permit work to be undertaken that addresses the precipitating factors leading to admission. Such points echo the conclusion of Thompson (2019) who – following her Churchill Fellowship to visit secure care in various countries – calls for extended periods of care when necessary. The logic behind such a proposal is not only a reflection of the complexities in the lives of children within secure but recognition that a failure to identify suitable alternatives can often lead to repeat admissions and poorer outcomes (Thompson, 2019).

Transitions

Mindful that alternatives to secure care can be offered after a period of accommodation, as well as instead, developments regarding the approach to transitional support are of note. However, literature in this field is less well established with few scholars examining this stage of a child's passing away from secure care (Beal, 2014).

Given the poor outcomes associated with Dutch secure care highlighted in earlier sections of this report (Barendregt et al., 2018; Harder et al., 2011), policy in The Netherlands now places significant attention on the support and care that is offered to children leaving the secure arena, not merely the period during which they were deprived of their liberty.

In practice this has required a change in funding models, reflecting the entire trajectory of care rather than the provision of secure accommodation, materialising into the delivery of support that extends beyond departure from the locked environment until stability has been achieved regarding accommodation and education for six months (Crowe, 2024)

Challenges relating to successful transitions were also found by Thompson (2019) across several nations. Collectively; the stark difference between the secure environment and the community, lack of alternative provision, disruption to previous relationships and care, and service limitations due to geography all reduce the likelihood of a successful transition from secure care.

English academics and practitioners propose five key characteristics for successful and sustainable transitions from locked environments, namely; constructive (focused on identifying shift, strength-based approach and empowerment), co-created (focused on inclusion of children, young people and supporters), customised (focused on individual and diverse support), consistent (focused on designing a seamless process from admission) and co-ordinated (focus on widespread partnership) (Hazel & Bateman, 2021; Hazel et al., 2017; Paterson-Young, 2018). These authors argue that this approach supports children to overcome the challenging transition from the locked environment to the community, however, little recognition is made of the complexities of these tasks, nor the length of time that each may take.

Conclusion

This review is not exhaustive and there are several limitations as highlighted in the introduction of this review. However, a final observation is the alignment between the emerging themes and features of developing practice from international contemporaries and those which emanated from stakeholders in the Reimagining Secure Care engagement sessions. It is these themes that have shaped the co-design phase of the work and resulting options presented within this report of a reimagined approach to depriving children of their liberty that is needs led with children at the centre.

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