




Secure care pathway review

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Colour key

-  Before secure care: standards 1 to 14
-  During secure care: standards 15 to 37
-  After secure care: standards 38 to 44



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the heart of what we do**

Introduction

Secure care

Secure care accommodation is a type of residential care that restricts the freedom of children and young people under the age of 18 years. It is for the small number of children and young people who may be a significant risk to themselves or others in the community, and where it has been determined by a children's hearing together with a chief social work officer or by a court that their needs and risks can only be managed in secure care's controlled settings. Secure care aims to provide intensive support and boundaries to help young people move forward positively in their lives while keeping them and/or other people safe.

Each year in Scotland, only a small number of children and young people live in secure care. They are almost always those who have had significant adverse experiences throughout their childhood such as bereavement and loss, trauma, exposure to violence, abuse or neglect. Many have additional support needs including difficulties with communication.

In 2021- 2022, there was an average of 41 **young people** from Scotland living in secure care at any one time and a further average of 33 young people from other parts of the UK. There are currently four secure care centres in Scotland providing 78 places for children and young people.

More information about what secure care is and its use in Scotland can be found in appendix 1.



When we say young people, we mean children aged 12 to 18 and care leavers up to the age of 26. We use the term young people rather than children through the report because at the start of the review most of the young people in our sample were age 15 or over and a few were aged 18 and therefore this term better reflects the young people we met during the review.

Why we carried out this review

In October 2020, the Scottish Government published the **Secure Care Pathway and Standards**, with aspirations to transform secure care. This was in the context of widespread concern that outcomes for children and young people with care experience needed to improve. Attention was given to secure care through the development of the pathway and standards in recognition of the complexity of the needs of young people in and on the edges of secure care, and the magnitude of decisions which result in them being deprived of their liberty.



When we say young people on the edges of secure care we mean young people who are receiving support to help prevent them from moving to secure care, and young people who have recently moved out of secure care accommodation.

The Pathway and Standards aim to improve the experiences and outcomes of young people in secure care at all points of their journey from the community to secure care and afterwards. They also aim to improve the experiences of young people on **the edges of secure care**. They were developed collaboratively with young people who have experience of living in secure care. They set out what young people should expect to receive from services before, during and after they are placed in secure care. They are designed to specifically focus on the joint delivery of the right services at the

right time locally, to prevent children needing to move to or return to secure care wherever possible.

The Standards are directed at all practitioners, agencies and **corporate parents** working with children in or on the edges of secure care and were also intended to inform and underpin future inspection. They closely align with the [United Nations Convention of the Rights of the Child \(UNCRC\)](#), the messages from the Scotland's independent care review (**the Promise**) and the **health and social care standards**.

This review builds on the work of the Children and Young People's Centre for Justice (CYCJ), as outlined in their report "[Secure Care Pathway and Standards Scotland: The journey of implementation April 2023.](#)"

How we approached this review

All providers of care services for children must register with the Care Inspectorate. We have a duty to regulate those services, report on their quality, investigate any complaints and help support improvement where needed. The Care Inspectorate carries out regular inspections of each secure care service in Scotland. These inspections focus on the quality of that service, the work that staff in the service do to support young people in their care and the contribution of that service to achieving good outcomes for young people. This review benefited from the insights contained within the inspection reports and the knowledge of the inspectors in our regulatory team.

This review did not evaluate the performance of any individual service. Rather, it complements the work of our regulatory team by considering the experience of young people and the range of services supporting them throughout their care journey, that is before, during and after secure care. We know that outcomes for young people may be impacted by decisions, actions and inactions by a range of people outside the individual care service and by the availability and effectiveness of support provided to their families.

The aims of this review were twofold. They were to:

1. understand how young people experience secure care.

“There is limited information about the circumstances of young people who are placed in secure care, their experiences of secure care and their destinations and outcomes on leaving secure care”.

Independent Care Review: Evidence Framework (2020) p.1452

Our approach therefore placed listening to care experienced young people; considering the quality of the relationships they experience; and respecting and championing young people's rights as central themes throughout the review.

2. understand the extent to which the Secure Care Pathway and Standards are making a difference to how staff and managers understand and approach their work and whether they are helping to improve young people's experiences.

The Care Inspectorate is committed to promoting care based on human rights. As a result, we have considered the extent to which children and young people's rights had been respected and upheld. While all the rights outlined in the UNCRC are relevant to all children and young people, we selected the following rights to consider in more detail because they so closely align to the Secure Care Standards.

- Right to safety and protection (Article 19)
- Right to recovery from trauma and re-integration (Articles 39, 40)
- Right to education (Articles 28, 29)
- Right to health support (Article 24)
- Right to family life (Article 9)
- Right to have views respected (Article 12)

We carried out the review under Section 53 of the [Public Services \(Scotland\) Reform Act 2010](#). This legislation enables us to interview staff, read records, speak with young people and their families, reach conclusions and make recommendations, where a Scottish local authority has, or has had, legal responsibility for the young person's care. We do not have legal powers to undertake all of these activities where responsibility for a young person's care lies with social work services outside Scotland. As a result, young people placed in secure care by local authorities in other parts of the UK could not be included in this review.

We are very grateful to all the people who were involved in this review. In particular, we would like to thank the young people, **parents and carers**, and family members who generously shared their experiences with us over the past year. We would also like to highlight the efforts made by lead professionals and secure care staff to help us hear from the young people.



When we say **parents and carers, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).**

Methodology

The people we spoke with during the review

In July 2022, we asked all local authorities in Scotland to identify:

- young people who were living in secure care accommodation on 13 July 2022
- young people who left secure care accommodation between 1 March 2022 and 12 July 2022
- young people who local authorities had considered - either formally or informally - placing in secure care between 1 March 2022 and 12 July 2022.

We set these parameters to best ensure that we captured information about a sufficient number of young people who had current or very recent experiences of being in, or on the edges of secure care settings.

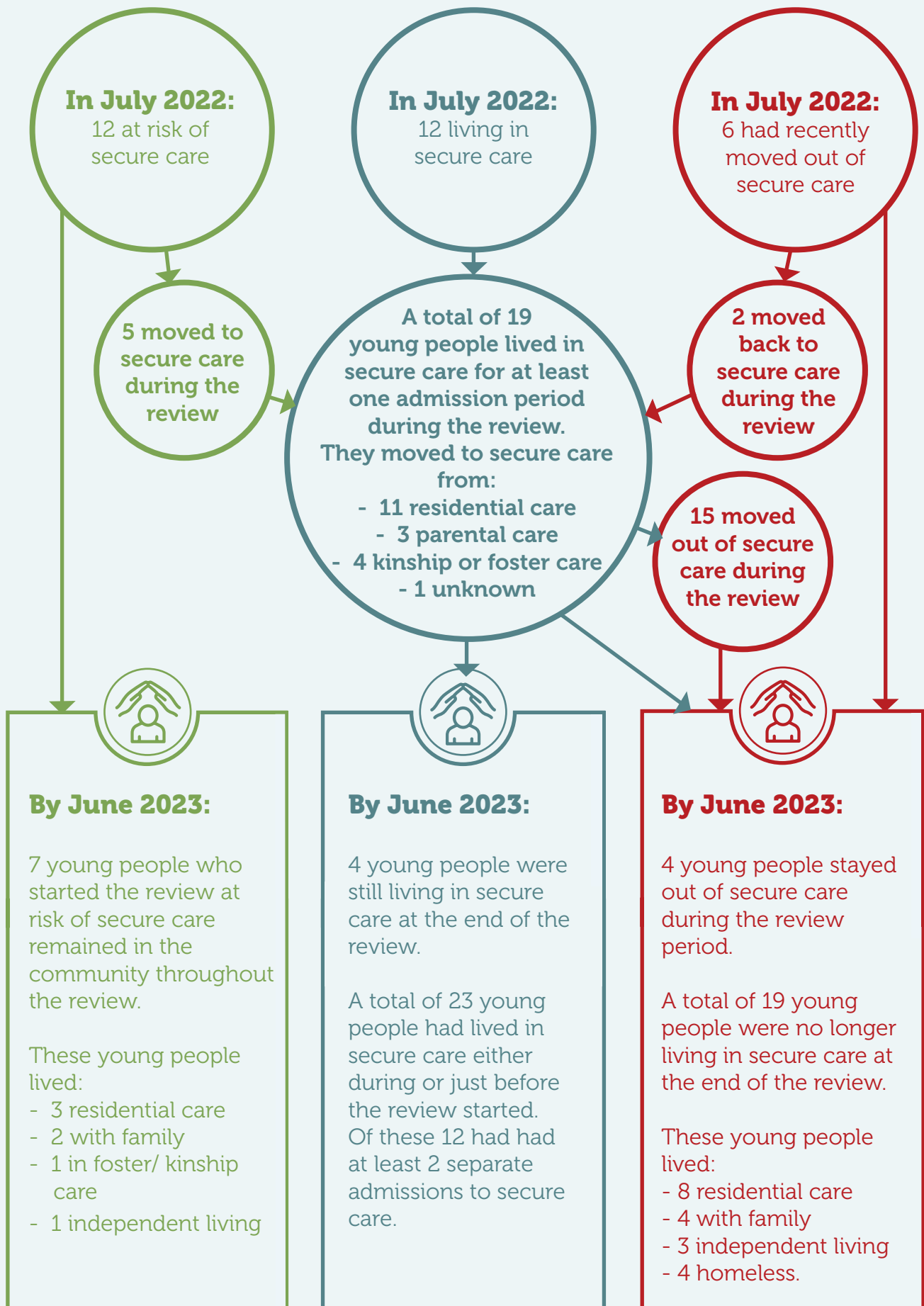
We received information about 126 young people that met these criteria. We then selected 30 young people. We did this using a sampling process that meant that the 30 young people were as representative as possible of the wider group in relation to: geographical spread; spread across the different secure care services; gender; age; and main reason for secure consideration.

During the review, the 30 selected young people were living in a variety of settings. The diagram on the next page shows movement of young people during our review period.



When we say review period in this report we mean the time from the start of the review in July 2022 and the end of the review in July 2023.

Movement of young people during the review period



We tracked the journeys of the 30 young people over the review period, to consider impact and outcomes over time. We wanted to know if and how the support provided to them had an impact on the circumstances that saw them at risk of needing secure care. We also wanted to know the extent to which they felt their rights had been upheld before, during and after experiencing secure care.

We invited all 30 young people, their families and **staff** working with them to meet with us in or around October 2022, January 2023 and June 2023. Twenty-six of these young people gave us their views at least once during the review and 21 at least twice. We also spoke with family members of 20 of the young people.



When we say **staff** we mean any combination of people employed to work with young people.

At least 200 people were involved in the review from across all areas in Scotland. We spoke with a range of staff including 30 **lead professionals** and at least 80 other practitioners from a range of agencies. We interviewed representatives from all 32 local authorities and the secure care providers on at least one occasion.

When we say **lead professional** we mean the staff member whose agency has the greatest responsibility to the young person. For all young people in our review, this was either their social worker or throughcare worker.

Note: Throughout the report we give some practice examples. Examples are used to illustrate the findings in the report and portray the experiences of a range of young people involved in the review. These examples are not real people, they are composites and all names are fictitious. We did this to protect the privacy of young people involved in our review. However, it is unavoidable that young people and families and staff involved in the review may recognise aspects of their experiences.

As the findings of our review are based on a sample of young people, we cannot assure the quality or experience of services for every young person who has lived in or been at risk of living in secure care accommodation.

August 2022
37 interviews with representatives from local authorities and secure care accommodation providers

October 2022
Tracking 1: 24 young people; 23 family members; 28 lead professionals; 83 other staff members

January 2023
Tracking 2: 19 young people; 16 family members; 30 lead professionals and 23 other staff members (we only asked to meet with other staff if young people had experienced significant changes)

June 2023
Tracking 3: 17 young people; 15 family members, 30 lead professionals and 57 other staff members



The main body of this report is in three parts:

In **Part 1: respecting and upholding rights: young people's perspective**, we present the views and experiences of young people, their families and staff working with them. We do this to ensure we hear the voices of young people and families involved in our review, telling us how they felt and experienced their rights. We consider young people's safety and protection, recovery, health and wellbeing, education, keeping in touch with family, and how well they had their views listened to and respected. The main source of evidence in this part are the views and experiences of young people as reported by the young people, their family members and staff involved.

In **Part 2: before, during and after secure care: what was working well and what needed to improve**, we consider in more detail young people's experiences before, during and after living in secure care. This is structured in line with the Secure Care Pathway and Standards but we do not report on every individual Standard. We highlight areas of strength and what contributed to these strengths. We also consider challenges and issues that are barriers to good practice. As well as the evidence used in part 1, we also use evidence from our meetings with representatives from local authorities and secure care providers, evidence from secure care accommodation inspections and other publicly available information.

In **Part 3: next steps, learning and action**, we conclude with the presentation of six key themes with a comment on what we have learned and actions required. We outline messages for corporate parents and pose a series of reflective questions for those working to support young people in or on the edges of secure care and their families.

Part 1: Respecting and upholding the rights: young people's perspective

This part of the report focuses on how young people felt and experienced their rights before, during and after secure care. The evidence base for this part of the report is young people's views and experiences, family members' views and experiences and the views of staff working with young people.

Right to safety and protection



All young people have the right to be safe. Article 19 of the UNCRC states that all young people have the right to protection from violence, abuse and neglect. There are also other relevant rights, such as protection from exploitation, trafficking, drug abuse and detention.

Key Secure Care Standards

Standard 2: My needs are met by appropriate supports.... These supports help keep me and others safe....

Standard 18: I have everything I need when I arrive to keep me safe...

Standard 40: My plans for moving on meet all my needs...

The young people in our sample had very high levels of need for support to address safety concerns. Examples included high risks arising from young people harming themselves, risk of exploitation or trafficking or, for a few young people, they had come into conflict with the law and were a risk to others. Because of these factors, safety is a complex issue particularly for young people who live in secure care accommodation. Complexities including young people being kept safe from harmful behaviours such as self-harm and suicide risks, and keeping other young people safe if young people are placing others at risk. Protecting young people from harm may include the use of a range of restrictive practices. These are explored in part 2 of the report. In this section, we focus on the extent to which young people felt safe and protected.

Impact of support to remain in community settings

Young people in our sample who were supported to stay in their communities and did not need to move to secure care showed the greatest improvement in their safety over the course of the review, when compared to the whole group. When young people were provided with **intensive support** to remain in community settings and these supports were provided by staff who had enduring, caring and genuine relationships with them, this helped young people to become safer.

There were a few encouraging examples of staff working together to manage high risks in the community. This included staff providing high levels of supervision and support at times when risks were highest and when necessary, to avoid admission to secure care and de-escalate crises. In these examples, staff members understood the young person's needs and risks and worked with a **trauma-informed approach**, understanding the impact of past trauma on current behaviour. Because of these relationships, young people felt cared for and supported and they trusted staff. This led to considerable improvements in the safety of these young people over the review period.

Unfortunately, some of the young people in our sample showed no or very little sign of improvement in their safety over the review period. For these young people, there was a lack of a stability and consistency either because of placement moves or through multiple changes of their lead professional. When young people had fewer changes of lead professional and fewer placement moves, they were more likely to show signs of improvement in their safety than those with more changes.



Good practice example - James

James had experienced a breakdown in his relationships with his family and had to move to residential care. He found it very difficult to live with other young people and moved around a few different children's houses. Following some particularly difficult situations with his family, James' behaviour started to spiral out of control – he began harming others in the community and placing other young people in his children's house at risk of harm. As a result, the placement ended on an emergency basis.

Fortunately, James had been working with some staff in an intensive support team and had a trusting relationship with a particular staff member. Staff from this team worked together to support James and took him to a different location, providing him with 24-hour care from the staff he knew well. James reported that he felt accepted and cared for by the staff and he described this as a turning point for him. From here, he was able to go back to residential care and did not require secure care.

The staff from the intensive team continue to support him very regularly and he continues to enjoy spending time with them. The staff in this team emphasised the importance of the support they received from their managers and leaders. They said that above all, they are encouraged to value relationships with young people, spend time with them and get to know them. The same staff have now been involved with James for over two years and are helping him prepare to leave his residential placement and move back to his community.

Safety while living in secure care

Most young people felt safe when living in secure care and for almost all, risks of harm reduced while residing in secure care, and their rights to safety and protection were upheld. The high levels of staffing, the training of staff in trauma-informed approaches and the **specialist support** available all contributed to the safety of young people in secure care.

While most young people felt safe while in secure care, there were a few in our sample who experienced feeling unsafe, either due to deterioration in their mental health or through the actions of other young people they lived with. When this was the case, these young people were able to raise their concerns with staff members that they trusted. Staff took the appropriate steps to ensure the safety of the young people.

Safety after leaving secure care

Over half of the young people in our review who had moved out of secure care did not have their right to safety and protection fully upheld. For some young people who left secure care, problems re-emerged, resulting in them being just as at risk of harm as they had been before living in secure care. At times, there were significant safety concerns including risks of self-harm, suicide, homelessness, exploitation, going missing or risk of being in conflict with the law when young people returned to their communities. For some young people, risks to themselves, others or in the community escalated on their return to community and half of the young people experienced at least one further admission to secure care settings.

In part 2 of the report, we explore the importance of key protective processes to support staff to recognise and respond when young people are at high risk of harm and living in community settings.

Right to recovery



All young people who need it have the right to recovery from trauma. Article 39 of the UNCRC states that children who have experienced neglect, abuse, exploitation must receive special support to help them recover their health, dignity, self-respect and social life. Article 40 states that those who have been in conflict with the law should be enabled to reintegrate into society.

Key Secure Care Standards:

Standard 3: I am offered specialist support which helps me and the people looking after me, make sense of the difficulties I have experienced...

Standard 4: The professionals involved in support me understand the impact of any trauma and difficulties I have experienced, and they respond to my needs and behaviours sensitively.

Standard 24: I know that people care about me and meeting my needs because the way they relate to me shows me this.

All young people in our sample required some form of additional support to prevent them from needing to move to secure care, or to help support them to leave secure care or to help them stay out of secure care settings. Many young people needed help to support them to recover from trauma.

There were various ways in which specialist support could be provided, including by lead professionals and key workers. Alternatively, it could be provided by specialists such as therapists, addiction workers and healthcare staff. It was crucial that young people received the right support at the right time and delivered by the right person in order to help meet their needs.

Overall, young people's experience of access to, and impact of specialist support varied considerably.

Specialist support while living in secure care

All the young people in our sample who lived in secure care had at least partially benefited by availability and access to the specialist support they needed for the duration of their stay. The structure, routines and restrictions in place meant that young people were more able to engage with specialist support. Examples of specialist support included psychological assessments and interventions, cognitive behavioural therapy, forensic psychology and groupwork programmes. For example, one young person benefited from intensive cognitive behavioural therapy, and another had benefited from dialectical behavioural therapy, both provided by specialist intervention teams in secure care centres.

A few young people had been in conflict with the law, and this was the main reason they were living in secure care settings. For some of the young people involved in our review, there was evidence that the specialist support available in secure care meant that there was thorough assessment of risks and bespoke plans for support to address risks and help plan for these young people to return safely to their communities.

There were differences in availability and access to specialist support across the secure care centres. More information about the quality of support provided can be found in each service's individual inspection reports.

Support to prevent young people from going into secure care or returning to secure care

Availability and access to the right kind of support was essential in preventing young people from requiring to go into or return to secure care settings.

In the best examples, staff across different agencies worked together to plan and provide support that young people needed. They were able to almost replicate the support young people were able to access in secure care settings. This included ensuring young people had key staff working with them that they had positive relationships with, having staff working collaboratively to ensure their approaches were trauma-informed, having the advice and support of specialist resources if necessary and being able to increase support flexibly and respond in times of crisis. When young people had a sense of belonging, this helped the support they received to be effective.

We met with staff who were providing specialist support to young people to prevent the need for secure care and some of them spoke about ensuring that young people knew that no matter what, they would be there for them. We met a range of staff working in different settings who were passionate about caring for the young people they worked with, even when those young people were displaying very challenging behaviours as a result of complex trauma or distress. Staff needed to work confidently and have supportive teams and managers in order to manage high-risk situations when crises arose for young people. We heard positive examples of staff working flexibly and intensively through times of crisis to prevent young people from going to secure care.

Lack of community-based resources

Unfortunately, not all young people had their right to specialist support fully upheld. There was an inequity of available community-based resources across the country. In some areas, young people were able to access specialist support and there were multi-agency, highly-skilled intensive support teams providing effective support in the community. In other areas, young people did not have access to these kinds of support.

Some staff, young people and their families noted a lack of particular community-based specialist resources. This was the case for over half of the young people in our sample. This mainly related to two types of resources. First, a lack of suitable mental health support and second, a lack of suitable support to address substance misuse. There were examples of young people falling between children's and adults' services. One young person told us they did not feel comfortable receiving support to address addiction issues from an adult service and there was no other service available in their area. Another young person had been receiving therapeutic support while living in secure care, but they were not able to continue this when they left.

At times, young people found it hard to accept the specialist support offered to them in the community. In such examples, when services persisted with young people and staff worked on building relationships with them, and there was an 'open door' for young people to ask for support, this helped.

Half of the young people in our sample lived in secure care settings on more than one occasion and this meant that support to re-integrate them back to their communities had not been initially successful and they required a further period of time in secure care. This highlights the importance of ensuring that young people have the right specialist support available to help them remain in their communities after returning from secure care settings.

Right to health and wellbeing



All young people have the right to the best possible health care. Article 24 of the UN-CRC states that children have the right to the best possible health, and that governments must provide good quality healthcare.

Key Secure Care Standards:

Standard 3:... I get the mental and physical health care I need, when I need it.

Standard 29: My physical, mental, emotional and wellbeing needs are understood by the people looking after me.... I have the care and support I need, when I need it.

Standard 44: I have all the care and support I need... for as long as I need it.

Most young people we spoke with were provided with a suitable range of health and wellbeing support before and during secure care. Nursing staff within schools and secure care centres were actively involved with young people to ensure that their health needs were met. Other health care staff including GPs, looked after children's nurses and dentists were routinely involved when required.

Almost a third of the young people in the sample had been subject to specialist assessments while they were living in secure care settings. This resulted in young people being diagnosed with a range of conditions such as **neurodiversity** or physical health issues such as diabetes. These assessments helped those working with young people to better plan interventions and care.

Importance of relational approaches to improve wellbeing

There were signs of at least some improvement in wellbeing in two-thirds of the young people. Examples of this included improvements in sleeping patterns, reductions in drug use and young people taking their prescribed medication. Some young people also showed signs of improvements in wellbeing through their appearance and presentation, such as improved relationships with peers, physical changes and reduced self-harming.

There were strong links between improvements in young people's wellbeing and having positive and regular contact with a key member of staff who spent time with them. When young people benefitted from this kind of relationship, it helped them to take support from other services.



Good practice example - Jemma

Jemma was living in secure care and had experienced trauma and adverse experiences in her childhood. Staff were very worried about her health and wellbeing and felt that she was neglecting herself. They worked hard to get Jemma to attend health appointments as she often refused to attend. They contacted the looked-after children's nurse and a clinical psychologist who gave them advice and support in a consultation on how best to support Jemma.

Through the committed attention of staff and their sensitive trauma-informed approach, there have been significant improvements in Jemma's health and wellbeing. Staff described visible improvements in her appearance including presenting as energetic and not as tired, physical improvements in her hair and skin, and becoming a healthier weight. There were also signs of improvements in Jemma's emotional wellbeing - she is spending less time alone in her room and more time in communal areas interacting with staff and other young people.

After secure care

Some young people struggled to access the right health and wellbeing supports when they returned to the community after living in secure care settings. One example was that of a young person who was unable to access dental treatment, and another was a young person who struggled to access medication.

Over a third of young people in our sample were not receiving the continuity of support that they needed, which was having a negative impact on their health and wellbeing. For some, this was because the right support was not available to meet specific health needs. For others, it was because other factors had negatively impacted their wellbeing, such as facing homelessness, re-engaging in drug or alcohol use or re-emerging thoughts of self-harm or suicidal ideation.

Young people were more likely to be receptive to help and support when they were living in secure care. When young people moved back to communities, some chose not to access support. In the best examples, staff in the community persisted in their relationships with young people and they were able to ask for and receive help at a time that was right for them.

Right to education



All young people have the right to education. Article 28 of the UNCRC states that every child has the right to an education. Article 29 says that education must develop every child's personality, talents and abilities to the full.

Key Secure Care Standards:

Standard 34: I benefit from a wide range of high quality educational, vocational and community-based experiences and qualifications.

Standard 35: I am supported and encouraged to attain and achieve at the highest standard and this helps develop my interests, skills, strengths and hopes for the future.

Most young people in our sample struggled to attend and benefit from mainstream education. There were some young people who had not attended school for some time. Some young people in our sample had experienced significant trauma and adverse experiences which impacted on their behaviour to the extent that they displayed high risk to themselves or others in school settings.

Overall, most young people in our sample who received support to prevent admission to secure care and those living in secure care benefited from the education support they received. The majority of young people gained some level of academic qualification or were on vocational training courses, with a few achieving further academic or vocational qualifications and employment.

Delivery of learning opportunities

There were key factors that helped young people make progress in their learning. Staff needed to help them overcome previous negative experiences. Also, staff needed to deliver learning opportunities that helped young people progress in their learning in a way that best suited them.

Some young people received bespoke individual or small-group educational support that helped them overcome challenges and make progress in their learning. These young people had been supported to engage in learning opportunities provided by nurturing and trauma-informed staff and had support from the whole team of staff involved.

There were some examples of this being provided by specialist resources both in community settings, such as small-group learning approaches or **virtual school** approaches, and in secure care settings. In these settings, young people were benefitting from the encouragement and support to learn and develop by staff members who cared about them. Staff members had to be persistent with young people, who often initially struggled to deal with their emotions, concentration and behaviour. Some young people told us that over time, they started to enjoy learning and celebrate achievements. Some young people were proud of their academic achievements and the progress they had made with their learning while in secure care or in the community and receiving individual or small group educational support.

Young people did not always experience a wide range of academic subject choices. Half of the young people in our sample had some limitations on their choices. Young people in secure care who had passed school leaving age had limited options for further education.

A few young people told us that they did not start college courses or make progress because they were expecting to move soon and did not think there was much point to starting something they were unable to finish.

Challenges to accessing education after secure care

Most young people in our sample who were no longer living in secure care initially had goals to go to college, gain employment or complete training. However, it was often very difficult for these young people to meet these personal goals. Young people's support was at times delayed, incomplete or unmet due to ineffective transitions planning.

Almost half of the young people who had made educational progress while living in secure care did not manage to maintain their progress when living back in their communities. At times, this was because of the change from a very structured environment where staff were helping to encourage and motivate young people, to an environment where young people had to choose to engage and motivate themselves.

Some young people found that their preferred college course was no longer available. This then affected their motivation and momentum. A few young people had not been able to complete their courses, either due to struggling academically or due to not attending enough, and this negatively impacted their confidence and self-esteem. Some young people who wanted employment were not ready for it and had not received support or preparation to equip them to succeed in the workplace. As a result, they were unable to gain or sustain employment opportunities. A few young people we met were attending further or higher educational settings. This was most successful when young people were being well supported by people they trusted. It was essential that staff in educational settings were involved in planning and working closely with the young person, their family and their staff to help them achieve their goals.

There was further work to do to make sure that all young people leaving secure care settings are well supported in the community and can continue to progress in their learning at a pace that is right for them.

Right to family life



All young people have a right to family life. Article 9 of the UNCRC states that if children are separated from parents, they have a right to stay in contact with them, unless this could cause them harm.

Key Secure Care Standards:

Standard 25: I am actively supported to be in touch with my family, friends and other people who are important to me...

Standard 26: My family and people I care about are encouraged and supported to stay connected with me and are treated with dignity, compassion and respect...

Most young people in our sample had experience of living in secure care or other residential care settings. Staff working with them helped them to keep in touch with their family members and people important to them, including parents, carers, brothers and sisters and friends. For almost all young people, their right to stay in touch with family was being respected.

Commitment from families

During the review we met with committed and fully involved parents and other family members such as grandparents who had strong relationships with their young people. We met family members who were extremely committed to young people and often went to great lengths to stay connected with them and to visit.

Many family members told us they felt encouraged and supported to keep in touch and visit young people living away from home. For young people in secure care, family members told us they were encouraged to visit and they found the secure centres welcoming. When families and young people had good relationships with staff working with them and relationships were stable, consistent and enduring, this helped families to keep in touch with young people.

Practical challenges for families

Some families faced challenges to being able to sustain contact with young people living away from home. There were examples of this negatively impacting on the relationships young people had with their families.

At times, families faced practical challenges to staying in touch. Some young people were living far from home in secure care or other residential care settings. This meant family members had long journeys, at times using public transport and needing to stay overnight. As a result, some could not visit as often or be as involved as they would have liked.

The practical and financial support provided to family members differed depending on which local authority was responsible. We heard a few examples of parents and carers not receiving financial or practical support and this made it very difficult for them to visit their young people.

Emotional challenges for families

At times, families faced emotional challenges that hindered their ability to stay in touch with and maintain relationships with their young people.

A few parents, carers and other family members had been under extreme stress and pressure to provide the right support to their young people when they were at high risk of harm and living in the community. There were examples of this resulting in damaged relationships between parents and carers and their young people.

There were good examples of parents and carers receiving support that helped improve their ability to stay connected with young people and led to the sustaining of, and sometimes improvements in, relationships between family members. However, emotional and therapeutic support for family members when young people were living away from home was not widely evident. Families had mixed experience of direct work being undertaken with them as part of transitions planning to identify strengths and areas for ongoing support.

A few family members struggled to commit to keeping in touch with their young people. Barriers to this included challenges in their own lives, such as addiction or mental health difficulties. For a few, their relationship, or lack of it, with social work staff was adversely affecting their involvement and acceptance of any support.

Right to have views respected



All young people have the right to have their views respected. Article 12 of the UNCRC states that every child has the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously.

Key Secure Care Standards:

Standard 5: I am involved and influence any discussions about potentially restricting my liberty and any decision to recommend secure care in a way that works for me.

Standard 6: I have been fully prepared for, and understand, the possible outcomes of any meeting, children's hearing or court proceedings.

Standard 9: I have access to the legal advice, representation and high-quality independent advocacy I need...

Standard 23: I am fully involved and have influence in all discussions

Standard 38: I am fully involved and have influence in all decision and plans about my future

Standard 39: I understand my rights when planning for my future and I have access to the legal advice, representation and high-quality independent advocacy I need.

Most young people in our sample felt they were able to share their views and opinions with staff working with them. Young people told us that staff listened to them and respected their views. Young people felt most respected and heard when they had stable trusting relationships with a key adult who they had worked with consistently. When young people had this kind of trusting relationship, this helped ensure that their right to be heard was respected and upheld.

This key adult was not always the young person's lead professional. We heard examples of residential workers, support workers and mentors with lived experience fulfilling this role. These included one young person who was able to connect with a particular support worker on a multi-agency youth support team. In this example, the local authority recognised the importance of this relationship and encouraged it, including this worker in the planning and delivery of support. Another example was the involvement of a mentor who had lived experience of the justice system and was able to build a positive relationship with the young person, with this support including attending meetings and helping the young person share their views.

Some young people we met experienced changes in where they lived or in their lead professional. This made it more difficult for them to express their views and feel heard.

Access to legal advice, representation and high-quality advocacy

All young people in our sample who were in conflict with the law or who were involved in children's hearings had access to legal advice and representation. Even with this in place, young people often chose to rely on key relationships with lead professionals or key workers in residential or secure care settings to help them understand and provide advice and support. This emphasises the importance of staff working with young people in conflict with the law understanding legal processes and how to support young people during their involvement in both the adult justice system and the children's hearing system.

Young people in our sample also had good access to **independent advocacy**. It was most accessible to young people when they were living in secure care. Secure care centres had well established links with independent advocacy services and encouraged young people to use them. Advocacy workers visited secure services regularly and this helped young people get to know them and understand their role. This helped young people to access their service. While some young people benefited from independent advocacy, not all young people chose to use it. Some young people told us they felt able to share their own views or that they preferred to speak to staff already involved in supporting them.

Involvement in decision-making

When young people are being placed in secure care settings, the secure care regulations highlight duties of chief social work officers to consult with the young person, record the decisions and reasons, and notify young people of their right of appeal. Following publication of a report by the Scottish children's commissioner¹, local authorities had made significant changes to their processes at the stage of entry to secure care. Leaders told us this included changes to local protocols to ensure young people received written information about their rights when moving to secure care settings. While we did not examine all young people's written records to audit this particular matter, we did ask young people, their families and staff working with them about their awareness of their rights and their involvement in decisions that affected their lives. Young people in our sample told us they understood their rights and the reasons they were in secure care, and they knew where and how to access advice and support.

Young people were less likely to be involved in decision-making if they were on the edges of secure care and in community settings. We found that young people's involvement at this stage could have improved for nearly a third of young people in our sample.

When young people lived in secure care, almost all had their right to have their views listened to and respected completely upheld. There were positive examples of young people challenging established rules, their views being respectfully considered and services being open to change. For example, one young person had challenged a rule about having to remove piercings for safety reasons and the service listened to this young person's views and changed their practice. Young people were encouraged to share their thoughts and opinions through house meetings, champions groups and other fora.

¹ "Statutory Duties in Secure Accommodation: Unlocking Children's Rights", published in June 2021 and based on young people living in secure care between 1 August 2018 and 31 July 2019.

A few young people felt their opportunity to contribute at children's panels was curtailed as they had not been able to attend because secure care transport was unavailable to them. A few young people had been impacted by unexpected decisions during children's hearings or court and felt their views and opinions had not been listened to. While at times, children's hearings and courts have to make decisions to keep young people in secure care, this was very difficult for a few young people. Further work to prepare them, make sure they are well supported before, during and after important hearings, would perhaps have helped these young people come to terms with difficult or unexpected decisions.

What worked well for young people in our review?



Examples of practice that helped young people before secure care

- Regular, predictable support from a key staff member who knew them well.
- Staff encouraged to form meaningful relationships with young people.
- A shared understanding across teams of the impact of trauma on the young person.
- An explicit determination and commitment at all levels to manage the risks in the community – supporting families and residential staff.
- A well-developed coherent process that encouraged staff to come together to assess and monitor risk.
- Intensive community-based support that is flexible and responsive in times of crisis and provided by staff who have trusting relationships with young people and their families.
- Creative approaches to engage young people at school, especially where this was a 'safe place' for them or provision of individual or small group educational support.

Respecting rights of young people **before** secure care

Most had their views respected at least partially.

Most had their health, education, family contact and legal advice/ advocacy rights respected at least partially.

Impact of support provided before secure care:

Seven young people in our review did not move to secure care and remained in community settings. Six of these young people showed considerable improvements in their safety and overall wellbeing by the end of the review.





Examples of practice that helped young people during secure care

- Consistent and predictable care from a core group of staff.
- A culture of listening to young people and taking action where necessary.
- Young person, family and the team around the young person involved in making plans based on a thorough holistic assessment.
- Good awareness of support needs through completion of specialist assessments in secure care e.g. cognitive assessments and provision of specialist support.
- Focussed plans for moving on from secure care developed in partnership with young person, family, lead professional and residential staff.
- Small group learning that young people enjoyed and helped them achieve.
- The high levels of staffing, training in trauma-informed practice and the specialist support available helped improve young people's safety while living in secure care.

Respecting rights of young people **during** secure care

All had their views respected at least partially.

All had their right to legal advice and advocacy met.

Almost all had their rights to 'safety and protection' completely respected.

Most had their rights for family contact, education and health and wellbeing respected at least partially.

Impact of support provided during secure care

All of the young people living in secure care had benefitted at least partially from accessing specialist support.





Examples of practice that helped young people after secure care

- Focussed plans for moving on from secure care implemented in partnership with young person, family, lead professional and residential staff.
- Staff 'moving' with young person – social workers moving jobs in same local authority retain lead professional role, residential staff working for same provider transferring.
- Ongoing access to same level of support for emotional wellbeing and mental health.
- Collaboration with housing to access appropriate accommodation.
- Commitment and tenacity of lead professional to advocate for the young person.
- Support available from a range of staff who know the young person well.

Respecting rights of young people **after** secure care

The majority had their views 'completely' respected.

Almost all had at least partial access to the support they needed and their health rights respected.

Overall improvements in wellbeing

Using all of the evidence we gathered through the review we evaluated the extent to which young people's wellbeing had improved.

No improvement evident – 2 young people

Very little improvement evident – 6 young people

Some Improvement evident – 15 young people

Considerable improvement evident – 7 young people



Part 2: Before, during and after secure care: what was working well and what needed to improve

The second part of this report takes a more detailed look at young people's experiences before, during and after living in secure care. We sought to understand young people's experiences and reflect on what was working well and what needed to improve. As well as understanding the views and experiences of young people, their families and staff working with them, we also considered other evidence. This included the views of representatives from local authorities, secure care providers and used evidence from the Care Inspectorate's service inspections of secure care accommodation.

Before secure care

This section focuses on young people who received support to prevent admission to secure care settings. Secure Care Standards 1 to 14 outline expectations for staff working together to provide the right support so that young people remain in their communities and with their families where possible. We explored what helped young people and the barriers to providing the support that young people need at this stage.

In July 2022, 12 young people out of our sample of 30 had not lived in secure care, however staff were concerned they may need secure care in the future. Of these 12, five were admitted to secure care accommodation during our review period.

Early support for families

Families and staff involved in the review emphasised the importance of available and accessible early support for children and their families in order to prevent the need for more intensive support. Providing the right family-based support when families needed it was a significant challenge for some **children's services planning partnerships**.



Secure Care Standard 2:
My needs are met by appropriate supports in the community which are right for me and the people who are important to me...

Almost all the young people in our sample had a long history of involvement with social work services. Over a third of young people in the sample experienced a breakdown in adoptive, fostering or **kinship care** arrangements. Some adoptive parents and permanent foster or kinship carers had struggled to access therapeutic supports when they found it challenging to care for their young people. They felt that this had contributed to the breakdown of long-term caring arrangements. This emphasised the importance of providing adoptive and long-term carers with available, accessible and flexible advice and support to meet the needs of children and young people in their care.

Almost half of young people in the sample had additional support needs such as neurodiversity, mental health conditions or learning disabilities. Some young people did not yet have a formal diagnosis. For a few young people, being in secure care improved access to diagnosis and specialist support. A few parents and carers expressed frustration because they felt that young people's additional support needs were not being effectively understood by staff working with them. A few young people in our sample who had diagnosed or suspected additional support needs would have

benefitted from improvements in the earlier assessment, identification and provision of effective support in the community.

Specialist intensive support for young people



To help young people remain in their communities, staff needed to build and sustain relationships with the young person and their family. Additionally, staff needed to feel empowered, equipped and well-supported to intervene promptly at a time of crisis.

Secure Care Standard 3: I am offered specialist support which helps me, and people looking after me, make sense of the difficulties I have experienced...

Young people had mixed experiences of accessing and receiving intensive support. Staff and leaders reported a wide variability in availability and access to the right support. Resourcing and prioritising intensive support was challenging for some children's services planning partnerships, particularly smaller areas that had less frequent or lower demand for such support. It was particularly challenging for some areas that were having difficulties in recruiting and retaining experienced staff.

Intensive support was most effective when it was delivered by staff who had trusting relationships with young people. Some young people experienced consistency and stability of staff that they worked with, and this helped to prevent those young people from needing secure care. Other young people experienced multiple changes of staff or placements, and this made it more difficult for them to receive and benefit from specialist support. Some children's services planning partnerships faced significant challenges in their ability to make sure that young people had continuous support from the same staff. Challenges included sector wide recruitment and retention issues and workload pressures. While most staff told us they felt supported by their managers and colleagues, a few social work staff members told us they felt unsupported and isolated when working to keep young people from being admitted to secure care settings.

There were good examples of staff taking a trauma-informed approach to their practice with young people involved in the review. This included staff in community settings and those working in residential and secure settings. We saw examples of young people who were benefitting from working with staff who delivered support sensitively and understood the impact of trauma and how this affected behaviour. This helped young people to keep on living in the place they called home (whether this was at home with parents, carers or in residential settings).



Good practice example - Kirsty

Kirsty lives in a children's house. Before this, she had lived in multiple children's houses and had numerous changes of foster carers. Kirsty experienced trauma in early childhood due to witnessing domestic abuse and violence. At the start of the review, staff were worried that they might have to arrange for Kirsty to move to secure care. This was because she was going missing from home very regularly and they were worried that she was experiencing exploitation and was at risk in the local community. When Kirsty was challenged by staff working with her, she initially asked to be moved. She had historically been moved to a different placement when things were difficult. Kirsty struggled to trust staff members and routinely told them to leave.

Staff in both the children's house and her social worker worked hard to develop and maintain relationships with Kirsty. They recognised the impact of Kirsty's adverse childhood experiences and unmet need and linked this with her risk-taking behaviour in the community. Staff worked closely together to prioritise and develop trusting relationships. During the review period, Kirsty remained in the same children's house - the longest she has lived in the same place since her long-term foster placement ended – and was cared for by the same small team, which included her keyworker and her social worker. Kirsty was able to choose her residential key worker.

Over time and with persistence, staff managed to develop trusting relationships. This has supported Kirsty's stability and led to reduced risk in the community. Importantly, Kirsty was given the continued message from the team around her that she is in the right place and will stay there until she is ready to move to her own place. Staff no longer feel that Kirsty is at significant risk of harm and there are no plans for her to move to secure care.

Many staff in residential and community settings found it very challenging when young people displayed their emotional distress by engaging in self-harming behaviours or expressed suicidal thoughts. While almost all staff understood the links between behaviour and past trauma, they often found it difficult to know how to help. Staff were best able to manage high risk in community settings when they worked together well across agencies to share information and collaborate with the support of managers and leaders.

Identifying and responding to young people effectively

When areas were using formal processes such as **vulnerable young persons** (or similar variations), **care and risk management**, **child protection**, and **secure care screening**, there were particular benefits.

They helped staff directly involved with young people and their managers to:

- fully consider and plan community-based options
- keep informed about young people most at risk and jointly be responsible and accountable for decisions about support for these young people
- consider and debate risk thresholds
- avoid risk averse practices and less reactive decision-making
- feel supported in their approaches and not left holding 'high risk' alone.

However, not all children's services planning partnerships were effectively working together to use formal processes to identify and plan for young people in this way. A few staff members felt that when young people were involved in child protection processes, there was greater collaboration of partners, greater recognition of the need to prioritise work with that young person and young people were viewed from more of a 'needs' perspective, rather than 'risk'. We identified as an area for development a need to standardise and more consistently apply approaches to managing high risks, whether this is risk to self, others or in the community.



Secure Care Standard 7: I benefit because the people making decisions about me at any meeting... fully consider... community-based options.

During secure care

This section focuses on young people who live in secure care. Secure Care Standards 15 to 38 outline expectations for staff working together to provide the right support for young people living in secure care. We explored what helped young people and the barriers to providing the support that young people need at this stage.

In July 2022, 12 young people out of our sample of 30 were living in secure care settings. A further seven young people moved or returned to secure care settings during the review. Almost two-thirds of them experienced movement in and out of secure care during our review. Over half of the young people in our sample who had experienced secure care had lived in secure care setting on two or more separate occasions.

During the review, all secure care services were inspected by the Care Inspectorate as part of our annual programme of inspections. We refer to the published findings of these inspections in this

section, but we would encourage readers to refer to the inspection reports for more detail about the experience of young people in secure care settings².

Importance of good beginnings

Most young people in our sample had lived in several different places. Almost a third of the sample lived in three or more different places during the review period. Some young people found moves traumatic and upsetting, particularly those that were unplanned and unexpected. Therefore, it was very important for staff to help ensure young people had as smooth a start to secure care as possible. The Secure Care Standards call on providers to ensure a good, welcoming environment and for secure centres to feel like home. Secure providers had worked hard to ensure young people were not unnecessarily traumatised at the point of admission. Examples of improvements included changes to reception areas to make them more welcoming, including making sure young people arrived through the front entrance rather than through garage areas and the use of a security scanner as an alternative to physical searches.



Secure Care Standard 17:
... I feel welcomed and reassured by all involved.

Occasionally, beginnings did not reflect a thoughtful, trauma-informed approach. This could be as a result of significant incidents in community settings requiring an immediate move. For some young people, emergency moves were frightening and unsettling. Young people did not always know the staff members that supported their move to secure care. At times, this was because young people were admitted to secure care on an emergency basis at evenings or weekends when workers they knew were not available. At other times, it was because young people were moved to secure care using secure care transport and did not have staff they knew travelling with them.



Secure Care Standard 14:
I fully understand what to expect of my transport and admission to secure care...

Purpose of secure care

The Promise calls for there to be absolute clarity about the purpose of secure care, which is to provide young people with the right therapeutic, trauma-informed support. Some young people who were new to secure care settings did not understand the purpose of their placement and why they were moving there.

A few young people in our review who had moved to secure care following court proceedings had interpreted their placement solely as a punishment. They initially did not understand the therapeutic aims of secure care. While we found that staff in secure care settings understood the purpose and role of secure care, staff in community settings, young people and their families were less likely to fully understand its purpose.

There were a few examples of professionals' perceptions concerning secure care being more in line with concepts of punishment for young people, similar to what can sometimes be public opinion. The

² These can be found on the [Care Inspectorate website](#) by searching for 'secure care.'

importance of the fundamental principle of understanding young people’s behaviours in the context of their needs as outlined in the Kilbrandon Report in 1964 remains a key principle for clarifying the role and purpose of secure care.

Providing the right support while in secure care

Almost all young people in our sample who experienced living in secure care had good relationships with staff working there. There was a shared ethos and understanding of relational practice being of fundamental importance in secure care settings. This has also been a consistent finding in our annual inspections of secure care services.



Secure Care Standard 24: I know that people care about me and meeting my needs because the way they relate to me shows me this.

While almost all young people in the review had positive experiences of staff while living in secure care, those working in secure care settings told us that they faced recruitment and retention challenges. Leaders of secure care services recognised these challenges and remained committed to ensuring that young people continue to receive relational and trauma informed practice from the staff working with them.

Young people in secure care benefited from a thorough approach to undertaking specialist assessments to inform their personal plans. Assessments were completed in collaboration with them, their families and other professionals, and they appropriately informed the planning for young people in secure care. Overall, almost all young people in our sample experienced benefits from the therapeutic support they received while living in secure care settings. There were positive examples of a range of therapeutic interventions that had resulted in some young people in our sample being more able to regulate their emotions. However, the type and extent of therapeutic interventions available across the different secure care settings was variable. Examples of such differences can be found in our inspection reports for individual services. There was further work to do nationally to ensure all young people in secure care have equal access to effective therapeutic support and specialist interventions.

The provision of health care and education to young people during their time in secure care enabled them to improve their wellbeing and achieve. Young people reported that they were getting the support they needed for their wellbeing in secure care. There were good examples of close liaison between health professionals and services seeking additional training for staff to meet the health needs of individual young people.

For nearly a third of young people, drug misuse was an identified risk factor but there was limited evidence of focused interventions with young people or collaboration with community-based addictions services.

Almost all young people in our sample were being well supported to maintain their relationships with family members while they lived in secure care. We heard examples of how young people felt their relationships with family members had improved due to the



Secure Care Standard 26: My family and people I care about are encouraged and supported to stay connected with me...

support given by staff to encourage them to keep in touch. We met family members who were extremely committed to continue seeing their young people, even when this meant long journeys across Scotland. The practical, financial and emotional support given to families to support them to stay connected with young people when they lived in secure care varied across Scotland. We heard good examples of families being provided with accommodation and travel costs and we also heard examples where family members felt unsupported. There needed to be greater equity and consistency in relation to the provision of practical and financial support so that families could maintain their relationships with young people.

Restricting young people's liberty

The only residential care settings that can lawfully deprive young people of their liberty in Scotland are secure care settings. This includes the use of locked doors to prevent young people from leaving the accommodation. Young people living in secure care may face other restrictions such as being physically searched, physically restrained or isolated from others. Young people in non-secure care settings can also face such restrictions.

Staff and leaders working in secure care were making progress towards ensuring that the use of restraint, physical searches and being isolated from others were only used when absolutely necessary to prevent harm. Training staff to take trauma-informed approaches and de-escalation methods was an important aspect of the work secure care centres were undertaking to reduce this.

However, a few young people in our sample struggled to understand and accept why they had been subject to restraint or seclusion. For a few young people, they felt this had resulted in the trust they had with staff being damaged. A few family members mentioned concerns about the emotional impact of their young people becoming accustomed to experiencing restrictive practices themselves or witnessing others experiencing this.

We noted that young people we spoke with rarely raised their experience of restrictive practices as an issue. A possible reason for this is that they were accustomed to such practices and had become overly accepting of such restrictions.

Overall, secure care providers had made progress in reducing the use of restraint, seclusion and searches. However, there were differences in the approaches taken by secure care providers in their use of these restrictive practices. More details about particular areas of strength and any improvements required are detailed in each service's individual inspection reports. Further work is required to ensure that all young people in secure care settings in Scotland are only restrained, secluded or searched when absolutely necessary and for as short a time as possible³.



Secure Care Standard 30:...
I am only ever restrained when this is absolutely necessary to prevent harm... for the shortest time possible...

Secure Care Standard 19:
I am only ever searched when this is justifiable and necessary...

Secure Care Standard 31:...
I am only ever isolated when absolutely necessary... for the shortest time possible.

³ More information can also be found in the Care Inspectorate [position paper](#) "Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services" published June 2023. Further national work on this is being taken forward by the [Scottish Physical Restraint Action Group](#).

Listening to young people in secure care

All young people in our sample who lived in secure care had their rights respected in relation to legal advice, representation and independent advocacy. Staff and leaders in secure care services worked hard to inform young people of their rights. Opportunities were also taken in the environment with posters and displays reiterating young people's rights. There were fora for young people to influence practice within services and examples where things had changed.



Secure Care Standard 22: I have ongoing access to the legal advice, representation and high-quality independent advocacy I need...

While the structures of meetings, events and other opportunities varied across secure care services there was a consistent listening culture. Young people were empowered to have their voice heard. One young person felt they had influenced the admission process after complaining about a negative experience. Another young person told us about their involvement in recruiting staff.

Young people did not always feel that 'being listened to' was a part of their children's hearing experience. For a few young people, not being able to get to meetings due to issues with secure transport affected their opportunity to have their voice heard and influence decisions being made about them.

After secure care

This section focuses on young people who moved out of secure care either just before the review started or during the review period. Secure Care Standards 39 to 44 outline expectations for staff working together to ensure that young people are well supported once they leave secure care. We explored what helped young people and the barriers to providing the support that young people need at this stage.

In July 2022, six young people out of our sample of 30 left secure care between March and July 2022 and were living in other residential care settings, at home with parents or carers, or in their own tenancies. Two of these six returned to live in secure care during the review period. By the end of the review, 19 young people had moved out of secure care settings either before or during the review period and were living elsewhere.

Moving out of secure care

The importance of effectively supporting young people to move out of secure care settings was emphasised by young people, families and staff working with them.

Two factors were important in helping young people to successfully return to their communities. First, that staff were working together to plan for the future from the start of the placement in secure



Secure Care Standard 41: I am fully prepared for making the transition from the service and this is taken at a pace which means I am completely ready.

care. Second, that young people and families were fully involved in planning for moving on from secure care and this happened at a pace that was right for them. We saw some encouraging examples of this collaborative approach involving young people, families, community-based staff and secure care staff working together to plan and decide how and when young people were able to move on.

Decision-makers based their decisions for young people to move on from secure care on the application of the secure care criteria, as required by the legislation and secure care only being provided for as short a time as possible. Because of this, decisions were not always made based on whether the young person was ready to move on and whether plans for moving on met the young person's needs.

We heard a few examples of secure care providers deciding to terminate placements due to a breakdown in relationships between the young person and residential staff. For the young people involved, this meant they experienced less stability and consistency as they were moved on an emergency basis to other secure centres or other community settings.

A few young people experienced children's panels making unexpected decisions about where they lived, and they found this upsetting and unsettling. One young person expressed to us the frustration of turning up to a children's panel and expecting to go back to his home in secure care and being told he was moving somewhere else. For them, this unplanned ending meant they were unable to sort through their belongings or say goodbye to the people they lived with and the staff they worked with.

When staff in secure settings and staff in community-based settings worked together to plan for young people to move on and this was well co-ordinated, young people were more likely to make successful transitions back to community settings.

Preventing homelessness and finding the right place for young people

Finding suitable places for young people to live after secure care was very challenging throughout Scotland when family was not an option. Young people aged 16 and over who were in or on the edges of secure care were at significant risk of homelessness. For five young people, ineffective planning led to them experiencing homelessness during the review period. Almost a third of young people in our sample had experienced homelessness or were at significant risk of facing homelessness due to untenable living situations. Many young people worried about where they would live and becoming homeless.

The Promise called for further investment in supportive **intermediate settings** to ensure that young people leaving secure care had the support they needed. There were some young people in our sample who benefited from supportive intermediate settings, sometimes called 'step down' or 'close support'. Other examples included young people living in their own tenancies and receiving housing support that helped them to maintain their own tenancy and encouraged and supported independent living skills.



Good practice example - William

William had previously lived in secure care. When he left this setting, he initially moved to a residential care setting. After this, he was supported to access his own tenancy with housing support. The allocation of this tenancy was a catalyst for positive progress for William and he had a sense of pride and achievement in creating his first home.

Housing support staff were available to William 24 hours a day and they also had a central entry system, which helped him to manage who entered his home. William views his own home as his 'safe space'.

While some young people in our sample benefitted from these kinds of intermediate settings, options were limited by lack of available and suitable places.

For the majority of young people, staff working with them were making significant efforts to access suitable places for them such as local residential placements, housing support services or local tenancies. However, staff were often frustrated at the lack of available resources and repeatedly exhausted all possible options for young people. Staff expressed concern that it was often harder to access places for young people who had lived in secure care than for other young people. Leaders and staff felt this may be due to stigma and described that at times, young people experienced labels such as being 'high tariff'. While staff made efforts to listen to young people's views about where they wanted to live, young people had very little choice in reality about where they lived, often despite staff members' best efforts.



Secure Care Standard 43:
I have as much choice as possible about the place I am moving to...

Staying out of secure care

As well as being well supported to move out of secure care, young people needed the right support to help them stay out of secure care settings. Around half of young people in our sample struggled to live back in community settings and had to return to live again in secure care. Secure care placements in Scotland have very limited availability and so when a young person is no longer there, their space cannot be held in case they need to return. Therefore, if young people return to secure care, they routinely go to different secure provisions, depending on availability. For young people, this meant they had to start again with new surroundings, new staff and new peers and at times, they found this disruptive and difficult.

While living in secure care settings, almost all young people were safer and benefited from receiving specialist support, and most received education and healthcare support that improved their lives for the time they lived in secure care. For some young people, the support they received in secure care helped them to sustain improvements when returning home.

When some young people left secure care, they returned to the same risks they experienced before they moved to secure care. For example, when they no longer had the restrictions afforded within secure care, they resumed patterns of going missing for long periods, failing to return home and engaging in risk-taking behaviour in the community. For some, this meant a return to secure care. For others, it meant their living situation, whether in residential settings or with family, was not sustainable, and they faced further moves and more uncertainty.

When young people were no longer looked after, multi-agency approaches for planning were much less evident than when they were looked after. Partner agencies were less likely to be involved in planning and delivery of support after young people moved out of secure care. In some children's services planning partnerships, services were not effectively working together to plan the services that young people needed to help them keep on living in their communities after they left secure care.

Some young people who were no longer living in secure care struggled to access training, employability and educational support. It was also difficult for some young people to access suitable health and wellbeing support. Young people who had benefitted from accessing specialist therapeutic support while in secure care settings were often not able to have any similar support in communities. This contributed to some of them having to return to secure care settings.

Relational trauma-informed practice

The importance of young people having support from staff whom they trusted, was of key importance when young people moved on from secure settings. Having a flexible and responsive approach and an 'open door' approach helped young people sustain independent living. Young people in our sample had mixed experiences of the support provided to them when they moved on from secure settings. A few young people experienced a sudden drop-off of support, going from intensive support and monitoring in secure care to having very little or no support and without trusting relationships with community-based staff. It was these young people that appeared most at risk of harm at this stage. In a few instances, there were internal debates about which social work teams were responsible for young people: adult; child; throughcare; or justice social work services.

We heard very good examples of young people being supported by staff from secure providers and residential staff members when they moved on to live independently. This worked best when young people were able to influence decisions about who they wanted to be involved.

A few young people benefitted from residential staff members moving with the young person from the secure care part of a service and into a more open, residential part of the service. For example, one young person told



Secure Care Standard 40: My plans for moving on meet all my needs. They involve everyone who has a responsibility to care for and support me.

Secure Care Standard 44: I have all the care and support I need to build the future I want, from everyone who has a role and responsibility, for as long as I need it.



Secure Care Standard 42: I am confident that people I know well and have trust in will continue to be involved in supporting me after I leave the service.

us they were supported to move to a residential setting on the same campus as their secure care centre. The provider was able to support the young person to keep the same key worker by moving the key worker to the residential resource. The young person benefited from the continuity of this important relationship and told us this made them feel cared for and supported and this had helped them sustain progress and not need to return to secure care. There were also some examples of social workers changing roles and teams but continuing to be the lead professional for the young person, which helped provide stability and continuity during important transitions.

The provision of specialist throughcare and aftercare support, routinely available for young people until the age of 26, was viewed positively by most young people. There were examples of teams providing access to health, housing support, income maximisation and employability support that helped young people achieve independent living. These services were not always successfully engaging young people. When this was the case, young people were more isolated. It was important to these young people and their families that they were able to choose to return and ask for support when they were ready to do so.

Part 3: Next steps: learning and action

In part 1, we presented the views and experiences of young people, their families and staff working with them in relation to their rights. In part 2, we considered the experiences of young people and their families in more depth and explored what was working well and what needed to improve before, during and after secure care.

In this final part of the report, we explore six key themes arising from the review and highlight key improvement actions for corporate parents. We also outline reflective questions for staff and managers.

Theme 1: Understanding the purpose and role of secure care

Learning from the review:

The purpose and role of secure care is to provide the necessary safe and restricted environment that some young people need. It should enable them to get the care and therapeutic support that they require. While some young people are in secure care because they are a risk to others, some young people in secure care are there because they themselves are at risk of harm and in need of the specialist support provided by secure care services.

Young people, their families and staff working with young people do not always fully understand the role and purpose of secure care. At times, some public and professionals' perceptions concerning secure care have been more in line with concepts of punishment rather than intensive therapeutic care in a restricted environment.

Actions required from corporate parents:

- Policymakers have a key role in clarifying the purpose of secure care in alignment with the vision for secure care outlined in the Promise.
- All corporate parents have a responsibility to ensure there is a shared, consistent understanding of the purpose and role of secure care (across all aspects of services for children and young people) both in their own organisations and when working with partners.

Reflective questions for staff and managers:

The Promise calls for the purpose of secure care to be clearly concerned with the provision of therapeutic and trauma-informed support for its most distressed young people. How easy is it for young people that you work with and their families to understand the role and purpose of secure care if they require this? To what extent do you and the staff you work with understand its purpose? Is there anything more you could do to help build a greater understanding of this?

Theme 2: Identifying and responding when young people are at high risk of harm

Learning from the review:

Across Scotland, children's services planning partnerships differ in their approaches to identifying, responding to and monitoring young people at high risk of harm who may require secure care. This includes before, during and after secure care to prevent admission or readmission to secure and support planning during secure care. There are inconsistencies in the extent to which staff and leaders from key agencies are involved in assessing and planning support for such young people throughout their secure care journeys.

Actions required from corporate parents:

- Children's services planning partnerships should ensure that they have and are consistently using clear processes for identifying, responding to and monitoring young people who are at high risk of harm and may be on the edges of secure care.
- Corporate parents need to ensure strategic oversight arrangements are in place to support collaborative assessing, planning and reviewing of young people at high risk of harm.

Reflective questions for staff and managers:

The findings of this review emphasised the importance of the clear and consistent use of processes to identify and respond when young people are at high risk of harm. How well do you think you are working together with colleagues from partner agencies and families to identify, assess and jointly plan support when young people are at high risk of harm? How do you know whether the work you are doing to support young people at high risk of harm is effective?

Theme 3: Providing young people with stability of care

Learning from the review:

We cannot overestimate the importance of stability of care and consistent relationships with staff for young people in or on the edges of secure care. Too often, young people in our sample were moved around the care system including in and out of secure care, especially when their behaviour was challenging as a result of trauma and distress. Many young people experienced changes of staff working with them and this meant it was hard for young people to benefit from positive relationships with staff.

Actions required from corporate parents:

- The national recruitment and retention issues in the workforce made it very challenging for those in charge to provide young people with consistent staff to work with them. This requires further attention from policymakers across the sector to improve the recruitment and retention of skilled and experienced staff to work and keep on working with young people.

- Corporate parents need to ensure that staff have the required time to build relationships with young people and the support of managers to ensure that this is prioritised and valued.
- For young people living away from home, corporate parents need to ensure that those caring for them are well supported to help reduce moves between placements whenever possible.

Reflective questions for staff and managers:

Reflecting on your own practice with the young people that you work with, how effective are you in building valuable relationships with young people? What else can you do to build a sense of belonging and stability of care for young people? If you are managing or supporting other staff members, how much are you valuing and encouraging staff to take time to build key relationships with young people?

Theme 4: Providing families with suitable support

Learning from the review:

Early and effective family-based support was not always readily available for families when they needed it. It was particularly challenging for families caring for children and young people with complex needs - such as arising from children and young people being care experienced or having additional support needs - to ask for help and receive it. The provision of flexible and timely intensive support for families was not consistently available across Scotland. In addition, families were not always receiving the practical and emotional support that they needed to stay in touch when young people were living away from home. There was a lack of support available to families to help them to prepare for young people returning to their care.

Actions required from corporate parents:

- Corporate parents should work together to ensure the timely availability of responsive and flexible family-based support. This includes both preventative early support for families and more intensive family support when young people are at risk of requiring or returning to secure care.
- Corporate parents should ensure that families are provided with practical and emotional support to help them stay involved with their young people when living away from home and prepare for their return.
- Local authorities should provide families with the financial support they need to keep in touch with young people living far from home.

Reflective questions for staff and managers:

The importance of family-based support being available for families when they needed it was emphasised in the review findings. How easy is it for families in your area to receive early and effective family-based support? How do you know whether this is working effectively? How easy is it for families with children and young people with complex needs (perhaps arising from children and young people being care experienced or having additional support needs) to ask for help and receive it? When young people are living far from home, are you effectively supporting family members

financially, practically and emotionally to stay connected with and involved with their young people and helping them to prepare for young people returning home?

Theme 5: Meeting the housing needs of young people

Learning from the review:

When young people left secure care or residential care, they were not always prepared for leaving. They were often not well provided with support to make steps towards independent living or returning to live with family members. Almost a third of young people in our sample became homeless during the review period or were at risk of homelessness.

Suitable intermediate care settings were not consistently available for young people in or on the edges of secure care. At times, young people were placed with family members or in care settings that were unlikely to be sustainable because there were no other options available.

Actions required from corporate parents:

- Corporate parents must work together to ensure that young people in or on the edges of secure care do not experience homelessness.
- Local and national resourcing issues made it difficult for corporate parents to ensure that young people were provided with the intermediate care settings or housing support that they needed after secure care. This requires further attention from policymakers to help local partners to build capacity across Scotland.

Reflective questions for staff and managers:

Risk of homelessness was a particular concern for some of the young people in our review. Reflecting on your own practice, are the young people you are working with at risk of homelessness? What ways can you work with others to identify and respond to this risk?

Theme 6: Providing young people with intensive and specialist support

Learning from the review:

There were inconsistencies in the provision of support to young people. This included therapeutic support to address emotional distress and risks of self-harm and suicide and substance misuse for young people living in the community. More consistent, intensive community-based support could help to prevent young people moving to or returning to secure care settings.

It was easier for young people to access and engage with therapeutic and specialist support while living in secure care settings. However, there were differences in the availability of specialist therapeutic support for young people living in different secure care services. There was also a lack of

continuity of therapeutic support when young people moved in and out of secure care. Young people often faced a drop-off in support after they moved out of secure care. Multi-agency partners were much less likely to be involved in post-secure care planning and provision of support.

Actions required from corporate parents:

- As part of Scottish Government's response to the Promise's call to consider the role and purpose of secure care in Scotland, there needs to be a clear plan for the provision of consistent mental and emotional health support for young people in and on the edges of secure care.
- Health boards should lead work with other corporate parents to ensure that young people receive consistent support to address emotional distress including self-harm and suicide risks.
- Corporate parents should work with community-based services and secure care providers to ensure the suitable provision of substance misuse support for young people in and on the edges of secure care.
- Corporate parents should ensure that young people who have left secure care do not experience a drop off in support and that all relevant multi-agency partners are involved in the planning and delivery of support at this stage.

Reflective questions for staff and managers:

We heard that staff found it particularly challenging when the young people they worked with were experiencing emotional distress. What support, training and systems are in place to support staff dealing with very high risk? A range of staff members from different teams and agencies provide emotional and mental health support to young people in local areas. How well connected are these staff members and what more can be done to raise awareness and better connect the work of the various different support services? When young people have left secure care and services struggle to engage with them, how can you ensure that maximum effort is made to support young people to engage and that the door remains open for young people to return and ask for help when they feel ready?

Conclusion

All young people need to feel safe, cared for and valued. Young people in and on the edges of secure care have a wide variety of backgrounds, needs and behaviours resulting from their life experiences and trauma.

As detailed in the introduction to this report, we have gathered a significant weight of evidence throughout the review period, and we have heard directly from young people, families and staff about their views and experiences of being in or on the edges of secure care settings. While we saw examples of good practice of how young people's rights were being upheld, which we have highlighted in this report, we also saw variability and inconsistencies in the work carried out across Scotland. The review showed that while progress has been made nationally to meet the aspirations of the secure care pathway and standards, there is further work to do to improve the support young people receive before, during and after secure care.

In undertaking this review, we recognise the challenges of providing services for young people in and on the edges of secure care. Our work has highlighted significant factors that help promote young people's rights, safety and overall wellbeing. We have also noted some areas for improvement, primarily for policymakers and corporate parents, and we have outlined key actions to support improvement. Additionally, we have provided a range of reflective questions for staff and managers. We encourage policymakers, corporate parents, managers and staff to reflect on the findings in this report and consider what more they can and should do to improve the lives and experiences of young people in and on the edges of secure care in Scotland.

We hope that the insights in this report can play a part in improving and strengthening the supports that are in place for young people in or on the edges of secure care.

Appendix 1

What is secure care?

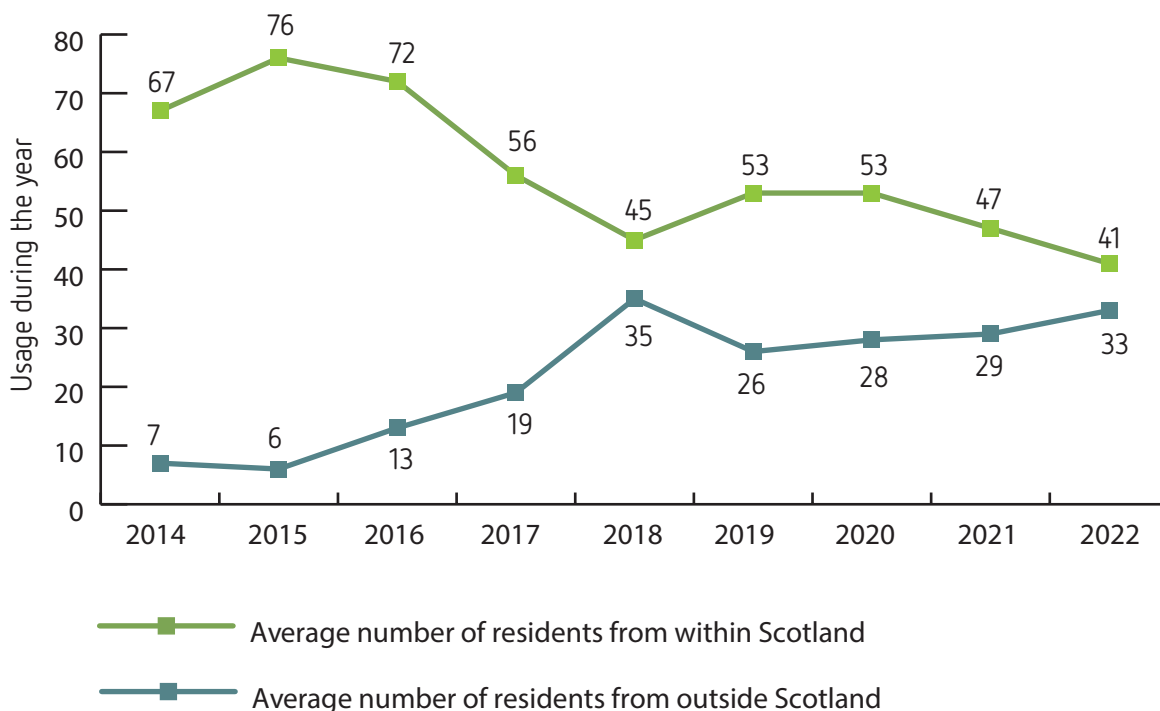
The Scottish Government defines secure accommodation as a form of residential care that restricts the freedom of children under the age of 18. It is for the small number of children who may be a significant risk to themselves or others in the community. Their needs and risks can only be managed in secure care's controlled settings.

Secure care centres are approved by the Scottish Government and registered and inspected by the Care Inspectorate and Education Scotland.

When our review started - and since 2016 – there were five secure care accommodation services in Scotland, providing a maximum of 84 young people with secure care (with some additional places availability for emergency use). However, by August 2023, one centre had closed. There are now four secure care centres, providing a maximum of 78 young people with secure care (plus some additional emergency spaces) in Scotland. These are all now provided by independent charitable organisations.

While all secure care centres have different environments, they all contain locked children's houses with individual bedrooms, various communal spaces and educational provision.

Scottish use of secure care⁴



⁴ Data source: [Children's Social Work Statistics 2021- 2022](#), Scottish Government.

Scottish use of secure care has been significantly decreasing since 2014. There has been a drive to keep young people at home in their local communities and therefore staff working in community-based settings are supporting young people who would have otherwise been living in secure care.

There has been a significant increase in cross-border placements into Scottish secure care centres. Our review only considered young people from Scottish local authorities. Cross-border placements were outwith the scope of the review.

Why do some young people live in secure care?

The Promise sets a vision for secure care to first and foremost provide therapeutic trauma-informed support for young people who require it. Young people who live in secure care in Scotland are almost always young people who have had adverse experiences throughout their childhood such as loss, trauma, abuse or neglect. Young people who live in secure care are young people who are experiencing very high levels of needs and risks and need to live in secure care to keep them or others safe.

Young people are placed in secure care following a decision made at a children's hearing or during court proceedings or for a short and limited period of time following the temporary decision of a chief social worker or police powers. Young people should live in secure care for only as long as they require it to keep them or others safe and it is in their best interests to be there.

What does it mean to be on the edges of secure care?

The Secure Care Pathway and Standards use the term 'on the edges of secure care' to mean young people who are experiencing very high levels of risk and need and who might need to be moved to secure care to keep them or others safe. The term also includes young people who have recently moved out of secure care settings and require intensive support in the community.

Appendix 2: Statistical information about the young people involved in our review

Table 1: Gender of young people in the sample

| Gender | Total young people |
|---------|--------------------|
| Male | 18 |
| Female | 10 |
| Other** | 2 |

**other refers to young people identified in gender categories other than male or female.

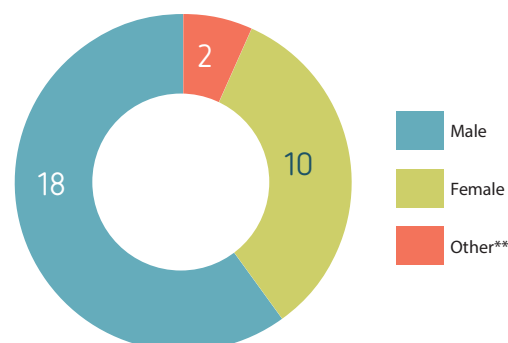


Table 2: Age of young people at the start of the review (July 2022)

| Age groups | Total young people |
|------------|--------------------|
| 13-14 | 5 |
| 15-16 | 17 |
| 17-18 | 8 |

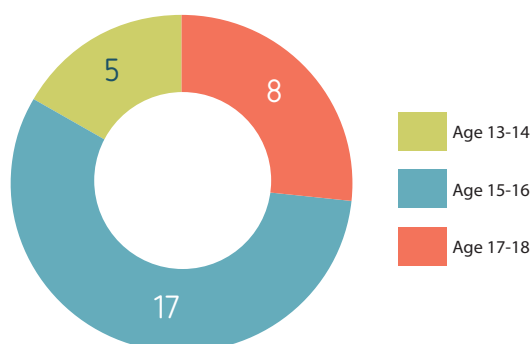


Table 3: Main reason young person was being considered for secure care in July 2022

| Main reason* for secure consideration | Total young people |
|---------------------------------------|--------------------|
| Risk to self | 14 |
| Risk in the community | 4 |
| In conflict with the law | 5 |
| Risk to others | 7 |

*Local areas were asked to select the main reason young people were in or on the edges of secure care. If there were risks in different categories, local authorities were asked to select the main reason.

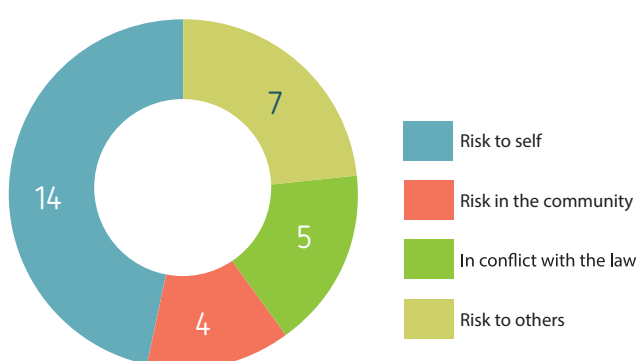


Table 4: Legal status of young people in July 2022

| Legal status in July 2022, or if in secure care, legal status immediately prior to secure admission | Total young people |
|---|--------------------|
| Not known | 2 |
| Not looked after | 0 |
| LAC at home | 4 |
| LAAC in kinship/foster | 3 |
| LAAC in residential/other secure | 21 |

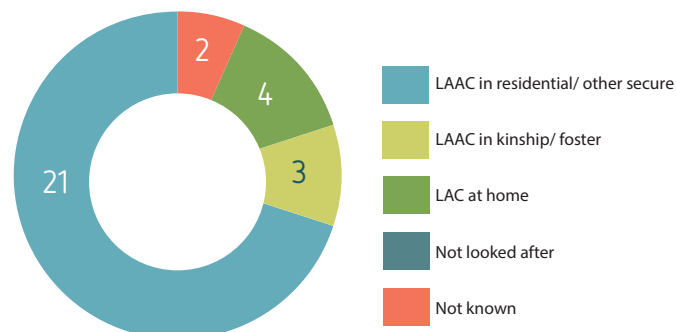


Table 5: How was the decision made for young people to enter secure care?

This refers to the 12 young people who were in secure care at the start of the review in July 2022.

| Secure decision making | Total young people |
|-----------------------------|--------------------|
| Emergency decision | 6 |
| Children’s hearing decision | 4 |
| Court decision | 2 |

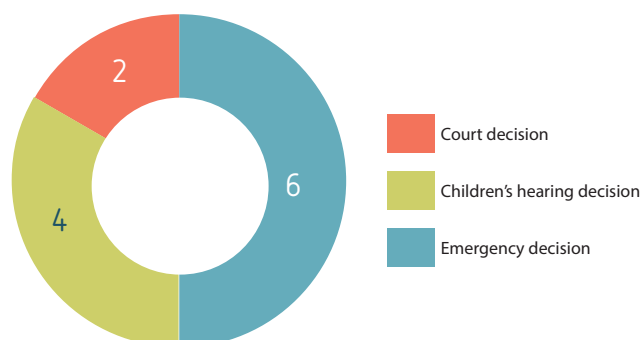


Table 6: Number of placement moves between July 2022 and July 2023

| Number of placement moves during review period | Total young people |
|--|--------------------|
| No moves | 9 |
| One move | 4 |
| Two moves | 7 |
| Three or more moves | 10 |

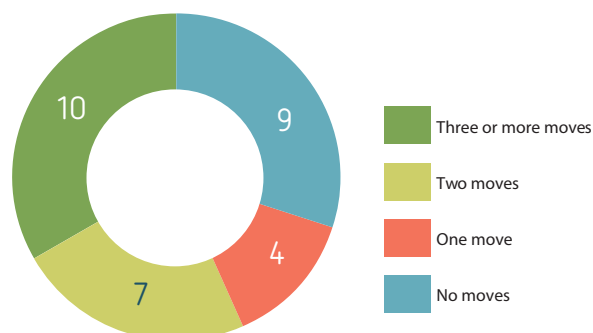


Table 7: Total number of separate admissions to secure care (including prior to the review period)

| Number of admissions to secure care | Total young people |
|-------------------------------------|--------------------|
| None | 7 |
| One admission period | 11 |
| Two or more admission periods | 12 |

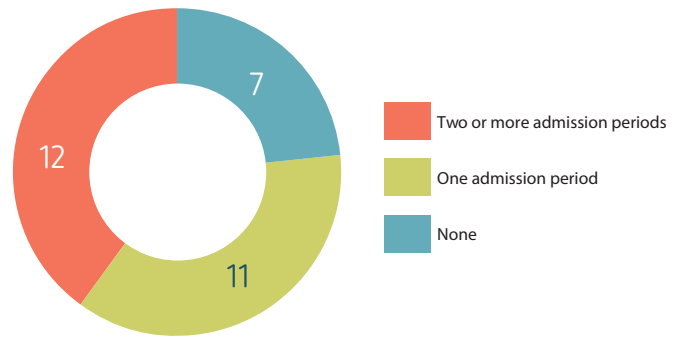
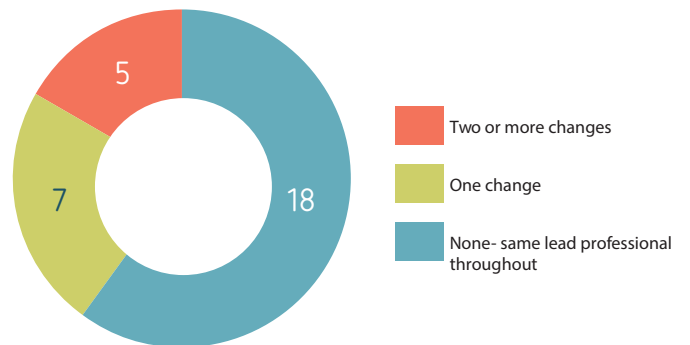


Table 8: Number of changes of lead professionals the young person had between July 2022 and July 2023

| Number of changes of lead professional during the review period | Total young people |
|---|--------------------|
| None - same lead professional throughout | 18 |
| One change | 7 |
| Two or more changes | 5 |



Appendix 3: The terms we use in this report

Care and risk management - (CARM) refers to processes that are applied when a child between the ages of 12 and 17 has been involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

Children's house – sometimes referred to as children's homes, refers to residential care for children and young people who are looked after and accommodated, normally in small residential units found in the community.

Child protection processes – processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Expectations for practice are outlined in the [National guidance for child protection in Scotland 2021](#).

Children's services planning partnerships – are key to the local delivery of ambitions for children, young people and families, bringing together all those organisations that have a part to play in improving outcomes. They were established through the [Children and Young People \(Scotland\) Act 2014](#) (Part 3). The legislation requires them to develop and publish their Children's Services Plans every three years, setting out how the partnership will work together collaboratively to improve outcomes for children and young people in their area.

Corporate parents – the organisations listed as corporate parents in the [Children and Young People \(Scotland\) Act 2014](#). Corporate parents have duties to uphold the rights and secure the wellbeing of looked after children and care leavers.

The [Health and Social Care Standards](#) - set out what everyone should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

Independent advocacy – a service where advocacy workers support a child or adult to express their own needs and views and to make informed decisions on matters that influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

Intensive support - often provided by a specific 'intensive support service' offering a high level of contact with children, young people and their family. These services can be available out of office hours and can involve outreach engagement. The purpose of these services is usually to enable children and young people to stay within, or return to, their families and community by providing individual tailored support.

Intermediate settings – this is a term used in the Promise’s secure briefing paper. The Promise states: “There must be further investment in supportive intermediate settings so that young people leaving secure care are able to access the support they need.” [The Promise: Secure Care p5 Autumn 2020]

Kinship care – when a child lives away from their parents with an adult who has a pre-existing relationship with the child (such as a family member or friend).

Neurodiversity – refers to the diversity of all people but is often used in the context of autism as well as other neurological or developmental conditions such as ADHD or learning difficulties.

The Promise – a plan arising from the reports of Scotland’s independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It describes what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they all deserve. The review also published a separate briefing outlining key messages for [secure care](#).

Restrictive practices – are protective actions that staff working with young people may take to keep young people safe. Examples include physical restraint, use of seclusion and physical searches of young people. More information can be found in the [Restrictive practices self-evaluation tool](#).

Review period – in this report, this refers to the time between the selection of the sample on 13 July 2022 and the end of the review 12 July 2023.

Secure care accommodation or secure care service – a form of residential care that restricts the freedom of children under the age of 18. It is for the small number of children who may be a significant risk to themselves or others in the community. Their needs and risks can only be managed in secure care’s controlled settings. In Scotland, these services are registered with and regulated by the Care Inspectorate.

Secure care screening – an approach that some local authority areas use as a formal approach to considering whether young people meet the secure care criteria.

Specialist support – additional support for young people where they can access support from trained staff to address a particular issue or to support recovery from trauma. At times, this can be provided by specialist intervention teams or a particular type of therapeutic support.

Trauma-informed approach/practice – is grounded in an understanding of and responsiveness to the impact of trauma. It emphasises physical, psychological and emotional safety for everyone, which creates opportunities for survivors to rebuild a sense of control and empowerment.

Virtual school – a resource designed to support improvements in the educational progress, attainment and achievement of all children and young people looked after by the local authority, including those that are educated in other local authorities. Virtual school is led by the virtual school

head teacher with support from colleagues in social work, the educational psychology service, the third sector, the central education team and a looked after children's nurse.

Vulnerable young people's processes - are designed primarily to support young people by working effectively to promote, support and safeguard the wellbeing of young people and vulnerable adults. The vulnerabilities can be because of the young person's own behaviours or those of others towards them placing them at risk of significant harm.

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