Summary of key findings from collaborative work between the Care Inspectorate and the Mental Welfare Commission – secure services for children

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There are five secure accommodation services across Scotland. During 2014-15, the Care Inspectorate and the Mental Welfare Commission worked together during the inspections of these services.

Care Inspectorate inspections suggest that these services are, overall, providing very good or excellent care. The Mental Welfare Commission found for this very complex group of young people, that their mental health needs, on the whole, were being met.

Background

The mental health needs of young people looked after in residential care settings have been part of a national agenda for some years, with a clear commitment, nationally, to improving mental health services for young people in Scotland. Various national reports have identified that young people accommodated in care settings, including secure care services, have a higher rate of mental health difficulties than in the wider population. Significantly, the Care Inspectorate has observed an increase in the number of young people with mental health issues in secure accommodation.

There are five secure accommodation services across Scotland. These are:

- St. Mary's Kenmure Secure Unit
- Kibble Safe Centre
- Edinburgh Secure Services
- Rossie Secure Accommodation Services
- Good Shepherd Centre, Bishopton.

The services provide a total number of 90 secure places, plus some emergency provision. Young people can be placed in secure care on an emergency basis with the approval of the Chief Social Work Officer (CSWO), through the Children's Hearing system or the court system. Young people in secure care can remain there up to their eighteenth birthday.

The Mental Welfare Commission for Scotland and the Care Inspectorate are members of the National Preventative Mechanism (NPM), the body designated by the UK Government as a signatory to OPCAT, an international human rights treaty designed to protect the rights of people deprived of their liberty, including young people placed in secure accommodation. Through this link, the Mental Welfare Commission and the Care Inspectorate are aware of common themes relating to accommodated young people, particularly those placed in secure care. Care Inspectorate inspection activity found anecdotal evidence of secure services not feeling supported by child and adolescent mental health services (CAMHS). The Mental Welfare Commission also noted an increasing number of contacts, in recent years, in relation to individual young people with complex needs who have been in secure care and who require significant input to meet their mental health care needs.

Following discussion through the NPM, the Mental Welfare Commission and the Care Inspectorate agreed to undertake joint visits to the five registered secure care services in Scotland in accordance with the duty of co-operation under Section 114

of the Public Services (Scotland) Reform Act 2010. The Mental Welfare Commission and the Care Inspectorate met with the secure care providers before the inspections/visits to inform them of the plans and to answer any questions they had. The Care Inspectorate carried out inspection of the services in line with their published methodology. The Mental Welfare Commission, in accordance with the duties under the Mental Health (Care and Treatment) (Scotland) Act 2003, looked specifically at the care and support provided to those young people who had identified mental health problems and who were in contact with, or had been referred, to CAMHS.

The announced visits to the five services took place between November 2013 and January 2014. In preparation for the visits, the services provided relevant information relating to young people in their care. The Care Inspectorate on-site inspections spanned two days, with the Mental Welfare Commission joining the process on the second day.

There were 65 young people in secure care at the time of the visits, and 35 (54%) were receiving specialist mental health input or had a diagnosable mental health disorder. The Mental Welfare Commission spoke with, and accessed the records of, 27 of these young people individually. A further eight young people chose not to be interviewed but their records were also reviewed. The Care Inspectorate spoke with managers and staff within each service and ascertained their knowledge and understanding of young people's mental health. The Care Inspectorate looked at how each service accessed psychiatric and psychological support for young people and at how this was reflected within care and behaviour management plans. The Mental Welfare Commission spoke with staff about each individual young person, to ascertain understanding of the young person's mental health needs and how these were being addressed both internally, by staff on site, and externally, by CAMHS from local area or the young person's home area.

Key findings

The journey into a care setting, including secure care was frequently complex. Many young people in secure care settings are placed outwith their home authority. Their journey is likely to include admission from and into other residential settings or, for those young people completing a custodial sentence, to a young offenders' institution. The understanding of reasons for admission and sharing of information between agencies and the secure care service is vitally important, as are the transitional arrangements from the service.

Young people may have experienced a number of moves before admission to secure care, and transitions pose challenges to services in providing consistency. We found that the transition arrangements could be improved, particularly at the point of admission and around the known mental health needs of young people. There was a lack of continuity of mental health care for some young people who had an identified mental health problem prior to, and during, their time in secure care accommodation.

Information about young people's mental health needs and supports in place were not always communicated to primary care services at the point of discharge from secure care.

An initial health assessment usually took place within 72 hours of admission to secure care. Generally, care plans were informative and person-centred. Review of case files showed separate entries on the mental health of each young person and included, where appropriate, multi-disciplinary review notes. There was evidence that appropriate information about a young person's mental health difficulties was not always being shared between residential care staff. From young people's perspective, there was a lack of clarity about which staff members knew about their mental health needs and treatment. This was understandably a very important issue for young people.

There was good evidence that the five secure services actively supported young people and had provided resources to do so. Most services have dedicated mental health teams who link with CAMHS or who sought to provide in-house assessment and interventions as part of the provision of the secure care service. Nurses employed by the services played a pivotal role in conducting initial health assessments and making referrals to specialist support services.

The provision and access to CAMHS was mixed. Generally, there was evidence of effective communication between professionals providing mental health support and secure accommodation care staff. Significantly, young people felt that this was an important aspect of their care needs being met.

Although the interface with CAMHS to ensure a personalised intervention – either directly by CAHMS or when carried out by the staff of the secure care service staff – is critically important, there was a general lack of clinical overview of the intervention and treatment models promoted by and delivered by secure care services. We also felt that providing independent advocacy would be an important support for young people in involving them in their treatment decisions and plans.

Across all five secure care services, young people had opportunities to access independent advocacy. However, this could be improved and developed, particularly for young people with identified mental health issues.

Young people in crisis felt they were well supported by secure care staff members.

What next?

This was a good example of collaborative work that allowed sharing of resources leading to improved understanding for the Mental Welfare Commission and the Care Inspectorate of the issues for young people with mental health needs in secure care services. The key findings from the Mental Welfare Commission report will inform the ongoing regulation and improvement work by the Care Inspectorate of secure care services. This will help the Care Inspectorate to examine, through future scrutiny work, specific areas of mental health care.

The Mental Welfare Commission will include visits to secure units in its future focused-visit programmes and will also look at developing its focus on the issues identified during the collaborative visits. This process will include how contacts with parents and carers can be developed.

The Care Inspectorate and the Mental Welfare Commission are committed to working together to improve the outcomes for young people. Both organisations will take the opportunity to identify other possible areas of collaborative work, including inspection and visits to residential care services for children and young people. We will also work collaboratively in supporting and improving policy and practice development at strategic and service level. The Care Inspectorate will also consider how best to improve our links with parents and carers of all young people who are accommodated in a secure care service.

The reports on the inspections from the Care Inspectorate can be found on www.careinspectorate.com and the report following the visits by the Mental Welfare Commission can be found at www.mwcscot.org.uk/media/203241/visits_to_young_people_in_secure_care_settings_final.pdf

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