

Securing Our Future

A Way Forward for Scotland's Secure Care Estate

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CHAIR'S FOREWORD

Securing Our Future Initiative (SOFI) has had only five months to propose possible solutions to the challenges facing Scotland's secure care estate. However, ours was not a 'quick fix' approach. In spite of the time constraints, we have endeavoured to produce recommendations that are realistic and achievable and – crucially – part of a longer-term strategy for the secure care sector as part of a spectrum of care for our most vulnerable children.

For the last 18 months, Scotland's secure care sector has been in crisis. Unlike the situation facing Scotland's prisons, the supply of secure care places outstrips demand, with the result that secure care providers are struggling to remain financially viable.

The fact that the predicted increase in demand for secure care has not come to pass is a positive development as our aim is to have fewer children in secure care by managing high-risk young people safely in their communities.

We want to build on this progress and continue to develop a full range of alternatives to secure care – that is to say, high quality residential and community-based services, including appropriate provision for young people with mental health needs. There will, however, continue to be some young people for whom secure care is the best option at a particular time in their lives. For those young people, it has a crucial role to play in keeping them safe, setting boundaries and re-engaging them with support and positive activities. The wicked challenge facing purchasers and providers of places is how to ensure a secure care place is there when it is needed, as well as how to capitalise on the significant investment that has been made in the estate, and its high quality physical and human assets, to address the needs of young people and their communities. Set alongside this is the ultimate aim we share to shift resource away from crisis responses to early intervention. Our recommendations seek to balance these demands.

The children and young people who are admitted to secure care, whether for welfare or offending reasons, are among the most damaged and vulnerable in Scotland. These young people have increasingly complex needs, and disproportionate numbers of this group are affected by poor educational achievement and physical and mental health problems. We know that this is a very small group of young people: on 31 March 2008, there were 14,886 children looked after by local authorities, of which 93 (less than one per cent of the total) were in secure accommodation¹. They are nonetheless entitled to the same opportunities and encouragement as their peers who are not looked after.

The desire to improve outcomes for these young people was a constant theme during SOFI's deliberations and is at the heart of the working group's recommendations. We recognised that the real solution to this problem is to be found in early and effective intervention, and we want to see the principles of *Getting it right for every child* fully implemented so that the needs of these young people – many of whom have been known to community and statutory agencies from an early age – can be identified and addressed much sooner in their lives. In the meantime, secure care must be fully integrated as part of the spectrum of care for our children, with much better planning, throughcare and aftercare.

¹ Scottish Government (2008). *Children Looked After Statistics 2007-08*. See table 2.3 <http://www.scotland.gov.uk/Publications/2008/11/25103230/0>

The decision to place a young person in secure care is such a serious step that it should not be taken without a clear view of the objectives of the placement and a plan to achieve these, including a way forward when they leave. Secure care can be a positive intervention: it can, and does, literally save lives. Our report seeks to secure a future in which young people in crisis get the high-quality, holistic care they need – within a world where every effort, including what happens in secure care, is focused on preventing crisis and promoting happy, healthy, valued lives for all our children.



Romy Langeland

Chair

Securing Our Future Initiative

EXECUTIVE SUMMARY: VISION AND RECOMMENDATIONS

During the group's deliberations, we have returned again and again to the question of the role of secure care in a modern system of care for children. There is no disagreement that our ultimate vision is that no children should be in secure care. We are committed to the principles of *Getting it right for every child* and the aspirations of the *Early Years Framework*² which mean that every child in Scotland will get the best start in life, and the help they need when they need it to prevent risks turning into poor outcomes. In this context, we welcome the fact that the anticipated increased demand for secure care has not materialised. We have heard evidence that the needs of high-risk young people can be met safely and cost-effectively in their communities. Where that is possible, we believe that is in the interests of the child and their community, and we want to see those opportunities maximised. That means continuing to develop and roll out good practice in provision of effective community-based interventions, supported by informed decision-making by panels, local authorities and courts.

However, we are in no doubt that there are now, and for the foreseeable future, a small number of children whose needs and risks, for a particular period in their lives, can only be managed in the controlled setting of secure care. We recognise the important role that secure care has to play in providing the intensive support and safe boundaries that enable these highly vulnerable young people to re-engage and move forward positively in their communities. For these children, whether they come through the hearings system or the court, we want to see them cared for within a nurturing environment that is able to address their individual needs, through universal and specialist services. Their time in secure care should be part of a planned journey through the care system which has successful reintegration as its goal. That means ensuring that the existing quality and choice in secure care is preserved and developed, in the short term by reducing unnecessary cost in the system through targeted capacity reduction, and in the medium term through a new commissioning model and relationships. It also means strengthening practice around care planning for all children, by embedding the principles of *Getting it right for every child*, and improving the provision of universal and specialist services for our most high-risk young people. We believe there is also an opportunity to consider how the needs of other vulnerable young people, be they those with mental health or substance use problems or those in prison, might be met using the resource in the secure care estate.

Recommendation 1: early and effective intervention

We recommend that local authorities and their partners are supported to develop and deploy an effective range of interventions to ensure secure care is used only when it is necessary.

Recommendation 2: commissioning

We recommend that secure care be a focus in the National Residential Child Care Initiative (NRCCI) work to develop a robust commissioning model, and that in the meantime purchasers and providers of secure care should come together to develop service specifications.

² See <http://www.scotland.gov.uk/Publications/2009/01/13095148/0>.

Recommendation 3: care planning and transitions

We recommend that good practice around care planning and transitions, in line with the principles of *Getting it right for every child*, be promoted; and that secure care be a focus in ongoing work to improve throughcare and aftercare for looked after children.

Recommendation 4: health and wellbeing

We recommend that urgent consideration is given by the Scottish Government, health boards and Community Planning Partnerships to strengthening access to universal and specialist health services; and to ensuring that health and education are active partners in care planning. We also recommend that the needs of those in secure care be given particular consideration in work undertaken by the NRCCI to address needs and resources.

Recommendation 5: analysis

We recommend that the use of secure care and the use of alternatives for those meeting the secure care threshold be carefully monitored over the next year to inform future decision making, with ongoing monitoring of progress towards achieving the vision of fewer young people in secure care.

Recommendation 6: targeted reduction in the capacity of the secure estate

We recommend that there be a targeted closure of 12 beds to bring the capacity of each of the independent secure care units down to 18 beds.

Recommendation 7: mental health provision for high-risk young people

We recommend that an independent scoping study be commissioned to assess whether the provision of secure mental health facilities for young people would be a viable redeployment of part of the secure estate.

Recommendation 8: drugs and alcohol dependency unit

We recommend that more priority be given in the implementation of the national drugs and alcohol strategies³ to meeting the needs of young people, including those currently in secure settings.

Recommendation 9: vulnerable young offenders continuum of care

We recommend that current good practice on retaining vulnerable young people in the children's hearing system and ensuring access to services appropriate to their age and stage of development, should be promoted among local authorities, panels, prosecutors and courts. We also recommend a particular focus on the development and use of community-based responses to young people who are prosecuted through

³ Scottish Government (2008). *The Road to recovery: a new approach to tackling Scotland's drug problem*. See <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>.
Scottish Government (2008). *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*. See <http://www.scotland.gov.uk/Publications/2008/06/16084348/0>

the courts.

PART ONE: BACKGROUND AND PROCESS

The current problem: excess capacity

Over the last few years, there has been significant investment in the redevelopment of Scotland's secure estate by the Scottish Government and independent providers. The investment was based on a perceived need to increase the number and geographical spread of secure places, and to improve specialist provision. As a result, Scotland gained three new units: St. Philip's in Airdrie, North Lanarkshire; Kibble in Paisley, Renfrewshire; and a dedicated unit for girls and young women, the Good Shepherd Centre in Bishopton, Renfrewshire. Scotland now has seven secure units offering 124 places.⁴ This represents a 30 per cent increase in places since 2003.

However, while the increased choice and specialism has been welcomed, the projected increase in total demand for secure places has not come to pass. Usage has remained relatively constant with the result that supply has outstripped demand for the past 18 months. Providers of secure accommodation have therefore been facing serious financial difficulties.

Conscious of the significant investment that had been made in the estate, the Scottish Government wanted to avoid losing provision in an unplanned manner. It was also keen to ensure that Scotland had the right range of services to keep young people and the public safe. At a meeting in June 2008 between justice ministers Kenny MacAskill and Fergus Ewing and Councillor Isabel Hutton, the Convention of Scottish Local Authorities' (COSLA) education, children and young people spokesperson, it was agreed that before any of this secure capacity was lost irrevocably, a consensus view was needed both on Scotland's secure care requirements and on options for making the most cost-effective use of resources.

The two parties made a joint commitment to find a sustainable way forward for the estate by establishing a short-life working group, Securing Our Future Initiative (or SOFI), under the auspices of the broader National Residential Child Care Initiative.

The National Residential Child Care Initiative

Given that secure care is part of a spectrum of care for young people, the work of Securing Our Future Initiative is designed to feed into the longer term work on residential care being taken forward by the National Residential Child Care Initiative (NRCCI). The NRCCI⁵ was established by Adam Ingram, Minister for Children and Early Years, to deliver on the government's commitment "to work with partners to make residential care the first and best placement of choice for those children whose needs it serves"⁶. The NRCCI will consider existing residential child care services and make sector-driven recommendations for change.

The residential child care sector consistently faces many challenges, from the complexity of children and young people's needs and workforce development, to factors such as budgetary

⁴ Once the secure estate redevelopment programme is completed at the end of March 2009, Rossie will reduce its capacity from 24 to 18, meaning Scotland will have 118 beds within the secure estate.

⁵ The NRCCI is led by the Scottish Institute for Residential Child Care (SIRCC) on behalf of the Scottish Government.

⁶ See the Minister for Children and Early Years' statement to parliament on 7 February 2008 <http://www.scottish.parliament.uk/business/officialReports/meetingsParliament/or-08/sor0207-02.htm>

restrictions, commissioning arrangements, and limited specialist services. The NRCCI is due to make recommendations on these issues by autumn 2009⁷. To address the more urgent issues arising in the secure care sector quickly, a shorter timescale was set for the SOFI group and this is why SOFI's report and recommendations are being delivered separately.

Remit of Securing Our Future Initiative

Securing Our Future Initiative was convened in September 2008. Its remit was to:

- Develop, for the joint consideration of Scottish Government and the Convention of Scottish Local Authorities (COSLA), sustainable proposals for making the most cost-effective use of secure resources to improve outcomes for our most vulnerable young people and their communities.
- Address the short to medium term challenges facing partners as a result of capacity issues.

More specifically, the group was tasked with answering the following questions:

- What is needed from the secure estate now to meet young people's needs?
- How can we ensure that we do not lose provision in an unplanned manner?
- How can we reach a broad consensus on which young people need to be in secure care?
- How will it be provided and funded?
- How can we be sure that we are making the best use of the existing estate to improve outcomes for children and young people?
- How can we ensure that decisions are made on a child-centred rather than on a financial basis?

The ultimate goal has been to find consensus among stakeholders – those who provide, purchase, regulate, and use secure care – about how best to meet the nation's need for secure accommodation over the short to medium term.

Membership of Securing Our Future Initiative

The working group brings together partners with a direct stake in the outcome and others who bring a combination of perspective, objectivity, expertise and influence.

- Romy Langeland, chair of Scottish Institute for Residential Child Care and National Residential Child Care Initiative (chair);
- Paula Evans, policy manager, Community Resourcing Team, COSLA;
- Bill Duffy, CORA schools;
- Richard Murray, chief executive, Rossie Secure Accommodation Services;

⁷ Through four working groups the NRCCI will consider (1) an audit and strategy for the supply of residential child care services to match the full range of needs of children and young people; (2) the range of skills, qualifications and qualities required of the residential child care workforce; (3) the development of an agreement of expectations between local authorities and providers to ensure effective commissioning of services for these young people; and (4) a sustainable way forward for the secure estate.

- Michelle Miller, convener of Children and Families Standing Committee, Association of Directors of Social Work;
- Isobel Dumigan, team manager, Care Commission;
- Eric Murch, director, partnership and commissioning, Scottish Prison Service;
- Angela Morgan, chief executive, Includem;
- Gail Drummond, head of school, The Elms Secure Unit;
- Graham Bell, chief executive, Kibble Safe Centre;
- Linda Robb, operations manager, Youth Justice Services, Glasgow City Council;
- Chris Malcolm, senior clinical specialist, Forensic Child and Adolescent Mental Health Services;
- Dr Moira Walker, honorary senior research fellow, University of Stirling;
- Paul Smart, deputy director, Victims, Witnesses, Parole and Life Sentence Division, Scottish Government;
- Olivia McLeod, deputy director, Care and Justice Division, Scottish Government;
- Janine Kellett, team leader, Care and Justice Division, Scottish Government;
- Frances Conlan, policy executive, Care and Justice Division, Scottish Government.

The SOFI group had six meetings and took part in a two-day residential event to facilitate creative thinking. Group members contributed to the report, drawing on evidence gathered by the group, issues identified in group discussions, and the results of meetings with stakeholders.

Consultation with stakeholders

The Scottish Institute for Residential Child Care has organised a number of regional events to discuss the challenges facing the NRCCI and capture the views of people with a stake in the future and quality of residential and secure child care services in Scotland. The chair of SOFI met with representatives of the Association of Directors of Social Work; the chair of the Children's Panel Chairs Group; the Director of Judicial Studies; and on several occasions with the boards of the independent secure care providers to engage with them on SOFI's work. Who Cares? Scotland, a voluntary organisation that supports and represents children and young people in care, was invited to one of the meetings of the working group to present research on young people's experiences of secure care. In addition, a secure and residential child care seminar was hosted by COSLA at which senior managers and other local authority representatives were encouraged to discuss the challenges facing the secure estate and provide input to the review.

Policy context

The group has taken as its context the shared commitment of the Scottish Government and COSLA, set out in the concordat⁸ and national performance framework⁹, to improve the life

⁸ See <http://www.scotland.gov.uk/Publications/2007/11/13092240/concordat>

chances for children, young people and families at risk. To achieve this outcome, we have to make sure that when children need to be cared for away from their birth family, the care they receive is safe, high-quality and nurturing. Partners are working together on a major programme of reform which includes delivery of *Looked After Children and Young People: We Can and Must Do Better*¹⁰, *Preventing Offending by Young People: A Framework for Action*¹¹ and the kinship and foster care strategy¹²; implementation of the Adoption and Children (Scotland) Act 2007; and promotion of the corporate parent agenda¹³. All of this work is underpinned by the principles of the *Getting it right for every child*¹⁴ (GIRFEC) programme.

⁹ See <http://www.scotland.gov.uk/About/scotPerforms> for further details.

¹⁰ Scottish Executive (2007). See <http://www.scotland.gov.uk/Publications/2007/01/15084446/0>.

¹¹ Scottish Government (2008). See <http://www.scotland.gov.uk/Publications/2008/06/17093513/0>.

¹² Scottish Government (2007). *Getting it right for every child in kinship and foster care*. See <http://www.scotland.gov.uk/Publications/2007/12/03143704/0>.

¹³ Scottish Government (2008). *These Are Our Bairns: A guide for community planning partnerships on being a good corporate parent*. See <http://www.scotland.gov.uk/Publications/2008/08/29115839/0>.

¹⁴ See <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>.

PART TWO: THE CURRENT PICTURE

In this section of the report, we set out a summary of the information that the group considered in developing its conclusions and recommendations.

When was the last review of Scotland's secure estate?

The last policy review of secure accommodation concluded in 2001. The Secure Accommodation Advisory Group was set up in 2000 to assist ministers in further developing the strategic approach to the use of secure accommodation and its alternatives. Its interim report¹⁵ was published on the Scottish Executive website in June 2003. An annex¹⁶ to the interim report ('The need for secure accommodation in Scotland') was published at the same time. The decision to increase places came about because in the early part of this decade some local authorities were experiencing difficulties finding places for young people, which led to a number of young people being placed in England. As well as a drive to reduce the numbers of under 18s, particularly young women, being held in prison establishments, it was also considered important to develop specialist services to respond to the complex difficulties presented by some children and young people in secure accommodation. The group responsible for carrying out the review considered that the setting up of such specialist units would inevitably affect the overall flexibility and capacity of the host establishments to accommodate young people, particularly in emergency situations. In determining the geographical distribution of secure accommodation places, the group considered levels of population and deprivation and recommended that the secure estate be expanded in the Greater Glasgow/south west region.

Secure care in Scotland: who is it for?

Secure care provides for two populations, those requiring care for their own safety and those who present a risk to others. Typically girls predominate in the first group and boys in the second, though there is considerable overlap. Both groups of young people require a combination of care and control and getting this balance right is critical.

The children's hearings system

The nature of secure accommodation in Scotland is strongly influenced by its being firmly located within services for looked after children and the welfare-based children's hearings system. It is a founding principle of the hearings system that children in need of care and protection and those who offend should be treated within the same system. Irrespective of whether they are placed by a children's hearing or the courts, young people in secure care receive a welfare-based service offered within a child-centred setting.

¹⁵ See <http://www.scotland.gov.uk/Publications/2003/06/17614/23032>.

¹⁶ See <http://www.scotland.gov.uk/Publications/2003/06/17613/23031>.

The legal framework

How are children and young people admitted to secure care?

The children's hearings system has responsibility for dealing with most children and young people under 16¹⁷ who commit offences or who are in need of care and protection.

For children who commit very grave crimes (the circumstances are set out in the relevant Lord Advocate's guidelines), the option remains for them to be jointly reported to the children's reporter and the procurator fiscal and together, they will decide whether prosecution through the court is appropriate. The court may then sentence, or return the young person to the hearing to be dealt with.

A young person who appears in court accused of an offence, where bail is not considered appropriate, can be remanded to the care of the local authority responsible for them under section 51 of the Criminal Procedures (Scotland) Act 1995. Local authorities are then responsible for placing that young person in secure care.

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

Before a child or young person can be placed in secure accommodation through the children's hearings system, the children's panel must consider that the young person meets the legal criteria set out in section 70(10) of the Children (Scotland) Act 1995. That is:

- (a) having previously absconded, is likely to abscond unless kept in secure accommodation, and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or
- (b) is likely to injure himself or some other person unless he is kept in such accommodation.

The recommendation of the children's panel must be authorised by the chief social work officer of the relevant local authority, which is then responsible for placing the young person.

International and domestic policy drivers

UN Convention on the Rights of the Child

The 1989 UN Convention on the Rights of the Child was ratified by the UK in 1991. The convention addresses the whole spectrum of the rights and needs of children and young people up to the age of 18. Like the children's hearings system, it looks at the whole child and includes within its ambit concerns about care and protection as well as juvenile offending.

Articles relevant to youth justice and secure care include:

- Article 1, which defines "child" to include all those under the age of 18;
- Article 3, which says the "best interests" of the child must be at least a primary consideration in actions concerning children, including courts of law;
- Article 37, which requires strict control of any deprivation of a child's liberty; and
- Article 40, which acknowledges the reality of offending behaviour by children; sets out standards for dealing with this (including the right to privacy); directs States to set up procedures for dealing with child offenders that are specifically geared towards them;

¹⁷ In some cases children's hearings have responsibility for young people under 18 where the young person is under the supervision of the hearing when he or she reaches 16, and the supervision requirement is extended.

encourages diversion from the courts so long as human rights and legal safeguards are respected; and gives examples of a variety of welfare and educational disposals appropriate to the wellbeing of children and proportionate to individual circumstances.

States are expected to ensure that the principles and provisions of the UN Convention on the Rights of the Child and the United Nations standards and norms in juvenile justice¹⁸ are fully reflected in national and local legislation policy and practice. The Scottish Government has expressed its commitment¹⁹ to the UNCRC and to promoting and supporting the rights of all children in Scotland.

The Code of Practice 1985

An increasing awareness of human rights, and of children's rights in particular, during the early 1980s led the Social Work Services Group to issue guidance covering the use of secure accommodation. The *Code of Practice: The Use of Secure Accommodation for Children* was published in 1985. The code set out a number of key principles:

"The use of secure accommodation for children is seen as an exceptional measure; only those children who genuinely need secure accommodation are placed and kept there; where it proves necessary to use this type of accommodation, the length of time during which any child stays in it is restricted to the minimum necessary to meet the child's particular needs; and the use of secure accommodation is seen in the context of an appropriate child care framework which is fully consistent with the 'welfare principle' contained in sections 20 and 43(1) of the Social Work (Scotland) Act 1968."²⁰

A Secure Remedy

The Social Work Services Inspectorate for Scotland published *A Secure Remedy: A Review of the Role, Availability and Quality of Secure Accommodation for Children in Scotland* in 1996. The report was based on the principles of the UN Convention on the Rights of the Child and the European Convention on Human Rights. These principles state that "every child deprived of liberty shall be separated from adults unless it is considered in the child's best interests not to do so", and that secure care should be used only "as a measure of last resort and for the shortest appropriate period of time."

Duties of local authorities

There is a statutory duty (set out in part II of the Children (Scotland) Act 1995) on all parts of a local authority to ensure that they safeguard and promote the welfare of children and young people who are looked after by them, which includes those in secure care. There is also a duty on other agencies to cooperate with councils in order to help them fulfil that duty.

¹⁸ The United Nations standards and norms in juvenile justice refer to the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules); the United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines); and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty.

¹⁹ In October 2008, the UN Committee on the Rights of the Child issued a series of recommendations ('concluding observations') setting out how well the UK (including Scotland) has been implementing the UN Convention on the Rights of the Child (UNCRC) since it was last assessed in 2002. The Scottish Government is currently consulting on its draft response to each of the recommendations. The consultation ends on 2 March 2009.

²⁰ Social Work Services Group (1985). *Code of Practice: The Use of Secure Accommodation for Children*. Edinburgh, SWSG.

However, as highlighted in *These Are Our Bairns*²¹, being a good corporate parent is not only a responsibility but an opportunity to improve the futures of looked after children and young people. Local authorities have a duty to prepare young people for ceasing to be looked after (“throughcare”) and to provide advice, guidance and assistance for young people who have ceased to be looked after over school age (“aftercare”). Regulations and guidance on services for young people ceasing to be looked after came into force in April 2004. Central to this legislation is the duty to carry out an assessment of the needs of these young people. Guidance materials²² have been developed to support this process.

Regulation and inspection of secure care

The Scottish Commission for the Regulation of Care (the Care Commission) is responsible for regulating all adult, child and independent healthcare services in Scotland. It makes sure that care service providers meet the Scottish Government’s national care standards and work to improve the quality of care. HM Inspectorate of Education (HMIE) inspects and reports on the quality of education in residential educational provision, including in secure care. HM inspectors and Care Commission officers therefore work in partnership to inspect secure care provision. Following the publication of Professor Crerar’s report evaluating the current system of scrutiny of public services in Scotland, ministers announced plans in January 2008 to make improvements in scrutiny and complaints handling. In future there will be a single scrutiny body for social services covering the functions of the Social Work Inspection Agency, the Care Commission (minus its independent healthcare function) and HMIE’s responsibilities for inspection of child protection and the integration of children’s services. This package of structural reform should be in place by 2011, after which the new body will be responsible, jointly with HMIE, for inspection of secure care.

Factors influencing the use of secure care

The group has learned that for over a decade, local and central government, guided by *A Secure Remedy*²³, have been engaged in a process of developing community or open alternatives to secure care. Research funded by the then Scottish Executive has supported this move, indicating that the development of appropriate practice and services can reduce the need for secure placements²⁴. The main elements in diverting young people from secure care have been identified as: skilled social work practice in assessing, managing and responding to risks faced or posed by individual young people; intensive support in the community; and high quality open residential care. Based on developing a multi-agency response around individual young people, these practice developments are consistent with the principles of key government policies, notably *Getting it right for every child, We Can and Must do Better, Preventing Offending by Young People: A Framework for Action*, and

²¹ Scottish Government (2008). *These Are Our Bairns: a guide for community planning partnerships on being a good corporate parent*. See <http://www.scotland.gov.uk/Publications/2008/08/29115839/0>.

²² Scottish Executive (2004). *Pathways handbook*. See <http://www.scotland.gov.uk/Publications/2004/05/19357/37092>.

²³ Social Work Services Inspectorate for Scotland (1996). *A Secure Remedy: A Review of the Role, Availability and Quality of Secure Accommodation for Children in Scotland*. Edinburgh: SWSI.

²⁴ Scottish Executive (2006). *Insight 33: Secure Accommodation in Scotland: Its Role and Relationship with 'Alternative' Services*. See

<http://www.scotland.gov.uk/Publications/2006/08/31115534/0>.

Scottish Government (2007). *Insight 39: Evaluation of Intensive Support and Monitoring Services (ISMS) within the Children’s Hearings System*. See

<http://www.scotland.gov.uk/Publications/2007/12/07154352/0>.

*Extraordinary Lives.*²⁵ Within the child welfare system, their development potentially creates a 'virtuous circle' in that savings from placing young people in expensive secure placements can be used to further develop 'alternatives', which allow more young people to be sustained in a non-secure setting. Anecdotally, current information on secure admissions indicates that developments of this kind account in part for the demand for secure care places being less than had been anticipated.

The use of secure accommodation is strongly influenced by the actions of the courts, which, quite rightly, operate independently of local or central government. Practice in remanding and sentencing young people shapes some of the demand on secure accommodation and the amount of funding it requires from both national and local government. As we will see below, there has been an upwards trend in the use of secure care in response to decisions by the court. Anecdotally, the group heard that there had been some expectation that secure care might play more of a role in responding to the needs of 16 and 17 year olds who would otherwise go through the courts and be sentenced to prison (Scotland has a disproportionately high imprisonment rate for under 19s). It was anticipated that this would come about as a result of a practice change to keep more young people on supervision, and within the children's hearings system, following their 16th birthday. However, we understand that this does not always occur, with the vast majority of young people on supervision who are involved in offending continuing to have the order terminated at or around their 16th birthday.

Current secure care provision and capacity

Scotland's secure estate consists of seven providers, five of which are owned and operated by independent, not for profit organisations. The remaining two are owned and operated by local authorities (Edinburgh and Dundee). All providers are registered and approved to offer care and education. Young people are accommodated in small house units, usually of around 6 young people, with high staff-child ratios. Providers can offer specialist programmes and access services as required to meet the needs of the young person. They also have on- or off-site step down facilities, including close support units, which can be used on a stand-alone basis or as part of a young person's transition from secure. See Annex A for more information on Scotland's secure care estate.

There are currently 124 secure care places in Scotland. The table in annex A shows how these places are distributed. However, after the secure estate redevelopment programme is completed in March 2009, Rossie will, as planned, reduce its capacity from 24 to 18, meaning Scotland will have 118 beds within the secure estate.

How is Scotland's secure estate currently funded?

Currently, the commissioning and funding of the secure estate in Scotland is based on a market model. Providers of secure care independently set an annual bed rate, which takes effect from 1 April each year, and notify purchasers (the Scottish Government and local authorities) in advance of any changes in the bed rate.

The average cost of a secure placement during 2007-08 was £4,500 per week. Placements are purchased on a needs basis using a spot purchase per capita arrangement. The

²⁵ Scottish Executive (2006). *Extraordinary Lives: Creating A Positive Future For Looked After Children and Young People In Scotland*. See <http://www.scotland.gov.uk/Publications/2006/08/07134204/0>.

Scottish Government has a service level agreement in place with each provider, but local authorities do not usually have an agreed service specification, explicit service level agreement or contract. In the move towards personalisation of services for users, individual planning for young people should play a major part in deciding what is required to meet needs and risks. In line with the principle of full cost recovery, independent providers of secure care plan to recoup their full costs (including capital costs) and set their budgets based on a financial break-even point of either 90 per cent usage (four units) or 95 per cent usage (one unit). The group noted that this is a relatively high break-even point when compared with other low-use, high-cost services, such as hospital intensive care.

The five independent secure care providers were subsidised by the Scottish Government in the latter part of financial year 2007-08 following the emergence of capacity problems. In order to create some breathing space and allow time for the working group to deliver recommendations about the future size and shape of the estate, the Scottish Government committed to continuing its financial support for the sector until the end of financial year 2008-09.

Numbers and characteristics of young people in secure care

While the working group did not have the time or resources to commission a comprehensive analysis, we considered a whole range of information, including published research, government statistics and information from secure care providers in order to develop a fuller appreciation of the numbers and characteristics of children and young people in secure accommodation; the circumstances that led to their placement; and the grounds for them being held. It was often not possible to draw concrete conclusions from the available data but we used the expertise of the group, where possible, to identify and understand trends. We would have liked to have had more information about the trends and characteristics of young people being diverted from secure care but that data is largely unavailable.

Recent figures

The average number of residents in secure care during 2007-08 was 102. The group found the numbers of children and young people admitted to secure care has been broadly static since 1999-00. However, when in 2007-08, Scotland's supply of secure care places increased to 130²⁶, there was no corresponding increase in usage.

In order to better understand trends in usage, the group looked at data on the different grounds for young people being held in secure care. The group noted that the number of young people admitted to secure care through the hearings system has remained fairly constant since 2003-04. However, the number of young people admitted to secure care on remand or after being sentenced by the courts more than doubled between 2005-06 and 2006-07 (see annex B). The group also noted that the increasing availability of community-based alternatives to secure care may have influenced occupancy levels in units. Glasgow City Council for example, reduced the number of admissions to secure care through the children's hearings system by using Intensive Support and Monitoring Services (ISMS).

Age and gender

Of those children and young people admitted to secure care during the year ending 31 March 2008, 44 per cent were 15 years old; 24 per cent were aged 16 years or over; and 22 per cent were 14 years old. The proportion of young people admitted at age 16 or over increased from 18 per cent in 2006-07 to 24 per cent in 2007-08.

²⁶ On 31 March 2008, there were 130 secure places in Scotland. However, when St. Mary's Kenmure reopened in August 2008, it reduced its capacity from 30 to 24 places.

In the same year ending 31 March 2008, 73 per cent of residents in secure care were male and 27 per cent were female.

Length of stay and placement before admission

The length of stay of young people in secure care appears to be related to their placement before admission. Young people admitted after living with parents, relatives or friends tended to have shorter stays, with more than half staying for under two months. Those admitted after placements away from home tended to stay for between 3 and 12 months. The group found that 32 per cent of young people discharged during the year ending 31 March 2008 had been in secure accommodation for less than one month. We also learned that the number of young people admitted to secure care who were previously living with parents, other relatives or friends has increased almost steadily since 1999-00, from 13 per cent in 1999-00 to 44 per cent in 2007-08. We concluded that these trends were likely to be related to the increased numbers of young people on remand from the courts.

Young people appearing before and convicted by adult courts

The number of young people aged under 18 appearing before adult courts has increased every year from 2002-03 to 2006-07, from around 8,500 to just over 10,000. The number of young people under 18 convicted by adult courts increased between 2003-04 and 2006-07, from 7,500 to 8,800, while the number of young people under 16 convicted by adult courts increased between 2003-04 and 2006-07, from 115 to 131. This is consistent with the sharp increase in the number of young people admitted secure care via the courts.

Young people in prison

The latest published prison statistics show that on 26 March 2008²⁷, no children aged under 16 were in custody in Scotland. On the same date, however, 227 young people aged 16 or 17 were in custody.

Numbers of children and young people resident in hospitals

Official statistics for people in Scottish hospitals on grounds of mental illness group young people into two age ranges: under 15 and 15 to 24. On 31 March 2007, 26 children under 15 were in hospital for mental health reasons and 306 young people between 15 and 24 were in hospital for mental health reasons²⁸. There are currently no secure forensic adolescent inpatient beds available in Scotland, and young people who require secure forensic inpatient services are placed in units in England. Prior to the Fallon Inquiry in 1999 and implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003, children and young people who required secure inpatient care could be admitted to adult low, medium and high secure National Health Service (NHS) facilities in Scotland. On average, 10 young

²⁷ The prison population fluctuates over the course of a week and the midweek population is generally more representative.

²⁸ This information excludes the specialty of learning disabilities and is based on the patients' age at 31 March 2007. Source: Information Services Division Scotland. See http://www.isdscotland.org/isd/information-and-statistics.jsp?pContentID=1721&p_applic=CCC&p_service=Content.show&.

people were admitted to secure inpatient care each year. The average male to female ratio is three to one.

In 2006, all the consultant child and adolescent psychiatrists in Scotland (who are responsible for making inpatient referrals) were surveyed to determine need for secure inpatient beds for under 18s. The response rate was low (around 40 per cent) but the findings were that these Child and Adolescent Mental Health Services (CAMHS) consultants made on average 12 referrals each year. At any time over the past five years, two patients have been in medium secure care from Glasgow City alone.

What do we know about the outcomes of those who are admitted to secure accommodation?

Based on two systematic surveys²⁹ and other more recent returns, planning and decision making can be based on fairly good information on the nature and needs of the secure population in Scotland. These surveys have highlighted that at least half of the young people admitted to secure care have been known to social services from before the age of ten, some from birth. Typically, the young people have experienced very stressful family circumstances, with parental difficulties such as mental and physical illness, addictions and domestic violence often making for a childhood involving much fear and anxiety, disrupted education and problematic relationships with parents and other family members. A high proportion of the young people, particularly boys, have experienced the death of a parent or other close relative, while bereavement, loss and abuse are also common among girls.

Outcomes for those who have been in secure care at some time are shaped by many factors including the specific kind of support and education offered both within the secure (or non-secure) setting and when young people move on. Direct comparison of outcomes for young people admitted to secure care and those kept in the community is problematic, because of the possibility that those admitted will have had more challenging difficulties in the first place than those who were able to be catered for through the alternatives available. It is important to note that secure care is one intervention in the life path of a child who may have experienced many interventions during their lifetime.

Evidence on outcomes for young people placed in secure accommodation does generally indicate that only a minority fare well after leaving. However, this has to be viewed in light of the fact that many young people who are admitted to secure accommodation have serious, longstanding difficulties. In 2002, the then Scottish Executive³⁰ funded a three-year study to increase understanding of the use and effectiveness of secure accommodation. In 2006, it reported that outcomes were rated as 'good' for just over a quarter of the sample, 'medium' for just under half and 'poor' for the remaining quarter. The rating of outcomes was based on the following variables:

- whether the young person was in a safe and stable placement at the point when their progress was last updated;
- whether the young person was in work or education at the point when their progress was last updated;
- whether the behaviour which resulted in their admission had been modified; and

²⁹ SWSI (2000). *Secure Care Survey Report* (unpublished).

SWSI (2002). *Secure Care Survey Report* (unpublished).

³⁰ Scottish Executive (2006). *Insight 33: Secure Accommodation in Scotland: Its Role and Relationship with 'Alternative' Services*. See <http://www.scotland.gov.uk/Publications/2006/08/31115534/0>.

- whether a social worker felt their wellbeing had improved, compared with when they were admitted to secure accommodation.

Young people whose circumstances or rating were positive on all four dimensions were considered to have had a good outcome. When at least one was negative, the rating was medium; and where no aspects were positive, the outcome was considered to be poor. Having a trusted adult to rely on after leaving the placement was crucial to achieving better outcomes. This evidence supports a model of secure accommodation where aftercare is an integral part of the service. If young people have made progress during their stay, then they do need appropriate support to continue to rehearse this in the community.

This study also followed a sample of young people considered for secure accommodation, but sustained in an open setting. The researchers concluded that, with intensive family support, young people with very challenging behaviour could be sustained and helped to address their problems within the community. In light of this evidence and a separate analysis of decision making, this study concluded that whether or not a young person was admitted to secure accommodation depended on a combination of factors to do with both availability of secure and alternative resources and aspects of local practice, in particular social workers' capacity to work with risk. Effectively, different local authorities used secure accommodation in different ways, so outcomes for young people reflected the overall package and could not be attributed to the secure placement or designated 'alternative' alone. This would indicate that a secure accommodation placement that is integrated into a fully developed care plan for the young person has a much greater likelihood of success.

Because arrangements for providing secure accommodation are specific to individual countries, cross-country comparison of evidence on outcomes for young people is of limited value, unless viewed within detailed analysis of the varying contexts³¹. Based on research in England, O'Neill³² reported particularly poor experiences and short-term outcomes for girls placed on welfare grounds, since the service was geared to cater predominantly for male offenders. The Scottish research did not echo this finding, reporting that some units were well equipped to cater for the welfare needs of both girls and boys. Indeed, in Scotland there is a unit that caters specifically for girls and the range of needs and risks they present.

Conclusion

Using the wide-ranging knowledge and experience of the group, and information from those we consulted, we were able to get behind this data to consider questions about the likely and appropriate use of secure care within the spectrum of care for vulnerable children; the circumstances that would support its effective use; and the implications of this for future provision.

We concluded that the trend in use of secure care was likely to be, and should be, downwards; that the development of community-based alternatives was to be welcomed and encouraged. We agreed that secure care has a key role to play in protecting and caring for our most vulnerable young people; that the success of a secure care placement depends on it being an integrated part of the care journey; and that there was potential to use the resources of the secure care estate better to address unmet needs. Through our deliberations, we developed a shared set of principles which informed our recommendations, and these are set out in the vision which follows.

³¹ Stein, M. and Munro, E. (2008). *Young People's Transitions from Care to Adulthood*. International Research and Practice, Jessica Kingsley, London.

³² O'Neill, T. (2001). *Children in Secure Accommodation: A Gendered Exploration of Locked Institutional Care for Children in Trouble*. London: Jessica Kingsley.

PART THREE: OUR VISION FOR SECURE CARE AND RECOMMENDATIONS FOR ACHIEVING IT

During the group's deliberations, we have returned again and again to the question of the role of secure care in a modern system of care for children. There is no disagreement that our ultimate vision is that no children should be in secure care. We are committed to the principles of *Getting it right for every child* and the aspirations of the *Early Years Framework*³³ which mean that every child in Scotland will get the best start in life, and the help they need when they need it to prevent risks turning into poor outcomes. In this context, we welcome the fact that the anticipated increased demand for secure care has not materialised. We have heard evidence that the needs of high-risk young people can be met safely and cost-effectively in their communities. Where that is possible, we believe that is in the interests of the child and their community, and we want to see those opportunities maximised. That means continuing to develop and roll out good practice in provision of effective community-based interventions, supported by informed decision-making by panels, local authorities and courts.

However, we are in no doubt that there are now, and for the foreseeable future, a small number of children whose needs and risks, for a particular period in their lives, can only be managed in the controlled setting of secure care. We recognise the important role that secure care has to play in providing the intensive support and safe boundaries that enable these highly vulnerable young people to re-engage and move forward positively in their communities. For these children, whether they come through the hearings system or the court, we want to see them cared for within a nurturing environment that is able to address their individual needs, through universal and specialist services. Their time in secure care should be part of a planned journey through the care system which has successful reintegration as its goal. That means ensuring that the existing quality and choice in secure care is preserved and developed, in the short term by reducing unnecessary cost in the system through targeted capacity reduction, and in the medium term through a new commissioning model and relationships. It also means strengthening practice around care planning for all children, by embedding the principles of *Getting it right for every child*, and improving the provision of universal and specialist services for our most high-risk young people. We believe there is also an opportunity to consider how the needs of other vulnerable young people, be they those with mental health or substance use problems or those in prison, might be met using the resource in the secure care estate.

Underpinning and ongoing action to improve outcomes

In addition to measures to address the excess capacity in the estate, the group identified a number of generic issues that need to be addressed to deliver the vision for secure care. Some of these matters can be tackled immediately; others will be taken forward through the National Residential Child Care Initiative.

Recommendation 1: early and effective intervention

We recommend that local authorities and their partners are supported to develop and deploy an effective range of interventions to ensure secure care is used only when it is necessary.

³³ See <http://www.scotland.gov.uk/Publications/2009/01/13095148/0>.

The group found good evidence of cost-effective community-based provision that has effectively addressed the needs and risks of young people with recourse to secure care. In particular, the evaluation of Intensive Support and Monitoring Services in the seven phase one local authority areas has demonstrated improved outcomes for young people, and resulted in a reduction in demand from the children’s hearings system for secure care. This is discussed in more detail in annex C.

The group identified two key challenges to the effective provision of community interventions. The first is around finding resource to invest in service development within the current financial climate. These services, while often less costly than secure care are by no means cheap; and the ending of ring-fenced funding has put pressure on statutory and non-statutory providers. However, we concluded that investment in alternatives was likely to prove cost-effective and recommend that any reduction in spending on secure care at a national and local level be reinvested to that end.

The second challenge is about promoting the use of community-based provision among decision-makers. It was clear from the examples that were shared with the group that this depends on strong relationships between social workers and decision makers at panels and courts. Communication and trust are important factors. For a decision maker to take the step of retaining a high-risk young person in the community, they must be reassured that the service is appropriate and effective. We recommend a concerted effort at a national and local level to support shared understanding around the use of community-based alternatives, with the aim of ensuring that secure care is only used when it is in the best interests of the young person.

Recommendation 2: commissioning

We recommend that secure care be a focus in the NRCCI work to develop a robust commissioning model, and that in the meantime purchasers and providers of secure care should come together to develop service specifications.

The group concluded that the existing “pay per place” model for the purchase and funding of secure places is problematic as it does not promote partnership, does not take account of peaks and troughs in demand, and does not facilitate the planning of services at an individual or strategic level. It does not promote effective external management when purchasers’ engagement with a provider is often sporadic. A “one size fits all” approach to procurement also hinders the delivery of personalised packages of care that deliver best outcomes for young people. As we have seen, a high break-even point and fluctuating market leaves provision vulnerable to pressures on viability.

The group has concluded that a nationally agreed commissioning strategy for secure care could bring significant benefits for young people and the services they receive. To more effectively meet the needs of Scotland’s young people, a proper dialogue between service commissioners and service providers based on a shared commitment to delivering best outcomes for young people, is essential. This needs to be set in a financial context that reflects the three year financial planning, commissioning and contracting cycle widely applied to public sector procurement in Scotland. We are aware of the work being undertaken by the NRCCI on commissioning, and have members who sit on that group. It makes sense to look at secure care as part of the wider spectrum of care for children in this context. Given the acute nature of the secure care estate, we would like to see early practical progress in this work.

In the meantime, we see no reason why those who procure and provide secure care should not come together, with regulators, to agree service specifications, roles, responsibilities and

accountability arrangements. This would provide a more transparent and robust basis for current arrangements, and begin the work that would underpin a formal commissioning strategy.

Recommendation 3: care planning and transitions

We recommend that good practice around care planning and transitions, in line with the principles of Getting it right for every child, be promoted; and that secure care be a focus in ongoing work to improve throughcare and aftercare for looked after children.

The group found that the investment in secure care often failed to yield maximum positive impact as a result of failure to plan and support a young person's journey from birth to adulthood. This is a generic problem facing those involved in provision of services to children. *Getting it right for every child* should provide the tools for the effective assessment and planning of children's needs from pre-birth. The group was particularly keen to see an emphasis on strengthening the formal and informal networks available to young people at each stage in their life, including appropriate support to parents. For looked after children, the recent report of the reference group on *Getting it right for every child in kinship and foster care*³⁴ identified key challenges around planning for permanence and its recommendations are relevant for all those working with young people in secure care.

Turning to secure care, it is clear that the successful transition into the community from secure care is essential to avoid readmission, prevent relapse behaviour and give young people and their communities the best possible chance for an improved future. Around 40 per cent of young people leaving secure care in Scotland move to other residential services. This indicates that facilities able to offer 'step down' and an appropriate environment for such young people are an essential part of provision. Recent international research³⁵ on young people leaving public care demonstrates that employment before age 18 is associated with positive employment outcomes at age 24, indicating that helping young people connect to the workforce prior to adulthood will have benefits later.

There are particular challenges to effective planning for young people in secure care. Admissions to secure care are, by their nature, often abrupt and unplanned. The increase in the proportion of young people coming into secure care from the courts has exacerbated this. The nature of secure care creates practical challenges to planning and transition. The foundation for sustainable change and learning can be achieved in a secure setting but applying newly learned behaviours and skills upon departure requires intensive support in the community to capitalise on the investment. Transition plans should be built on relationships that are significant to the young person and offer continuation of care with a consistent, trusted and reliable group of adults to avoid the move becoming another crisis situation. Plans should also involve other agencies that have a role to play in meeting needs, ensuring that new relationships are consolidated before previous support is withdrawn.

What this means is that planning for successful reintegration from secure care needs to happen on the first day of placement, or wherever possible before; and this must be a joint effort between young people and their families, their social worker and the secure care provider, linking in to other providers as necessary.

³⁴ This report is due to be published in March 2009.

³⁵ Urban Institute (2008). *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties* under contract HHSP233000010T for US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation.

There is a clear link between this recommendation and the first two recommendations. Firstly, effective transitions depend on the capacity of community-based services to respond to the need of young people. We heard good examples of how the development of 'step down' services has improved outcomes for young people. Secondly, the commissioning of secure care services needs to make clear expectations of, and funding for, planning and transition support. The experience of the Scottish Government's transitions fund³⁶ shows that individualised support for transition can make a big impact with relatively small amounts of funding. It is regrettable that this money is no longer available – a direct opportunity cost of tackling capacity issues in the estate. However, looking to the future, we believe that this kind of work should be integrated within the service specification for secure care and viewed as core business for all partners.

Recommendation 4: health and wellbeing

We recommended that urgent consideration is given by the Scottish Government, health boards and Community Planning Partnerships to strengthening access to universal and specialist health services; and to ensuring that health and education are active partners in care planning. We also recommend that the needs of those in secure care be given particular consideration in work undertaken by NRCCI to address needs and resources.

The group has heard a great deal about the needs of young people in secure care. They are, on every measure, the most vulnerable group in society. We were shocked to discover that, despite that, young people in secure care are often unable to access universal (including GPs, dentists and opticians) and specialist health services. Providers, in an effort to tackle that problem, find themselves procuring private services, effectively paying twice for provision and exacerbating the high cost of secure care.

Clearly, universal services have the lead role in providing for and protecting children and their families. The importance of early intervention here is central: children and young people should not have to wait until they are admitted to secure care to get the services they need. We heard how young people in secure had often been disengaged from school for years, and not accessing basic health services. It is therefore important that universal services, particularly health and education, are flexible enough to meet the needs of everyone in a community, including those who may be excluded because of their economic and social circumstances. At the same time, the group recognised the importance of the continued development of specialist services in the community, in particular improving availability of and access to Child and Adolescent Mental Health Services (CAMHS).

We believe that there is a strong moral and pragmatic case to be made for prioritising strengthening of access to health services for those in secure care. The time in secure accommodation is a unique opportunity to re-engage a young person and that opportunity must not be wasted. That is why we are recommending that urgent consideration is given at

³⁶ In 2007 and 2008, secure care providers were able to apply for support from the government's transitions fund. The fund was established to provide additional support for young people leaving secure care. It was not intended to replace the statutory care and support already available. The objectives of the fund were to provide additional help to vulnerable individuals returning to their communities following a period in secure care; to reduce the number of young people returning to secure care; and to provide continuity of support for young people going back to live in the community. The Scottish Institute for Residential Child Care (SIRCC) was commissioned to undertake research and evaluation of the fund in its first year of operation. SIRCC produced reports covering each of the seven secure care facilities in Scotland. These are not yet published but highlight some good practice in supporting transitions.

a national level to how access can be improved; and at a local level to encourage joined-up planning around high-risk young people to ensure their needs are being met.

Recommendation 5: analysis

We recommend that the use of secure care and the use of alternatives for those meeting the secure care threshold be carefully monitored over the next year to inform future decision making, with ongoing monitoring of progress towards achieving the vision of fewer young people in secure care.

The group found that efforts to understand the drivers behind trends in the use of secure care were frustrated by a paucity of data and evidence. In some cases this was because the quality of information was inconsistent. Sometimes the information we required was not collected at all, as in the case of the availability and use of alternatives to secure care. In the case of evaluating outcomes and cost-benefit, the difficulties reflect the very real challenge of identifying the contribution made by multiple interventions over a young person's life.

At the very least, we believe that it is important to monitor carefully the use of secure care and alternatives (where the secure threshold has been met) over the next year to inform future decision making. Looking to the longer term, the group recognised that the vision for secure care needs to be underpinned by a clear strategy at a national and at a local level outlining the steps necessary to achieve a reduction in the use of secure accommodation and transfer of funds to early intervention and alternative services. Having agreed these steps, progress towards achieving them might be monitored through inspection or annual returns. In addition to clarifying expectations and monitoring progress, this kind of process would help highlight what the obstacles to progress are and what else might be needed, in terms of policy, planning or practice, to overcome them. We recommend that this issue be considered further as part of the NRCCI.

Sustaining an effective secure estate

Short term

The group concluded that the vision for secure care depends on the continuation of a high-quality secure estate, which has the facilities and skilled staff to offer a nurturing and secure environment, services and specialist programmes that young people need. It is clear, however, that the current gap between income and cost is not sustainable. Therefore, in order to ensure a sustainable secure care estate while reducing unnecessary cost, it is proposed that there should be a planned reduction in the capacity of secure care.

Recommendation 6: targeted reduction in the capacity of the secure estate

We recommend that there be a targeted closure of 12 beds to bring the capacity of each of the independent secure care units down to 18 beds.

The group considered a range of options for achieving sustainability in the estate and these are set out in more detail in annex D. The group concluded, based on statistics and experience, that the secure estate could safely, and sustainably, be reduced from 118 places to 106. We had been informed by the two local authority providers that they have no plans to reduce their 16 places. Accordingly, we agreed that there needed to be a managed reduction in the independently provided places of 12. In considering the options for achieving reduction, we were mindful of a number of factors including geographical spread,

specialism (including gender-specific provision), headroom, operational feasibility, impact on staff and cost.

The consensus of the group, which included representatives of the three independent providers, was for closure of 12 beds (six at St. Mary's Kenmure, Bishopbriggs; six at St. Philip's, Airdrie) to bring the capacity of each of the independent units down to 18 beds. This would ensure reduced costs while maintaining geographical spread and gender specialism. Under the proposal, beds will be "mothballed" for the first year, with ongoing review. This means that provision will be reduced, but a core group of key staff will be retained to provide emergency cover if there is ever a short term need to increase capacity in the estate at short notice. Retained staff will be redeployed to work on improving transitional arrangements for young people leaving secure care. They will ensure that young people are in secure accommodation for the shortest appropriate time, and have the best chance of maintaining a successful transition back to the community, thereby contributing to our vision of reduced use of secure care by stopping the revolving door.

We recognise that this option is not likely to reduce the running costs of the secure state to the level that they are fully met by income. Accordingly we recommend that the Scottish Government continues to support the estate, but on the basis that savings from mothballing are maximised and redirected to supporting community-based provision for high-risk young people.

Medium to long term

Our vision is for a continued reduction in the demand for secure care, through earlier and effective intervention. The delivery of that vision requires change right across the system, and the impact will be far-reaching. One implication is that supply of secure care is likely to continue to outstrip demand. This means there will be a need to either reduce the number of beds in the estate permanently or to find a sustainable alternative use for the excess capacity. The group has considered the potential to redeploy the capital resource represented by the secure care estate to address needs of vulnerable young people, consistent with what would be in their best interests. In considering the options, the group was mindful of the principle of keeping children within their communities wherever possible.

Recommendation 7: mental health provision for high-risk young people

We recommend that an independent scoping study be commissioned to assess whether the provision of secure mental health facilities for young people would be a viable redeployment of part of the secure estate.

There has been a suggestion over a number of years that there is unmet need for young people with severe mental health issues and that a residential or secure setting would add value to interventions. This perception continues and the group therefore undertook some initial scoping work to assess the level of this need and how it would best be met. The group has concluded that, in line with an early intervention approach, the priority for investment should be in improving access to community-based services. Access to mental health services for those currently in secure care, and to professional advice and support for residential care staff in working with such young people, needs also to be strengthened.

However, there is evidence, as set out in paragraph 2.31, that there are young people with mental health problems and offending behaviour who would (and do in England) benefit from treatment in a secure environment. From the group's initial scoping, which included discussions with mental health specialists, we have identified two groups of young people that may benefit from locally delivered services within a secure inpatient service based in Scotland.

The first is a group of young people, mostly male, who are experiencing a psychotic episode or who have a diagnosis of psychosis and who have a co-morbid diagnosis of conduct or severe conduct disorder. Currently these individuals are sent to England, which tends to separate them from their communities and makes continuing contact with families and local services extremely difficult. The complex legal process involved in transferring a young person outwith Scottish jurisdiction can result in delays in treatment and create accountability issues for throughcare and aftercare.

The second is a group of young people (mostly female) who present a serious risk to themselves and others and who are at risk of developing a borderline personality disorder. These young people are often engaged in self-harming (cutting) behaviours, at serious risk of sexual exploitation, involved in interpersonal violence and/or present a serious challenge to services working with them. Failure to work with this group of people with emerging borderline personality disorder is costly to services when they reach adulthood in terms of relationship breakdown and continued attempts at self-harm.

Based on this identified need, we recommend that the time is right for an independent scoping study to assess whether there is a need for a secure inpatient service for young people in Scotland, and where this would be a viable redeployment of part of the secure care estate. The group believes that such a study would also help inform how the mental health needs of those in secure care (and wider residential and community-based acute services for children) could be better met. We envisage that should the case be made for a dedicated service, this would be an important source of expertise and support for addressing mental health needs across the secure care estate, and beyond. The study should be completed in time to inform planning of the estate for 2010-11.

Recommendation 8: drugs and alcohol dependency unit

We recommend that more priority be given in the implementation of the national drugs and alcohol strategies³⁷ to meeting the needs of young people, including those currently in secure settings.

The group has also considered whether there is unmet need for young people with chronic drug and alcohol issues that would be best addressed in a residential or secure setting. There is currently no specialist rehabilitation service in Scotland, although the group heard that some young people have used residential services in England. The study of drug treatment services in 2002, commissioned by the then Scottish Executive's Effective Interventions Unit³⁸ found that practitioners' views on the need for such services in Scotland differed. There is doubt about the need for residential services of this type, given the pattern of young people's addiction. Of those young people who appear before a children's panel³⁹ or court, some will have patterns of substance use which may have contributed to their offending behaviour. In most cases, however, the addiction issues are not the main referral

³⁷ Scottish Government (2008). *The Road to recovery: a new approach to tackling Scotland's drug problem*. See <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>.

Scottish Government (2008). *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*. See <http://www.scotland.gov.uk/Publications/2008/06/16084348/0>.

³⁸ Scottish Executive (2002). *Drug treatment services for young people: A research review*. See <http://www.scotland.gov.uk/Publications/2002/07/14972/7865>

³⁹ The Scottish Children's Reporter Administration reported that 1,462 young people out of a total of 50,314 referrals in 2007/08 were referred under Section 52(2) j of the Children (Scotland) Act for misusing alcohol or drugs. The figures may under report the level of drug and alcohol related problems as substance misuse is often a contributory factor to a referral on different grounds.

reason. The Health Advisory Service (HAS) review of 2001⁴⁰ suggests that ‘the majority of young adolescents are not dependent and so do not generally require detoxification’ (p. 45). The specialists that we consulted, while identifying a real need for services and interventions designed for young people, felt that it would be preferable to invest in community-based interventions rather than a specialist unit for young people.

Based on this initial assessment, we have concluded that, as with mental health, the priority must be to ensure sufficient access to community-based provision, including assessments, and to providing professional support to secure units in order to meet the needs of young people with substance use problems. We recommend that this issue is given higher prominence in the implementation of the Scottish Government’s drugs and alcohol strategies.

Recommendation 9: vulnerable young offenders continuum of care

We recommend that current good practice on retaining vulnerable young people in the children’s hearing system and ensuring access to services appropriate to their age and stage of development, should be promoted among local authorities, panels, prosecutors and courts. We also recommend a particular focus on the development and use of community-based responses to young people who are prosecuted through the courts.

The group has considered whether secure care offers an alternative for young people under 18 who are currently held in prison. In exploring this, the group agreed the principle that young people who are in conflict with the law should, wherever possible, be dealt with in a welfare rather than a criminal justice context, and that the welfare focus of secure care must be maintained. Strong arguments, based on principle, practice experience and research evidence, can be put forward for keeping young people of this age out of prison, while continuing to offer them appropriate education, training and the kind of personal and social support that will help stabilise them and discourage them from offending in the future. This view is reflected in *Scotland’s Choice*, the 2008 report of the Scottish Prisons Commission,⁴¹ and work on the issues surrounding 16 and 17 year olds will be taken forward by the Offender Management Programme Project Implementation Board for young offenders. Accordingly, we have undertaken initial scoping work looking at (a) practice change, which would result in more vulnerable young people being kept on supervision and retained in the children’s hearings system up to age 18, and therefore able to access services appropriate to their age and development; (b) proposals for transferring the most vulnerable young offenders from prison to secure care; and (c) redevelopment of part of the secure care estate to provide hybrid provision for older young people who offend.

The group has concluded that the best way to prevent vulnerable under 18s being imprisoned is to retain them in the children’s hearings system so that they can continue to benefit from interventions suited to their age and development. We have heard about good practice where youth justice and adult justice teams work together to ensure appropriate interventions for young people and believe this should be promoted. We welcome the recent Scottish Government decision to retain sentenced young people under 16 in secure care until their 18th birthday.

Where young people do end up in the criminal justice system, the group believes that they should be diverted from custody, whether in secure care or the prison estate, wherever possible. We have seen evidence that the use of secure care for remands is increasing,

⁴⁰ Health Advisory Service (HAS) (2001). *The Substance of Young Needs*. See <http://drugs.homeoffice.gov.uk/publication-search/young-people/Health-advisory-service-report>.

⁴¹ See <http://www.scotland.gov.uk/Publications/2008/06/30162955/0>.

despite the fact that the unplanned and short-term nature of such placements severely limits the potential for positive work with the young person to mitigate the disruption to both the individual concerned and the other young people in the secure care unit. We heard examples where remand placements, sometimes as a result of relatively minor breaches, have derailed positive engagement in ongoing community-based work with the young person. As in the adult prison population, a significant proportion of those remanded to secure care do not end up being given a secure sentence. The increase in remands has also had a serious and unplanned impact on local authority budgets, limiting the opportunity to develop potentially more effective alternatives.

We have heard about innovative work to provide alternatives to remand for young people coming before the courts. This includes using the Intensive Support and Monitoring Services model (as discussed above) to provide a robust alternative to custody. Critical to the success of such initiatives is the provision of robust services, and the development of strong relationships based on trust and communication between social workers, service providers and the courts. We recommend that learning and good practice from these projects be disseminated and widely adopted to minimise unnecessary remands.

We have considered whether it would be possible to transfer vulnerable under 18s in prison, for example young women and those with disabilities, into secure care to make use of vacant places. This would require changes to primary legislation and would raise significant equity issues. Consultation with young people also suggested that such a change would be experienced as disruptive and unfair. Accordingly we have concluded that it is better to divert these young people away from prison in the first place, either by retaining them in the children's hearings system or, where they are in the criminal justice system, by prioritising them for community-based alternatives to custody.

Finally, we considered whether part of the secure care estate could be redesigned to provide a hybrid model that would provide a more effective response to the needs and risks of young people who offend, and who are currently either at the upper age end of the secure care population or in the prison estate. We concluded that there was not currently sufficient demand to make such a service sustainable and that, in any event, we should guard against developments that might promote movement of young people more rapidly through the care system and into the "offender" system. However, this is something that should be kept under review in light of changing practice around retaining vulnerable young people in the children's hearing system. In this context, the group supported efforts by some secure providers to develop services aimed at young adults (for example, KibbleWorks) and felt this could be progressed as part of a service specification for secure care. We also welcomed the commitment of the Scottish Prison Service to review and improve their arrangements for the care and management of young people in custody⁴², and we support efforts to embed joint working around case planning and best practice between staff in young offenders' institutions and those in the secure care estate.

⁴² We understand that a new hall with 137 cells is due to open at HM Young Offenders Institution Polmont in October 2009. In keeping with the principles of the UNCRC, the Scottish Prison Service is investigating the possibility of accommodating 16 and 17 year olds currently sent to Polmont separately from those over 18 years old.

PART FOUR: CONCLUSIONS

The group has grappled with many difficult matters over the last few months, including the philosophical issues around the use of secure care; the impacts of, and evidence for, different forms of intervention to meet the needs and manage the risks presented by children and young people; the legal environment; the economic factors; the links between youth and criminal justice systems and the complex relationships between stakeholders.

Despite the complexity of the issues, the group has sought to deliver a set of concrete and manageable recommendations which, if all stakeholders play their part, are not only achievable, but support the efforts of those delivering children's services in Scotland to improve outcomes for children and young people.

Not all of the recommendations can be implemented overnight, but there are some that can begin to take effect immediately. Others will take longer and there will need to be sustained effort to maintain momentum and commitment to delivery. Each of the members of the group is committed to working with their own organisation, and partners, to make the case for change. We hope that in responding to the report, the Scottish Government and COSLA, along with its statutory and third sector partners, will grasp this opportunity to secure a better future for Scotland's most vulnerable young people and their communities.

ANNEX A

SECURE CARE PROVISION AND CAPACITY IN SCOTLAND

| | No. of beds | Type of provision | Opened/ redeveloped |
|---|-------------------------------|-------------------|-----------------------------|
| Edinburgh Secure Services, Edinburgh | 12 | Mixed | Reconfigured in spring 1985 |
| Kibble Safe Centre, Paisley | 18 | Boys | July 2007 |
| Rossie secure accommodation services, near Montrose | 24 (18 from February 2009) | Mixed | Redeveloped in March 2009 |
| St. Mary's Kenmure, Bishopbriggs | 24 | Mixed | Redeveloped in June 2000 |
| St. Philip's secure unit, Plains, Airdrie | 24 | Boys | March 2006 |
| The Elms, Dundee | 4 | Mixed | June 2000 |
| The Good Shepherd Centre, Bishopton, Renfrewshire | 18 | Girls | August 2006 |

What the units offer

All seven of Scotland's secure care units are registered and approved to offer care and education. Some of them offer specialist programmes to address offending behaviour, violence, and problem drug and alcohol use. Three of the units offer gender-specific services: Kibble and St. Philip's are units for boys and young men and the Good Shepherd Centre is for girls and young women.

The Elms in Dundee is a four bed secure facility attached to a large residential unit. Almost all admissions to The Elms come from Dundee City. The Elms is registered to care for boys and girls, but for a time-limited period. The Elms offers the possibility of short-term crisis intervention and while its facilities and functions are limited by its size, they are fully integrated into the wider continuum of services provided by the local authority.

Edinburgh Secure Services is made up of Howdenhall and St. Katharine's centres. It originally opened in the mid 1970s as Lothian region's assessment centre. In spring 1985, it was reconfigured to become a five-bedded secure unit with five open beds attached. The new Howdenhall Centre was opened in November 2003. St. Katharine's Centre opened in

October 1994 and has six secure places plus one reception room. It also has two five-bedded open units attached. Almost all admissions to Edinburgh Secure Services come from the City of Edinburgh.

Kibble Safe Centre is a secure children's home with education provision. The facility is sited on a spacious campus which houses small residential units, day units, educational and recreational facilities.

Rossie secure accommodation services currently has 24 mixed beds, but when redevelopment is complete in March 2009, it will have 18 beds.

St. Mary's Kenmure is one of three secure providers owned by the Cora Foundation, a Catholic charity. The other two are St. Philip's and the Good Shepherd Centre. An education centre, administration centre, catering centre and five house units are grouped around a large central courtyard, containing an outdoor recreation centre. A sixth house unit provides non-secure care.

St. Philip's secure unit is made up of four house units, each providing secure residential care and education for six young men. The six bedrooms are centred around a living/dining/kitchen area with each house unit having a visiting and activities room.

The Good Shepherd Centre is made up of three six-bed house units, an education facility, a recreation facility, a health and admissions facility, an administration and training facility and a catering facility.

ANNEX B

SECURE ACCOMMODATION STATISTICS

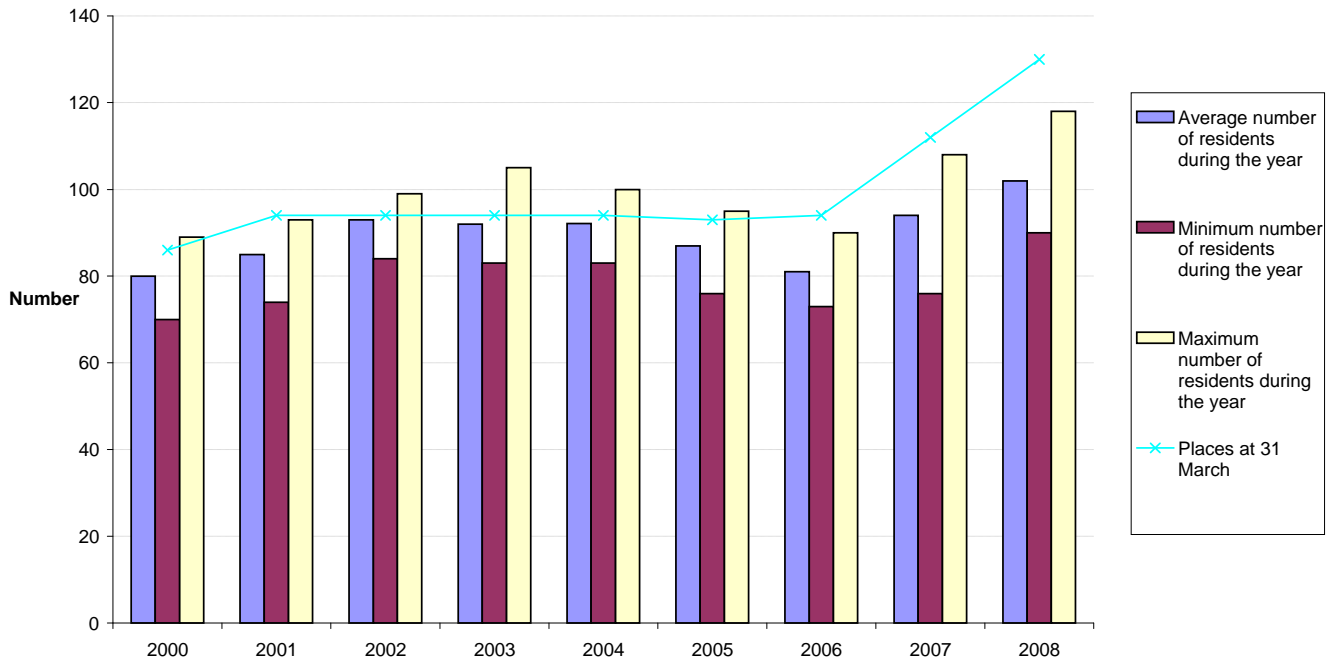
To understand trends in the use of secure care, the working group considered secure accommodation statistics⁴³ from 1999-2000. However, the group based its recommendations on more recent figures. This is because mechanisms have been introduced since 2005-06 to help reduce recording errors. Since 2005-06, the secure accommodation figures tell us that:

- The highest number of residents in secure care was **118** (on 31 March 2008). *N.B. Data on admissions, discharges and the number of young people in centres on 30 and 31 March was affected by the temporary closure of St. Mary's Kenmure, as some young people were counted twice when they transferred from St. Mary's Kenmure to other centres.*
- Before the closure of St. Mary's Kenmure, the highest number of residents in secure care was **112** (on 8 November 2007).
- The lowest number of residents in secure care was **73** during a range of dates between 25 January 2006 and 5 February 2006.
- The average number of residents in secure care during 2007-08 was **102**.
- The lowest number of girls/young women in secure care was **18** from 1 – 3 April 2006.
- The highest number of girls/young women in secure care was **37** from 7 – 23 October 2005.
- The lowest number of boys/young men in secure care was **47** from 22 – 23 November 2005.
- The highest number of boys/young men in secure care was **84** during a range of dates between 30 October 2007 and 29 November 2007.

⁴³ The Scottish Government produces secure accommodation statistics annually. These are subject to continuous improvement processes in collaboration with providers.

Figure 6.1:

Places at 31 March and average, minimum and maximum number residents during the year 1999-00 to 2007-08



Notes:

The highest average number of residents during a year was 102 in 2007-08. Some young people were counted twice on 30 and 31 March as residents transferred from St. Mary's Kenmure to other units. The incident at St. Mary's Kenmure should not have had much of an impact on this figure.⁴⁴

The minimum and maximum number of residents were also highest in 2007-08, following a similar pattern to the average. However, some children were counted twice on 30 and 31 March 2008 as residents were transferred from St. Mary's Kenmure to other units so this will have affected the maximum figure.

⁴⁴ Kerelaw closed in March 2006 and St. Philip's opened in March 2006. The Good Shepherd Centre opened in August 2006. Kibble opened in July 2007. St. Mary's Kenmure was temporarily closed from 30 March 2008, which reduced the number of places available to 100, but young people were still reported as being in this centre at the end of the month. Consequently, some young people will be counted in admissions for other centres for 30 -31 March 2008 without having been recorded as discharged by St. Mary's Kenmure.

Young people can be admitted and discharged more than once during the year.

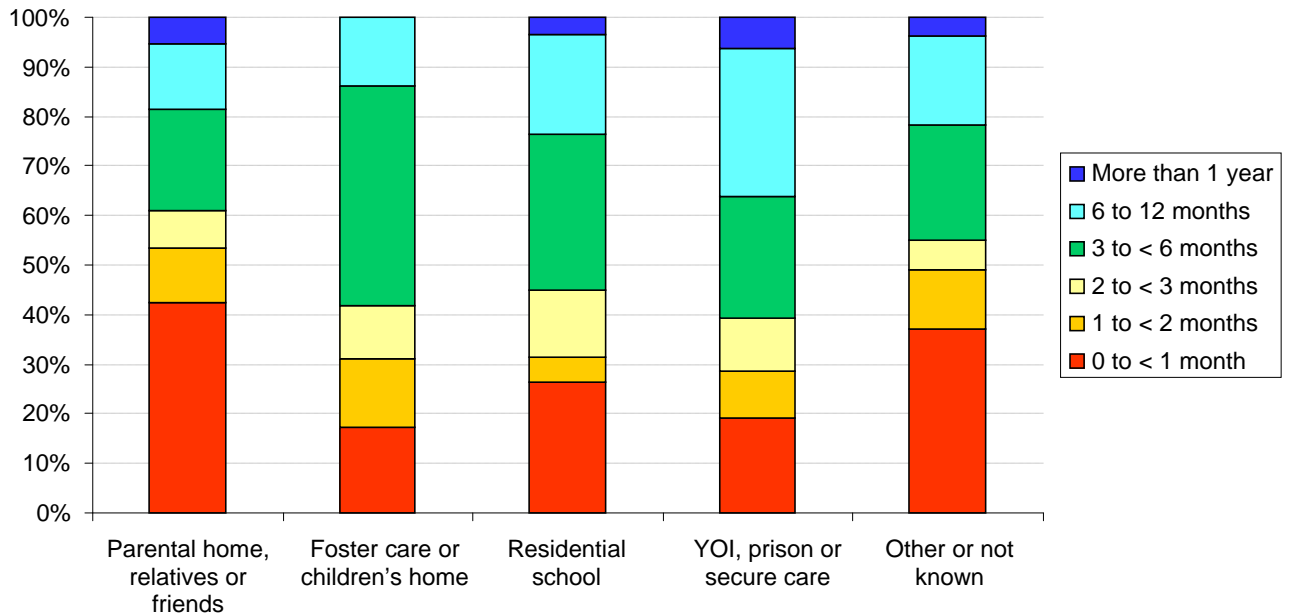
Average, maximum and minimum number of residents decreased in 2005 due in part to improvements in data reporting.

Figure 6.2:**Young people admitted to or discharged from secure accommodation during the year ending 31 March 2004-2008 by age and length of stay**

| NUMBER | Statistics relating to the year ending 31 March | | | | |
|--|---|-------------|-------------|-------------|-------------|
| | 2004 | 2005 | 2006 | 2007 | 2008 |
| Gender of residents | | | | | |
| Males | 155 | 197 | 188 | 211 | 251 |
| Females | 87 | 75 | 63 | 96 | 95 |
| Total | 242 | 273 | 251 | 307 | 346 |
| Admissions during the year (by age on admission) | | | | | |
| 13 years old or under | 52 | 41 | 33 | 38 | 38 |
| 14 years | 61 | 69 | 64 | 79 | 75 |
| 15 years | 103 | 134 | 126 | 136 | 151 |
| 16 years or over | 26 | 29 | 28 | 54 | 82 |
| Total | 242 | 273 | 251 | 307 | 346 |
| Discharges during the year (by length of stay on discharge) | | | | | |
| Less than 1 month | 56 | 87 | 73 | 86 | 107 |
| 1 month to under 2 months | 23 | 21 | 18 | 30 | 32 |
| 2 months to under 3 months | 21 | 24 | 27 | 26 | 33 |
| 3 months to under 6 months | 71 | 85 | 83 | 75 | 90 |
| 6 months to under 1 year | 35 | 53 | 42 | 52 | 56 |
| 1 year or more | 30 | 11 | 9 | 9 | 17 |
| Total | 236 | 281 | 252 | 278 | 335 |
| PERCENTAGE | | | | | |
| Gender of residents | | | | | |
| Males | 64% | 72% | 75% | 69% | 73% |
| Females | 36% | 27% | 25% | 31% | 27% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Admissions during the year (by age on admission) | | | | | |
| 13 years old or under | 21% | 15% | 13% | 12% | 11% |
| 14 years | 25% | 25% | 25% | 26% | 22% |
| 15 years | 43% | 49% | 50% | 44% | 44% |
| 16 years or over | 11% | 11% | 11% | 18% | 24% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Discharges during the year (by length of stay on discharge) | | | | | |
| Less than 1 month | 24% | 31% | 29% | 31% | 32% |
| 1 month to under 2 months | 10% | 7% | 7% | 11% | 10% |
| 2 months to under 3 months | 9% | 9% | 11% | 9% | 10% |
| 3 months to under 6 months | 30% | 30% | 33% | 27% | 27% |
| 6 months to under 1 year | 15% | 19% | 17% | 19% | 17% |
| 1 year or more | 13% | 4% | 4% | 3% | 5% |
| Total | 100% | 100% | 100% | 100% | 100% |

Figure 6.3:

**Length of stay on discharge by placement before admission
for those discharged between April 2006 and March 2008**



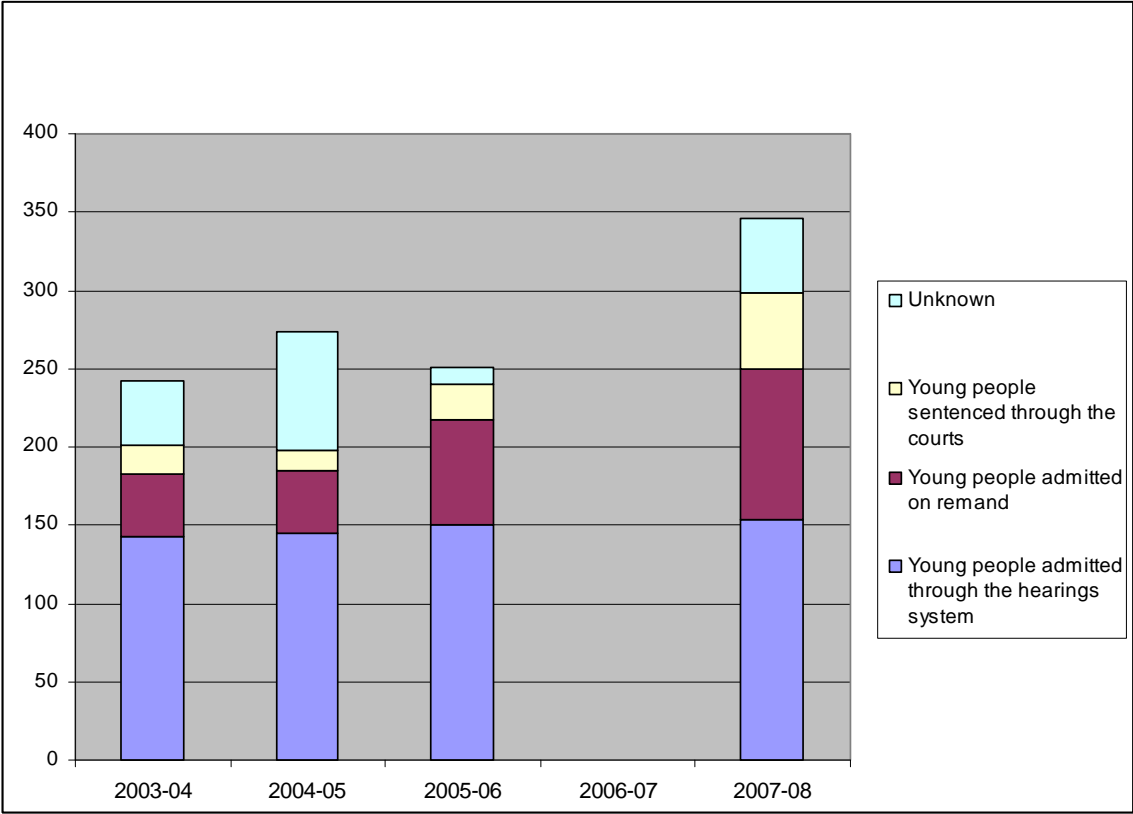
Notes:

The length of stay of young people in secure care appears to be related to their placement before admission.

Young people admitted from living with their parents, relatives or friends tended to have shorter stays, with more than half staying for under two months. Those admitted from placements away from home tended to be admitted for between 3 and 12 months.

Figure 6.4:

Admissions to secure accommodation through the hearings system, on remand, or sentenced by courts, 2003-04 to 2007-08



Notes:

The number of young people admitted to secure care through the hearings system has stayed roughly constant since 2003-04.
The number of young people admitted on remand or after being sentenced by the courts more than doubled between 2005-06 and 2006-07.
Due to an error in the census form, no data on secure admissions for 2006-07 is available.

ANNEX C

INTENSIVE SUPPORT AND MONITORING SERVICES

Intensive Support and Monitoring Services (ISMS) were introduced by the Antisocial Behaviour, etc. (Scotland) Act 2004 and the Intensive Support and Monitoring (Scotland) Regulations 2005, and initially came into force in April 2005 for seven phase one local authorities. Since April 2008, all local authorities in Scotland have had the option of providing intensive support and electronically monitored movement restrictions as an alternative to secure care.

Before imposing such a restriction, a children's hearing must be satisfied that Section 70 (10) conditions of the Children (Scotland) Act 1995 are met – the same criteria used for placing a child in secure accommodation. The disposal puts a young person on a movement restriction condition (MRC), which is monitored by the use of an electronic tag.

Service models

ISMS is a complex package of care and supervision⁴⁵ tailored to meet the needs and risks of an individual young person. The local authority has the lead role in coordinating the statutory social work, education and health inputs as well as directly providing or commissioning intensive support. While a movement restriction condition cannot be implemented without intensive support services, children's hearings can impose a supervision requirement that includes intensive support without a movement restriction condition.

Evidence base

ISMS have been subject to stringent evaluation processes from the outset and these have led to the accumulation of a robust evidence base. Evidence from the evaluation of the first phase of ISMS⁴⁶ showed that most of the positive outcomes attributed to ISMS were perceived by social workers and carers to be a consequence of the range of interventions that make up the intensive support facet of the package, rather than the movement restriction condition.

The compulsory engagement of young people with services and support and the length and consistency of support were considered to be particularly valuable aspects of the package. However, the movement restriction condition was seen to have a positive contribution in certain types of cases, for example, in allowing young people to develop credible reasons for not engaging with offending peers. Some of the young people interviewed appeared to reduce risky behaviours because of the potential consequences of not meeting the ISMS conditions. Practice has developed in line with this learning with more targeted and focused

⁴⁵ The key features of effective intensive support are:

- one-to-one support available flexibly and in response to needs at the time and place;
- structured input of up to 50 hours per week;
- access to education or training;
- full risk/needs assessment, e.g. substance misuse, mental and physical health problems;
- rapid 24-hour access to unplanned crisis support at any time of night or day through telephone contact or in person where required;
- effective partnership work with families/carers and key support workers as well as the young person.

⁴⁶ Scottish Government (2007). *Insight 39: Evaluation of Intensive Support and Monitoring Services (ISMS) within the Children's Hearings System*. See <http://www.scotland.gov.uk/Publications/2007/12/07154352/0>.

use of the movement restriction condition. There has been 81 per cent compliance with the movement restriction condition.

All three evaluation studies⁴⁷ from phase one indicated that ISMS and Intensive Support Services (ISS) programmes have improved outcomes for a significant number of young people in terms of reduced offending, improved attendance rates on programmes, reduced absconding and reduced substance misuse. In year two, 83 per cent of young people reduced their offending.

High-risk young people can be managed in the community with the appropriate structures and supports in place. Structured timetabled interventions had a 66 per cent attendance rate although the evidence indicates it is more effective with young men than young women.

Partnership work has been key to the success of ISMS and any similar services should have the commitment of statutory services alongside partners in the third sector. The multi-agency approach is considered effective by 98 per cent of workers.

Known impact of ISMS on use of secure care

Since 2005, Glasgow City Council has reduced the number of admissions to secure care through the children's hearings system by 45 per cent by using ISMS as a direct alternative. 64 per cent of girls and young women were admitted to secure care through the children's hearings system as opposed to 28 per cent of boys and young men.

However, the use of secure care for remands has increased from 45 per cent to 67 per cent over the same period. The increased capacity in the secure estate means that secure care is more readily available to the courts when considering a period of remand. In the case of all young people under 16, and 16 and 17 year olds subject to supervision requirements through the children's hearings system, social workers are required to inform the court of the availability of a secure bed.

ISMS as an alternative to remand

The group found that there has been a 22 per cent increase in the number of remands since 2005 and that secure places are not always available for those most in need of them. In some instances young people can be remanded for relatively low tariff offences (e.g. breaches) and may create or be contaminated by negative peer influences. Evidence suggests that up to 47 per cent of remands do not convert to a custodial sentence. Remand placements can also disrupt education, training or work placements, limiting future prospects.

ISMS could be used as an alternative to remand for moderate to high-risk young people under 18 years of age for whom bail is opposed, and as well as diverting young people from custody, it may provide the motivation for young people to succeed and gain control over their lives. Young people inevitably have to take more responsibility for managing their own behaviour in the community than they would during a period of remand.

There is strong evidence to support the development of community-based interventions as an alternative to remand. However, there is a need to do further research and develop evidence-based gender specific services for girls and young women.

⁴⁷ Hill M. and Khan F. (2007). *Evaluation of Includem's Intensive Support Services*. See http://www.strath.ac.uk/media/departments/glasgowsofocialwork/docs/researchprojectsdocuments/media_81947_en.doc.

ANNEX D

REDUCING CAPACITY IN THE SECURE ESTATE

The group concluded early on that “do nothing” was not a viable option. Without ongoing subsidy, and with unfilled spaces (and therefore losses) spread across the estate, all three providers could quickly become unsustainable and be unable to continue operations. This could result in major loss of capacity across the sector, forcing a crisis as the needs of high-risk young people would go unmet. However, it was equally clear to the group that continuing to subsidise the sector at current levels was not a good use of resources, and the representatives on the group from the providers were very clear that they and their staff had no interest in running services that were not needed.

Accordingly, the group turned its mind to considering the options for a managed reduction in the estate, as follows:

- ***Close a whole facility***

What is involved?

- Closure of one of the five independent 24-bedded or 18-bedded facilities

What are the benefits?

- Managed reduction in size of the estate
- Relatively straightforward to achieve
- Reduces pressure on other facilities, making them more sustainable
- Encourages development of alternatives to secure care

What are the risks?

- Takes total places below 106: too few based on current trends
- Loss of a large numbers of experienced and qualified staff
- Capital and redundancy costs for facility affected
- Irrevocable: no possibility of reopening the facility if needed
- Increases pressure on alternative provision
- Potentially affects geographical spread of facilities and availability of specialist provision
- Potential loss of investment in estate redevelopment programme

- ***Shared reduction of places***

What is involved?

- All five independent facilities reduce their capacity by ‘mothballing’ two or three places for 12 months

What are the benefits?

- Managed reduction in size of the estate
- Takes total places to 106: would meet needs based on current trends
- No compulsory redundancies: staff reduction achieved through natural wastage
- Easy to revert back to full provision if required
- Less politically sensitive as does not involve closure of a facility

What are the risks?

- Not cost-effective: capital and staffing costs will remain largely unchanged so

- only minimal savings achieved
- Could result in loss of some specialisms (units dealing with sexually harmful behaviour, young people on remand, those staying for longer periods)

- **Targeted reduction of places**

What is involved?

- The two 24-bedded facilities, St. Mary's Kenmure and St. Philip's, reduce their capacity by each 'mothballing' six places for 12 months (one unit at each facility), resulting in five 18-bedded facilities

What are the benefits?

- Takes total places to 106: would meet needs based on current trends
- Staff affected could be redeployed to work on supporting transitions, potentially covering most of the secure care estate
- St. Mary's Kenmure and St. Philip's could reopen and staff the mothballed units at short notice if required, providing crucial flexibility

What are the risks?

- Some redundancy costs
- Viability of Good Shepherd Centre is still a concern as the numbers of girls' places available within the estate will be unaffected
- Could result in loss of some specialisms (units dealing with sexually harmful behaviour, young people on remand, those staying for longer periods)

The group also considered whether our objectives could be met by nationalisation of the secure care estate. The group ruled this option out on the basis that this would be contrary to the effort to strengthen the relationship between local commissioners of children's services and the secure providers. We were also cognisant of the salutary lesson from the prison service of what happens when there is no incentive on decision-makers/shapers to manage resources. In practical terms, nationalisation would require a top-slicing of local authority budgets which is unlikely to be politically tenable.



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