



**Human Services**  
Community Services

**OUT OF HOME CARE SERVICE MODEL  
THERAPEUTIC SECURE CARE PROGRAMS**

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## THERAPEUTIC SECURE CARE PROGRAMS

### **Summary**

*Therapeutic secure care is a placement option for a small group of children and young people in out-of-home care who require intensive care and support to protect them from extreme risk taking or life threatening behaviour that can only be effectively provided in a secure setting. The aim of therapeutic secure care is to keep the child or young person safe while their behavioural, emotional and health needs are assessed, their case plan is reviewed and linkages to appropriate support services and treatment are established or enhanced to reduce the risk to the child and return him or her to a community placement as quickly and safely as possible.*

*To ensure appropriate oversight of therapeutic secure care placements, applications for therapeutic secure care will be considered by the Director Intensive Support Services who will then convene a case conference. The case conference will recommend whether or not an application for a therapeutic secure care order should be made to the NSW Supreme Court. The length of stay in therapeutic secure care is determined by the NSW Supreme Court.*

*The key features of a therapeutic secure care program operating under this service model include:*

- care of residents in secure group residence with 24 hour supervision*
- individual case planning based on comprehensive assessment of needs*
- delivery of services by multidisciplinary teams of professionals (including direct care staff, and a range of mental health, education and medical professionals)*
- a philosophy of care with a therapeutic focus guided by evidence-based practice*
- a maximum number of 4 residents per program*
- highly skilled direct care staff who receive ongoing on-the-job training and have access to regular supervision*
- staffing rosters that allow for a minimum ratio of 1:2 direct care staff to residents*
- placement and placement duration determined by the Supreme Court of NSW*
- a focus on developing the capacity of children and young people to live safely in less restrictive settings*
- effective transition planning to facilitate a safe and sustainable move for the child or young person into a less restrictive setting*
- ongoing evaluation of the effectiveness of the program in achieving positive outcomes.*

## Contents

1.	Introduction .....	4
2.	Definition of a therapeutic secure care program .....	4
3.	Research findings .....	4
4.	Aims of a therapeutic secure care program .....	4
5.	Outcomes of therapeutic secure care program .....	5
6.	Target group for the model .....	5
7.	Applications for therapeutic secure care.....	7
8.	Extension of secure care order.....	9
9.	Key program features .....	10
9.1	Therapeutic orientation.....	10
9.2	Interagency coordination.....	11
9.3	Eligibility and exclusion criteria.....	11
9.4	Program duration .....	11
9.5	Number of residents.....	12
9.6	Physical environment .....	12
9.7	Culturally Competent Service Delivery .....	13
9.8	Staffing .....	14
9.8.1	Program Manager .....	14
9.8.2	Direct care workers .....	15
9.8.3	Caseworker .....	15
9.8.4	Clinical Specialists .....	16
9.8.5	Specialist teachers/tutors .....	17
9.9	Staffing rosters .....	18
9.10	Management of crisis situations.....	18
9.11	Transition planning and post-placement support.....	18
9.12	Participation of children, young people, and their families .....	19
9.13	Promoting the rights of children, young people and families.....	19
9.14	Community Visitors.....	19
9.15	Program evaluation .....	20
	Appendix 1: Research Bibliography .....	21

## **1. Introduction**

This paper outlines the key components of a therapeutic secure care service model for children and young people in out-of-home care (OOHC) who pose an immediate and substantial risk of harm to themselves. The therapeutic secure care service model has been developed as a placement option for these children and young people in order to keep them safe, to provide interventions to reduce the risks the child or young person poses to themselves and to return them to a community placement as quickly and safely as possible.

## **2. Definition of a therapeutic secure care program**

Secure care programs for children and young people in a child welfare context vary greatly between jurisdictions. Programs differ in overall purpose and approach, client group and legislative frameworks. This service model refers to secure accommodation used in exceptional circumstances for children and young people in OOHC who are at significant risk of harm to themselves because of their extreme risk taking and life threatening behaviour. Therapeutic secure care in this context refers to the compulsory confinement of a child or young person in group residence that aims to protect the child or young person from imminent risk and danger arising from their behaviour through 24 hour supervision, intensive case management and access to specialist services.

The program involves confining the child or young person safely in a secure therapeutic environment guided by a comprehensive therapeutic philosophy while their behavioural, emotional and mental health needs are assessed, their case plan is reviewed, and linkages to appropriate support services and treatment are established or enhanced. The goal of the placement is to reduce the risk the child or young person poses to themselves so that they can exit the placement as quickly and safely as possible and continue to access intervention services in a community setting.

## **3. Research findings**

There is limited research on the use of therapeutic secure care in a welfare context. A selection of relevant resources is listed in the research bibliography (Appendix 1).

## **4. Aims of a therapeutic secure care program**

- Protect the child or young person from their extreme or life threatening risk taking behaviour in the short-term with 24 hour supervision in a small secure group residential care setting that has a clearly defined therapeutic philosophy.
- Assess the behavioural, emotional and mental and physical health needs of the child or young person.
- Provide intensive case management and specialist services and supports in response to the child or young person's identified needs.
- Provide the child or young person with a care team including direct care staff who facilitate behavioural change through daily interactions consistent with the child or young person's case plan goals and the therapeutic philosophy of the program.

- Establish or enhance linkages to appropriate support services and treatment to reduce the risks to the child or young person so that he or she can return to a community placement as quickly and safely as possible.

## **5. Outcomes of therapeutic secure care program**

A therapeutic secure care program should achieve the following outcomes:

- the child or young person receives appropriate supports and services to address their behavioural, emotional, educational and mental and physical health needs.
- the child or young person demonstrates skill development and positive behavioural change associated with his or her case plan goals, for example, greater emotional regulation, greater coping strategies to deal with interpersonal conflict and stressful situations and reduced incidences of self-harm.
- the risk to the child or young person arising from their behaviour is reduced to the extent that it can be effectively managed in a community setting.
- the child or young person is able to make a successful transition to a less restrictive community placement setting at the earliest opportunity, such as intensive therapeutic residential care, intensive foster care, supported independent living, relative or kinship care or family restoration.

## **6. Target group for the model**

Only a small number of children and young people are expected to require a therapeutic secure care placement.

The defining feature of the target group is behaviour which places the children or young person's life at extreme risk of harm. It is serious risk of harm to self, rather than overall levels of assessed need, which places a child or young person in the target group for therapeutic secure care.

Behaviours that are so extreme they cannot be safely managed in a less restrictive setting and may lead to a child or young person entering therapeutic secure care include:

- serious or life threatening self-harming behaviour
- serious risk taking behaviour that leads to severe abuse and exploitation, particularly sexual exploitation
- drug or substance abuse that leads to severe harm or risk of death

While there may be a particular crisis that leads to an application for secure care, children and young people in the therapeutic secure care target group will often have a history of chronic risk taking behaviour that places them at significant risk of harm and may frequently present in a state of crisis. Children and young people within this target group might also have multiple challenging behaviours and may have been resistant to previous treatment interventions.

Prior placements of children and young people admitted to therapeutic secure care may include foster care, relative or kinship care, intensive foster care, residential care, supported independent living or homelessness. It is likely that many children and young people admitted to therapeutic secure care will present with a similar range of challenging behaviours and social/emotional difficulties outlined in the target group for the intensive residential care service model.<sup>1</sup> However, not all children and young people in the intensive residential care target group will require therapeutic secure care.

Only children and young people likely to benefit from the program should be placed in therapeutic secure care. It must be clear that the child or young person will receive treatment and other services that will ensure their safety in the short-term and will assist them in the long-term to deal with the problems that have led them to present such a danger to themselves. In making this assessment, it must be considered whether alternative placements are more suitable for the child or young person than a therapeutic secure care placement. For example, for a child or young person who is a refugee or asylum seeker with a history of detainment, a therapeutic secure care placement may be inappropriate.

A child or young person cannot be placed in a therapeutic secure care program operating under this model without an order of the NSW Supreme Court. Child welfare legislation in NSW does not allow involuntary confinement of children and young people in out-of-home care at the discretion of the Chief Executive of Community Services. Judicial oversight of therapeutic secure care placements reflects the serious nature of involuntarily containing a child or young person and the exceptional circumstances where such measures are required.

To be the subject of a therapeutic secure care application, the child or young person must be under the case management responsibility of Community Services. Where a child or young person is under the case management responsibility of a non-government service provider but is considered to be in need of more intensive assistance, including therapeutic secure care, the non-government agency should contact its local child and family regional unit to discuss transferring case management responsibility to Community Services. For further information see the Draft Service Provision Guidelines.<sup>2</sup>

Children and young people with a significant, complex mental health condition who require close psychiatric monitoring and treatment will need to be carefully assessed when considering placement in therapeutic secure care. Those eligible for involuntary treatment under the *Mental Health Act 2007* because of a mental illness or disorder defined under the Act should be treated by health professionals in accordance with the Act. Residents of a secure care program operating under this model may be admitted for involuntary treatment under the *Mental Health Act 2007* for a short duration if necessary.

In summary, the target group for therapeutic secure care includes children and young people who are:

- in the parental responsibility of the Minister for Community Services or the care responsibility of the Director-General, Department of Human Services or under an interim order which will lead to permanent care
- under the case management responsibility of Community Services

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<sup>1</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc\\_model\\_residential\\_int.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc_model_residential_int.pdf)

<sup>2</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc\\_serv\\_provision.doc](http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc_serv_provision.doc)

- aged between 12 and 17 years of age
- at extreme risk of harm to themselves and the risk cannot be safely managed in a less restrictive setting
- likely to benefit from placement in a therapeutic secure care program
- the subject of a Supreme Court Order authorising a therapeutic secure care placement.

## **7. Applications for therapeutic secure care**

A child or young person in out-of-home care can only be placed in therapeutic secure care by an order of the NSW Supreme Court. Placing a child or young person in therapeutic secure care is a very serious intervention to take. A therapeutic secure care placement should only be sought when all other placement options have been unsuccessful or when alternative placements have been considered and deemed inappropriate because the child or young person will be at significant risk of harm.

Before Community Services applies to the Supreme Court for a therapeutic secure care order, the case must first be referred by a Regional Director to the Director Intensive Support Services.

The referring Regional Director must provide the Director Intensive Support Services with:

- the child or young person's legal status and copy of relevant court orders;
- relevant history of the child or young person
- current assessed needs, strengths and diagnoses
- a copy of the child or young person's case plan
- current placement details
- details on the most recent placement review and outcomes of previous placements
- the rationale for why a placement in therapeutic secure care is considered the most appropriate placement for the child or young person
- a discussion of the alternatives to a therapeutic secure care placement that have been considered and why these are not appropriate
- the desired outcomes of the therapeutic secure care placement for the child or young person

The Director Intensive Support Services will review the available material and discuss the placement options for the child or young person with the referring Regional Director. If the Director Intensive Support Services agrees that therapeutic secure care is the preferred placement option, the Director Intensive Support Services will convene a Case Conference to discuss the referral either in person or via teleconference. The case conference will include:

- The referring Regional Director
- The casework team involved with the child or young person
- Treating professionals (for example psychiatrist, psychologist)
- Program Manager, Therapeutic Secure Care

- Clinicians who provide services to residents of the Therapeutic Secure Care Program
- Other relevant people as appropriate.

Where a child or young person being considered for a placement in therapeutic secure care is Aboriginal the case conference must include an Aboriginal caseworker from Metro Intensive Support Services and the Director Aboriginal Services Branch. In addition, consultation must occur with relevant members of the child's family, kinship group, representative organisation or community in accordance with section 12 of the *Children and Young Persons (Care and Protection) Act 1998*.

Where the child or young person is from a CALD background input to or participation in the case conference by a culturally appropriate person must be considered by the Director of Intensive Support Services.

Where the child or young person is a refugee or asylum seeker with a history of detainment and/or refugee related trauma, input to or participation in the case conference by a refugee health specialist (for example a psychologist or counsellor) must be included. These workers can advise on the needs of the child or young person, the suitability of the placement for the child or young person and the supports required.

The case conference will consider:

- the application for therapeutic secure care
- the purpose of the therapeutic secure care placement
- how the placement fits into the child or young person's overall case plan
- how the placement will meet their needs and reduce the risks to the child or young person
- the feasibility of alternatives to a therapeutic secure care placement including accessing services in a community setting
- the outcome of consultation with the child or young and his or her carers and/or family
- the views of the Aboriginal caseworker and the Director Aboriginal Services Branch and relevant members of the child's family, kinship group, representative organisation or community if the child or young person is Aboriginal
- the views of a refugee health specialist if the child or young person is a refugee or asylum seeker, or the views of a culturally appropriate person, if required, where the child or young person is from a CALD background.
- which child or young person is in greatest need of a therapeutic secure care placement where demand for therapeutic secure care exceeds the number of placements available.

In crisis situations, a case conference may not be held and the views of each member of the case conference will be sought individually by the Director Intensive Support Services.

The decision of the case conference and any advice received from consultation about the placement should be recorded on the child or young person's file.



If the members of the case conference recommend the child or young person be placed in therapeutic secure care, the Director Intensive Support Services will seek approval for the placement from the Chief Executive of Community Services. If approved by the Chief Executive, the Director Intensive Support Services will arrange an application to the NSW Supreme Court seeking approval to place the child or young person in therapeutic secure care. If approved, the Director Intensive Support Services will arrange the child or young person's placement in conjunction with the current casework team and the Therapeutic Secure Care Program Manager.

If the Chief Executive does not approve the application for therapeutic secure care the case is referred back to the Regional Director for further discussion with the Director Intensive Support Services and other members of the child or young person's care team.

Alternative arrangements to ensure the safety of the child or young person must be made by Intensive Support Services while Court proceedings are in place.

## **8. Extension of therapeutic secure care order**

The NSW Supreme Court makes an order for therapeutic secure care on an interim basis only. The Justice presiding over the case sets the review dates for each matter and provides instruction on what information must be provided at the next review.

The placement must also be monitored and regularly reviewed by the child or young person's care team. The care team comprises Manager Client Services Metro Intensive Support Services, the child or young person's caseworker, youth worker, psychologist or psychiatrist, the therapeutic secure care program manager, as well as any other professional involved in the ongoing care of the child or young person invited by the child or young person's case worker. The care team must carefully consider the progress of the child or young person against his or her case plan goals and must consider whether continuing the child or young person's placement in therapeutic secure care is necessary and in his or her best interests. The findings of the review should be presented to the subsequent Court hearing.

If a longer term placement is being considered for an Aboriginal child or young person the care team, including the Aboriginal caseworker, must seek the views of the Director Aboriginal Services Branch. In addition, consultation must occur with relevant members of the child's family, kinship group, representative organisation or community in accordance with section 12 of the *Children and Young Persons (Care and Protection) Act 1998*.

## **9. Key program features**

The key features of a therapeutic secure care program in the NSW context are described below.

### **9.1 Therapeutic orientation**

A therapeutic secure care program must have a guiding philosophy of care. The philosophy of care should have a therapeutic focus that attempts to address the underlying causes of the child or young person's behavioural and emotional difficulties, with the goal of outcomes for the child or young person that will minimise the serious or life threatening behaviour and allow them to move to a community setting, presumably for further treatment. The philosophy should be based on evidence-based treatment approaches for children and young people with significant emotional and behavioural difficulties. Examples of common therapeutic approaches used for children and young people in out-of-home care in residential care settings internationally include:

- approaches based on trauma and attachment theory
- behaviour modification approaches, including the use of points systems and "token economies"
- milieu therapy or therapeutic community approaches
- cognitive behaviour therapy
- approaches focussing on the development of appropriate social skills, including anger management strategies.

In practice, therapeutic secure care services can incorporate a combination of these approaches into their overall program. Whichever approach is adopted it is important that the interventions provided in the program are congruent with the guiding philosophy of care. While research on therapeutic models of care for children and young people in out of home care is limited, the underpinning philosophy and treatment approaches should be evidence based wherever possible.

In addition, the philosophy of care must be clearly articulated, understood and applied consistently by staff. The underpinning philosophy of treatment should guide staff in their interaction with residents and in making choices about the interventions for addressing individual behavioural, social and emotional issues following admission to the program.

Additional components of a therapeutic secure care program that contribute to a therapeutic approach include:

- comprehensive needs assessment
- individualised case planning based on identified needs and strengths subject to regular monitoring and review involving the child or young person's family and professionals from a range of disciplines as required
- a care team approach involving highly skilled direct care staff who work collaboratively with a range of professionals as part of a multi-disciplinary team in achieving the child or young person's therapeutic and other goals identified in their case plan
- planned day programs incorporating the child or young person's therapeutic and other goals identified in their case plan

- regular contact between the child or young person, their family and significant others where appropriate
- maintenance of the child or young person's community and cultural connections as far as possible whilst they are in therapeutic secure care
- case plans that include a cultural support/commitment component for Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse communities
- regular involvement of an Aboriginal caseworker for Aboriginal and Torres Strait Islander children.
- the creation of a safe, stable, consistent and therapeutic living environment
- comprehensive transition planning and support for children and young people exiting the program into a less restrictive setting.

## **9.2 Interagency coordination**

A therapeutic secure care program must provide supports and services to address the child or young person's identified needs including health, mental health and educational services for the duration of the therapeutic secure care placement, and be able to access specialist support services from a range of professions. Specialist support services may be sought from other NSW Government agencies such as education, health, juvenile justice and disability services, from the non-government not-for-profit sector and from the private sector. The child or young person's caseworker and the therapeutic secure care program manager must ensure that there is appropriate communication, consultation and cooperation between each resident's care team to strengthen case planning and review.

## **9.3 Eligibility and exclusion criteria**

A therapeutic secure care program must have explicit entry and exclusion criteria based on the target group described above. A service may further define or narrow their entry criteria based on the particular program design and therapeutic philosophy. The decision to accept a child or young person into the program should be based on a thorough assessment process that considers:

- whether or not the child or young person meets the eligibility criteria
- the needs of the child or young person
- the ability of the program to meet those needs
- the views of the child or young person about undertaking the program
- the compatibility of the child or young person with other residents and the style of the program itself.

## **9.4 Program duration**

A primary goal of a therapeutic secure care program is to reduce the serious risk taking behaviour to a point where the child or young person can return to a community placement as quickly and safely as possible. The exact duration of a child or young person's stay in therapeutic secure care is determined by the NSW Supreme Court and is subject to regular review by the Court.

The behaviour(s) that place a child or young person at such significant risk of harm so extreme that they require a placement in therapeutic secure care are often caused by problems related to their history of abuse, trauma and problems with attachment. These problems will likely require a long-term therapeutic intervention tailored to suit the needs of the individual child or young person. The duration of therapeutic secure care should not be for the length of the child or young person's therapeutic intervention, rather it should be only as long as is necessary to manage to the risk that the child or young person poses to themselves. Once that risk can be safely managed in a non-secure setting the child or young person should be placed in a community setting and should continue to receive supports and services tailored to his or her needs.

Longer placements in a highly structured, restricted and controlled environment such as therapeutic secure care increase the risk of institutionalisation and should be considered cautiously.<sup>3</sup>

### **9.5 Number of residents**

The number of residents in the program will be up to 4 given that it is a placement used only in exceptional circumstances and those in need of therapeutic secure care require individualised care and intensive support. While placing children or young people who are at serious risk of harm to themselves together increases the complexities of managing the group dynamics, small groups are preferred over single placements. There are concerns that single placements cause social isolation by isolating the child or young person from peers, a lack of normalcy and the potential for maladaptive relationships between residents and staff.<sup>4</sup>

### **9.6 Physical environment**

The physical environment of a therapeutic secure care facility should maximise its primary functions of safety, therapy and security. It is important that while achieving safety and security, through close 24 hour supervision in a secure environment and removing objects to minimise opportunities for self-harm where necessary, a therapeutic secure care facility also focuses on the child or young person's sense of well-being. As far as possible the physical environment should promote a therapeutic environment and a home-like setting. Residents should be provided with opportunities to personalise their space, particularly their bedrooms.<sup>5</sup>

The physical environment should include a range of educational and recreational spaces and facilities such as large outdoor spaces, sporting and exercise facilities, art and craft and cooking facilities. Adequate spaces for residents to meet with families and significant others are also important.<sup>6</sup>

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<sup>3</sup> S Yeo 'Legislated Residential Treatment of Emotionally Disturbed Chronic Runaways – A contentious approach'. *Child Abuse Review*, vol. 7, 1998, p 238; I Young, J Sigafos, J Suttie, A Ashman and P Grevell, 'Deinstitutionalisation of persons with intellectual disabilities: a review of Australian studies', *Journal of Intellectual & Developmental Disabilities* vol. 23, 1998, pp.155-70; D Richmond, (Chair), *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, Sydney, 1983.

<sup>4</sup> C Flynn, S Ludowici, E Scott and N Spence, *Residential Care in NSW*. ACWA, Sydney, 2005, p.47.

<sup>5</sup> The Special Residential Services Board, *The Impact of Placement in Special Care Unit Settings on the Wellbeing of young people and their families*, Centre for Social and Educational Research, Dublin, 2004, pp. 49-50; Ofsted, *Life in secure care*, Office of the Children's Rights Director, London, 2009, p.7 &13.

<sup>6</sup> The Special Residential Services Board, p.56; Ofsted, p.7 &13.

Building layout that allows close supervision in a way that does not appear intrusive and maximises the freedom of young people to move around the facility is important. Being confined in a small space can make children and young people feel worse about their placement and overcrowding can contribute to aggression and tension.<sup>7</sup>

Some therapeutic secure care facilities have building layouts with the option of closing or separating sections or wings if necessary. Such a layout can assist management of the unit by separating staff areas from other areas of the residence and can be useful in managing crisis situations.

In choosing the location of properties, consideration should be given to selecting sites that take into account factors such as the availability of mental health, medical and educational services, the likelihood of disturbance to neighbours and the need to make the service as home-like as possible.

There may be advantages in locating the therapeutic secure care service in a purpose-built property. The advantage of purpose-built properties is that they can be designed to take into account the particular safety and program-specific features for residents and staff that may be difficult to include in standard community properties without extensive modifications.<sup>8</sup> Alternatively, existing properties may be modified to better achieve the objectives. Properties could be either rented or owned by the agency operating the service.

### **9.7 Culturally Competent Service Delivery**

To ensure adequate safeguards for Aboriginal and Torres Strait Islander children and young people, the decision to place an Aboriginal or Torres Strait Islander child or young person in therapeutic secure care must only be made after consultation has taken place with appropriate representatives from the child or young person's family, kinship group, representative organisation or community. An Aboriginal caseworker and the Director Aboriginal Services Branch must also be involved in the decision-making process. If an Aboriginal child or young person enters therapeutic secure care, an Aboriginal caseworker must be involved in ongoing casework and cultural support planning.

Similarly for children and young people from a refugee background consultation needs to occur with family and/or community and a refugee health specialist. Many people from a refugee background may have experienced incarceration and torture in their past and for these children and young people, therapeutic secure care placements may not be in their best interests. Refugee health specialists can advise on the needs of the child or young person, effects or otherwise of secure care, and support required. Specialist refugee health services include the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors and the Trans-cultural Mental Health Service.

Cultural support planning must occur for children and young people in therapeutic secure care including Aboriginal children and young people, Torres Strait Islander children and young people and children and young people from culturally and linguistically diverse communities.

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<sup>7</sup> The Special Residential Services Board, p.54; Ofsted, p.13.

<sup>8</sup> Examples of properties purpose built for secure care of children and young people include the Victorian Department of Human Services Secure Care Unit for females and the Lakewood Regional Secure Care Centre in Northern Ireland.

In addition policies and procedures of the therapeutic secure care unit may need to be adapted to suit the needs of Aboriginal or Torres Strait Islander children and young people. For example, consideration may be given to Aboriginal residents sharing a room for their safety and wellbeing.<sup>9</sup> Specialist support services for Aboriginal and Torres Strait Islander might include accessing services specific to the Aboriginal community including Aboriginal mental health programs and services. Program managers and staff should also be mindful that different cultural groups may have different needs in relation to gender appropriate practices and dietary needs.

Where necessary, staff may need to use interpreters and other language services to support children or young people from non-English speaking backgrounds. Specialist support services for children and young people from culturally and linguistically diverse backgrounds might include specialist refugee torture and trauma services and ethnic specific support and counselling services.

## **9.8 Staffing**

### **9.8.1 Program Manager**

The role of the program manager is crucial to:

- ensuring that service delivery remains faithful to the underlying program philosophy and therapeutic orientation
- maintaining a focus on improving outcomes for residents
- maintaining staff morale.

Key responsibilities of this position include:

- undertake work associated with seeking a Supreme Court Order for therapeutic secure care
- oversee the running of the service in accordance with Out-of-Home Care standards specified by the NSW Office of the Children's Guardian and the NSW Service Provision Guidelines<sup>10</sup>
- develop policies and procedures for the program
- actively promote a positive culture within the service
- ensure the program goals and guiding philosophy is understood and implemented by all staff
- effectively supervise all staff with the aim of supporting them in providing a consistent quality service
- facilitate ongoing staff development and training
- supervise the day to day care and service delivery for residents
- ensure that the service delivery is culturally appropriate for residents
- ensure appropriate day programs are in place for residents
- manage critical incidents.

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<sup>9</sup> Royal Commission into Aboriginal Deaths in Custody, National report, Australian Government Publishing Service, Canberra, 1991, Volume 5, Recommendation 144.

<sup>10</sup> [http://docsonline.dcs.gov.au/docsintwr/assets/main/document/oohc/oohc\\_service\\_provision\\_guidelines.doc](http://docsonline.dcs.gov.au/docsintwr/assets/main/document/oohc/oohc_service_provision_guidelines.doc)

Minimum requirements for this position include (a) a degree in social work or psychology, (b) significant experience working with children and young people with behavioural and emotional difficulties in therapeutic contexts, and (c) significant management experience, particularly management of staff who regularly face crisis situations in the course of their work.

### **9.8.2 Direct care workers**

Direct care workers play a crucial role in assisting the child or young person reach their case plan goals including therapeutic goals. Key responsibilities include:

- day to day care and supervision of the child or young person
- arrange and participate in activities with the child or young person to assist the achievement of case plan goals
- create a therapeutic care environment consistent with program's therapeutic philosophy and work with the child or young person in a way that facilitates their therapeutic goals
- implement behaviour management plans
- model appropriate behaviour in daily interactions with children and young people to promote the development of social skills
- effectively respond to crisis situations.

A minimum requirement for the position is a qualification in Youth Work with an expectation that there would be involvement in on-going training to further build on existing knowledge and skills. Experience in working with children and young people with challenging behaviours would also be essential, with demonstrated ability in areas such as communication with children and young people who have experienced trauma, and implementation of individual behaviour management interventions.

### **9.8.3 Caseworker**

Case management services to residents in therapeutic secure care are provided by Intensive Support Services Caseworkers. Prior to placement in therapeutic secure care, if a child or young person is not managed by Intensive Support Services, a case management transition will occur.

Key roles of the Intensive Support Services caseworker include:

- maintain contact and effectively work with the child or young person and provide ongoing support and advice to the child or young person
- ensure the child or young person has their needs assessed
- ensure the child or young person has an individual and comprehensive case plan including clear goals in all case planning areas, a description of key tasks, allocation of responsibilities and timeframes
- ensure the child or young person has an appropriate level of contact with family and/or significant others during their placement
- work collaboratively with the child or young person's care team, family and appropriate cultural and community representatives to ensure that all relevant parties are involved in case planning and review processes

- coordinate the range of services identified in the case plan so that they are provided in a timely way, and effective channels of communication between the child or young person's care team are maintained
- arrange regular meetings of the multi-disciplinary team to review progress in meeting the objectives and goals of the case plan
- maintain comprehensive care records ensuring that reasons for key decisions are recorded and important events and achievements during the placement are also recorded
- facilitate contact between the child or young person and family members and significant others
- cultural support planning for the child or young person where necessary
- involvement of an Aboriginal caseworker for Aboriginal and Torres Strait Islander children and young people.
- comprehensive transition planning to prepare the child or young person for a less restrictive setting and ensure appropriate supports and services are available after exiting therapeutic secure care.

The Caseworker position should have as a minimum requirement a degree in Social Work or Psychology, together with demonstrated experience working with children and young people with similar characteristics to the target group.

#### **9.8.4 Clinical Specialists**

A clinical psychologist with significant experience working with children and young people with challenging behaviours is an essential member of the child or young person's multidisciplinary care team.

The psychologist will provide assessment and intervention services for residents in the program, as well as consultation and support to staff about the child or young person's needs and a range of issues arising around program implementation and development.

Key responsibilities of the psychologist include:

- conducting assessments of residents to inform the case planning and review process
- developing a behaviour management plan for each resident in consultation with the child or young person and their care team
- provide advice and guidance to staff on the implementation of a behaviour management plan
- monitor and review behaviour management plans
- individual, group or family counselling for each resident
- staff training and support
- contributing to the ongoing review and development of the therapeutic program.



Other clinical specialists may be engaged to provide services to the program. These may include but are not limited to:

- Child and adolescent psychiatrist to provide consultation around diagnosis and management of children/young people who present with significant mental health issues and to prescribe and monitor medication
- General Medical Practitioner
- Specialist counsellors to provide counselling in specific areas such as Alcohol and Other Drug issues, or Sexual Assault issues.
- Forensic Psychologist
- Dentist
- Speech pathologist

There are a number of options for engaging the services of clinical specialists for the program:

- the agency operating the program may choose to employ a specialist specifically for the program, or allocate a specialist already employed within their organisation to the program; or
- the agency may enter into agreements with a government provider, such as the Department of Health, or Ageing, Disability and Home Care, about the provision of specialist services; or
- the agency may enter into a contract with a specialist in private practice to provide services on an ongoing basis.

Wherever possible, service providers should engage specialists who provided services to the child or young person before their placement in therapeutic secure care.

#### **9.8.5 Specialist teachers/tutors**

The therapeutic secure care service should work in close collaboration with the Department of Education and Training (DET) and/or non-government educational agencies regarding the education of each child or young person and the development and implementation of his or her individual learning plan.

For residents excluded from school, participation in a NSW Government approved distance education school or centre should be arranged. Where a distance education program is being implemented, services should ensure appropriate supervisors and education facilities are available.

Specialist education staff should be engaged to support the individual education plans of children/young people in the program and to provide individualised tutoring support if necessary..

For residents who are excluded from school and for whom distance education is not appropriate, a registered home education program should be established in line with the *Education Act 1990* and the Board of Studies NSW requirements.

## 9.9 Staffing rosters

Programs should adopt a rostered staff model because of the intensive nature of work in therapeutic secure care programs. Staffing rosters should be designed to ensure the safety of the children and young people at all times. Staffing rosters should ensure the direct care worker/resident ratio does not exceed 1:2 during waking hours. Staffing roster should also ensure that there is at least one worker qualified in first aid on duty at all times.

## 9.10 Management of crisis situations

Given that risk taking behaviour placing the child or young person at significant risk of harm is a defining feature of the target group, programs will need to implement a comprehensive crisis management program. Crisis management programs should include:

- written procedures on crisis management that provide step by step guidance to staff on how to respond to a crisis situation, advice on Police involvement, access to on-call management advice and support when a crisis occurs and debriefing provided to staff following a crisis
- staff training on the management of crisis situations should be provided, for example *Therapeutic Crisis Intervention* and *Professional Assault Response Training*.<sup>11</sup> Training should include understanding crises, crisis communication, early identification and de-escalation of potential crisis situations, use of safe, appropriate physical restraint and isolation during a crisis and assisting the child or young person in recovering from a crisis.

## 9.11 Transition planning and post-placement support

Transition planning should commence as soon as a child or young person enters therapeutic secure care. The child or young person's behaviour(s) that place them at risk are often caused by problems related to their history of abuse, trauma and problems with attachment, which require long-term therapeutic intervention tailored to suit the needs of the individual child or young person. Given that a therapeutic secure care placement is used only for the shortest amount of time possible a child or young person will require ongoing treatment and support services upon release. Transition planning should identify appropriate step down placements that provide high levels of support tailored to the needs of the individual to maintain and build on any stabilisation achieved in therapeutic secure care and aim to prevent re-entry into therapeutic secure care.

Transition planning is also crucial because the child or young person's prior placement may no longer be available to them and a new placement may need to be found. Common exit ("step-down") pathways could include placement in a small residential care setting, an intensive foster care placement or supported independent living.

Particular considerations should be given when considering placing a child in a rural or remote area after their placement in secure care. The care team must ensure that the child or young person will be able to access the services and supports he or she requires in their step-down placement.

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<sup>11</sup> H Bath, 'Residential care in Australia, Part II: A review of recent literature and emerging themes to inform service development', *Children Australia*, vol. 33, no. 2, 2008, p34.

It is important that the child/young person is aware of, and engaged in the process of planning for their likely future placement after therapeutic secure care. The child or young person's family and/or carer must also be involved in transition planning where appropriate.

There should be close liaison between the therapeutic secure care program and the following placement provider, in order to promote information exchange between the services regarding the child or young person's needs. Wherever possible, continuity of service providers should be sought when transitioning a child or young person to their step-down placement. For example, specialists who treated a child or young person while in therapeutic secure care should be engaged to deliver services to the child or young person in their step-down placement if possible.

### **9.12 Participation of children, young people, and their families**

The therapeutic secure care service will:

- conduct genuine, ongoing consultation and facilitate participation of children, young people, and their families in the making of decisions that affect them
- provide children, young people and their families with information (in a manner and language that they can understand) which facilitates their participation
- Keep the child's family informed about his or her progress and development.

### **9.13 Promoting the rights of children, young people and families**

The therapeutic secure care service will:

- inform children, young people and their families of their rights (in a manner which is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the *Children and Young Persons (Care and Protection) Act 1998* and information about complaint and appeals processes
- provide all children and young people with the *Charter of Rights* and ensure the agency advances and complies with the Charter
- ensure that confidentiality for children, young people and their families is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*
- have policies and procedures in place to appropriately process complaints and appeals by children, young people and their families within clearly stated timeframes.

### **9.14 Community Visitors**

To provide additional independent oversight and ensure the wellbeing of residents is maintained, Community Visitors will visit therapeutic secure care programs from time to time.

Official Community Visitors are statutory appointees of the Minister for Community Services, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

The primary focus of the visitor's work is the welfare of residents. Official community visitors:

- inform the Minister for Community Services and the NSW Ombudsman about matters affecting the welfare, conditions and interests of residents
- promote human and legal rights of residents
- consider issues raised by residents
- provide information to residents about advocacy services available to them
- help resolve complaints.

The Community Visitor may speak in private with individual residents or staff. In addition the Visitor may request to see records and documents such as communication books including daily and shift reports, incident report records, residents' files, case plans or individual files, medication charts and records, financial records of resident's funds, and memos/directives and policies relating to the conduct of the service.<sup>12</sup>

### **9.15 Program evaluation and continual improvement**

Given the limitations of the research base for therapeutic secure care, it is imperative that services are carefully evaluated and that program features are refined in the light of this evaluation process. The evaluation should be outcomes-focussed and include key performance indicators that reflect the intended outcomes outlined in section 5 of this model.

Program managers should ensure that practice and procedure and the underpinning therapeutic philosophy of the program remain up to date and reflect current best practice and research developments. Changes in philosophy and practice should be clearly articulated and implemented by staff at all levels.

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<sup>12</sup> For further information about Community Visitors, see the NSW Ombudsman's website <http://www.ombo.nsw.gov.au/aboutus/coordnteofcommvstrprog.html>.

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# Admission and discharge from secure accommodation

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This report evaluates the processes of admission, and discharge and resettlement into the community, of young people placed within the secure estate. It examines factors that help or constrain effective practice and makes recommendations for improvement.

**Age group:** 10–18

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# Contents

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<b>Executive summary</b>	<b>4</b>
<b>Key findings</b>	<b>5</b>
<b>Recommendations</b>	<b>6</b>
<b>Introduction</b>	<b>7</b>
<b>Admission to the secure estate</b>	<b>7</b>
Consultation with professionals, families and young people	9
<b>Scarcity of appropriate placements</b>	<b>10</b>
<b>Provision within the establishments</b>	<b>14</b>
Working with families	14
Working with other agencies	14
Preparation for successful transition on discharge or transfer	17
<b>Post-discharge support</b>	<b>21</b>
<b>Notes</b>	<b>24</b>
<b>Further information</b>	<b>25</b>
Publications by Ofsted	25
Other publications	25
<b>Annex A: Providers visited for this survey</b>	<b>26</b>
Secure children's homes	26
Secure training centres	26
<b>Annex B: Juvenile reoffending rates</b>	<b>27</b>
<b>Annex C: Survey questions</b>	<b>28</b>

## Executive summary

This report evaluates the quality of admission, assessment, care planning and service delivery in secure establishments and the effectiveness of arrangements for discharging and resettling young people into the community. The evidence was drawn from visits between July 2009 and January 2010 to 16 secure children's homes and four secure training centres, and responses to interviews and questionnaires by managers, specialist staff, young people and their families. A total of 407 people contributed to the survey, including 175 young people.

Young people can be placed in a secure setting for welfare reasons, under section 25 of the Children Act 1989, or placed there by a court, on remand or to serve a sentence. Restricting young people's liberty by admitting them to a secure establishment is a serious step – a last resort – and young people released from secure placements frequently go on to reoffend.

In the case of those admitted for welfare reasons, there was substantial consultation with families and social workers beforehand. This was in marked contrast to arrangements for admitting those sentenced by the courts, where admissions often took place after office hours, when it was difficult to obtain relevant information about the young person. Young people in this position often did not know where they were being taken, and parents were not informed until their children had arrived at the placement. The anxieties caused by this were often exacerbated by the distance between the placement and the young person's home.

The Youth Justice Board's target that at least 90% of young people in secure settings should be within 50 miles of home was discontinued in 2009. Inspectors met many young people who were more than 200 miles away from their families. Distant placements restricted the number of visits by families and increased the young people's unhappiness and sense of vulnerability. Distance also limited the extent to which families could be directly involved in planning and reviews. The main reasons for this situation were the lack of local placements and the concentration of specialist resources in a small number of centres.

Once the young people had been admitted to a secure establishment, staff generally worked closely with them, their families and other agencies to assess needs, provide appropriate support and make timely plans for their reintegration into the community. Two factors which detracted from this process were the variations in quality of provision within and between services, and the failure of some local authorities to meet their obligations to support and resettle young people who were being released from custody. The impact of this was seen during and after the time spent in the secure establishments.

Planned support from the establishments usually stopped at the point when the young person was discharged. Although case managers from the secure establishment attended the first post-discharge review, they had no subsequent role to support young people in implementing the agreed plans. Inspectors met young

people who had not been provided with the support, training and accommodation that they were promised and whose reintegration had subsequently failed.

Although the National Standards for Youth Justice Services clearly outline the responsibilities of secure establishments and youth offending teams, social workers and members of youth offending teams were often insufficiently involved in transitional planning.<sup>1</sup> It was clear that the work of secure establishments was often undermined by the absence of appropriate consultation following sentencing, lack of continuity of approach before admission and after release, and the failure to deliver good enough support after young people were discharged. Unless these factors are tackled systematically, the rates of reoffending and re-referral among young people are unlikely to fall.

## Key findings

- The extent to which organisations such as youth offending teams, schools and colleges could work successfully with young people in secure settings was severely limited by the insufficient number and range of appropriate secure placements.
- Work between professionals and the families of young people who were sentenced or remanded by a court was very limited until the placement had been made.
- All the secure establishments visited engaged themselves with other agencies very quickly and effectively once a young person was admitted.
- Many young people were placed a long distance from their home, and some parents had to make journeys of hundreds of miles to visit their children.
- These young people were unlikely to have the same level of support as those who were placed locally, on either admission or discharge from the secure setting. This adversely affected plans for successful transfer and reintegration into the community.
- Secure establishments used assessment, planning and review effectively, which included involving other organisations as well as the young people and their families.
- Young people generally received good emotional support, and the relationships between young people, their families and staff within the secure establishments were very positive.
- It was common for agreed discharge arrangements for young people not to be in place until the last days of the placement.
- Social workers and workers from youth offending teams did not participate sufficiently in planning for young people to move back into the community.

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<sup>1</sup> For further information, see:  
[www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=466&eP=](http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=466&eP=)

- Staff in secure placements were usually unable to make significant continuing contributions to planning or services for young people after they were discharged.

## Recommendations

The Youth Justice Board should:

- review the range, number and location of secure placements within the estate to ensure that young people:
  - are placed as close as is practicably possible to their home
  - maintain contact with their families
  - have appropriate vocational and work experiences
  - have continuity of care before, during and after admission
- involve and consult the appropriate youth offending teams, secure establishments, social workers and the families about the most appropriate placement of young people sentenced or on remand
- consider the cost implications of placing young people a long distance from their homes and seek to achieve better value for money.

Local authorities responsible for placing children and young people within the secure estate should:

- wherever possible, seek to involve parents and families in decision-making when young people are to be placed on a 'welfare' order and give due regard to their opinions
- ensure that young people who are entitled to support under the Children (Leaving Care) Act 2000 receive the services they require during their placement within a secure establishment
- ensure that young people moving out of secure settings have a guaranteed education or training place arranged for them
- ensure that firm discharge plans, based on the assessed need of the individual young person, are in place sufficiently early to enable transitional work with any new placement or facilities.

Secure establishments should:

- consider, at all reviews, how young people may be supported throughout their placement and during the immediate period following their discharge to home or to another placement
- ensure that each child or young person placed in a secure setting is allocated a named worker to provide personal support throughout their placement and during the period of transition.

## Introduction

- Between 2003 and 2007, over 70% of 10–17-year-olds who had been released from secure accommodation committed further offences.<sup>2</sup> While the total number of young offenders receiving immediate custodial sentences has remained relatively constant since 2000, the proportion of those who have previously been sentenced three or more times for very serious offences doubled from 7.7% in 2000 to 15% in 2008 (Table 1).<sup>3</sup> While offending behaviour is likely to be caused by a wide range of factors, it is clear that the services currently received by young people placed in secure settings are not preventing reoffending.

**Table 1: Juvenile offenders in England and Wales receiving immediate custodial sentences for indictable offences by the number of previous immediate custodial sentences, 2000–08 (number and percentage of offenders)**

Number of previous custodial sentences	2000	2001	2002	2003	2004	2005	2006	2007	2008
0	62.3	60.7	58.1	56.2	54.4	53.8	53.8	54.0	54.9
1	20.6	21.5	20.3	21.4	21.4	20.2	20.7	20.5	19.5
2	9.4	9.9	10.7	10.5	10.9	11.3	10.9	11.1	10.6
3+	7.7	7.9	11.0	11.9	13.3	14.7	14.7	14.4	15.0
<b>All offenders (100%)</b>	<b>6,227</b>	<b>6,264</b>	<b>6,346</b>	<b>5,772</b>	<b>6,371</b>	<b>6,361</b>	<b>6,718</b>	<b>6,729</b>	<b>6,487</b>

- This survey evaluated:
  - the quality of the processes for admission, assessment, care planning and service delivery in secure establishments
  - the effectiveness of the arrangements for discharging young people and resettling them into the community.

## Admission to the secure estate

- Children and young people are admitted to a secure setting for one of two reasons:
  - they can be placed there for 'welfare' reasons, under section 25 of the Children Act 1989, if their behaviour is placing themselves or others at significant risk.

<sup>2</sup> Response to parliamentary question, 1 September 2009; See also Annex B.

<http://services.parliament.uk/hansard/Commons/ByDate/20090901/writtenanswers/part001.html>.

<sup>3</sup> The data have been taken from the annual National Statistics on long-term trends in sentencing in England and Wales (chapter 6). For further information, see:

[www.justice.gov.uk/publications/sentencingannual.htm](http://www.justice.gov.uk/publications/sentencingannual.htm).

- they can be placed there on remand or to serve a sentence.
4. In the first case, local authorities liaise directly with secure children's homes to identify appropriate welfare placements. In the second case, the decision to place a young person in a particular establishment is based on an assessment by the Youth Justice Board which takes account of their age and level of vulnerability.
  5. Managers of secure children's homes have considerable discretion in admitting young people on welfare orders. They can refuse admission if they consider that the placement is not in the interest of the young person or of others already in the home, although this would have to be justified to the relevant local authority. The timescale involved allows for dialogue and pre-admission planning between the placing authority and the secure unit, and for detailed consideration of the key factors likely to make the placement successful. There is also scope for engaging parents and a range of support agencies.
  6. This contrasts with the arrangements for admitting young people who have been sentenced or remanded by the courts. When young people are sentenced by the courts, the decisions are made by the Youth Justice Board and there is little leeway for managers to make a case for refusal. For court-ordered secure remands and young people remanded to custody, the local authority is the placing authority and the Youth Justice Board acts as a broker by providing information on vacancies and negotiating with the secure establishments on behalf of the local authority.
  7. During this survey, managers of establishments that specialised in 'welfare' placements said that, at the referral stage, they received good information that enabled them to make an accurate assessment of a young person's needs. However, when a referral was made by the Youth Justice Board, there was limited consultation with the receiving institution. Managers are usually sent available information, including the 'eAsset' assessment, and given 30 minutes to respond.<sup>4</sup> Some managers felt that this gave them too little time to make a considered response. There were also concerns about the quality, accuracy and currency of some of the information included in the referral. Most of the young people were admitted from court, often outside office hours, when social workers or supervisors from youth offending teams were not available to provide up-to-date information. In two of the establishments visited during the survey, health and education staff were critical of the specialist information that they received because it was rarely detailed enough for them to make accurate assessments.

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<sup>4</sup> 'eAsset' is the online version of the Youth Justice Board's framework for assessing all young people involved in the criminal justice system. For further information, see: [www.yjb.gov.uk/en-gb/practitioners/Informationsharingandtechnology/eAsset/](http://www.yjb.gov.uk/en-gb/practitioners/Informationsharingandtechnology/eAsset/).

8. At times, the managers surveyed had tried to refuse a referral because they did not consider it to be in the best interest of the young person or of the others already placed with them. A lack of alternative placements could also lead to problems, as illustrated here:

A resettlement worker reported that social workers and youth offending teams from nearby local authorities tried to place young people at his secure children's home because this helped maintain contact with the families. However, other authorities also placed young people there because there were no other secure centres available. In some cases, young people had been placed there from 200 miles away. When these types of arrangements had been proposed, the duty officers had challenged their suitability, drawing on information in the Asset report, but this did not affect the decision.

9. Managers and resettlement staff at the establishments, together with workers from youth offending teams, were aware of the option to transfer a young person if a placement was judged to be unacceptable. The Youth Justice Board tried to be helpful in such cases. However, because of limited vacancies within the secure estate, the process could take time. Three managers cited examples of young people who had begun to settle into their establishments by the time more suitable placements had been found. In these cases, it was decided not to continue with the transfers because, at that point, on balance they would not have been in the best interests of the young people in spite of the difficulties caused by distance.

### **Consultation with professionals, families and young people**

10. The extent to which professionals were consulted over placements varied. Social workers confirmed that they were usually involved and consulted when secure 'welfare' placements were being planned, although sometimes this consultation was with their local authority placement team and not directly with the secure establishment.
11. Consultation with youth offending teams was limited. Workers spoken to during seven survey visits said that they were not consulted about the placement of the young people they supervised. Three other workers reported that they were not routinely consulted but they could make recommendations on the Youth Justice 'placement alert' form before a young person appeared in court. Where the accommodation was available, it was quite common for the recommended placement to be made. However, ultimately the decisions necessary at the time of placing a young person were made by the Youth Justice Board without any reference to the social workers or youth offending teams.
12. There is an expectation that parents of children and young people placed on welfare orders under section 25 of the Children Act 1989 will be consulted about placements and encouraged to participate, as far as possible, in the planning, delivery and review of services.

13. It was not uncommon for social workers, when placing young people for welfare reasons, to discuss the proposed placement with parents or carers beforehand. However, in the case of placements on remand or to serve a sentence, families were very rarely consulted. As a result, they often had no idea where the young person had been taken until a worker from the youth offending team or someone from the secure establishment contacted them. Similarly, young people described not knowing where they were being taken once they left court and not finding out until they arrived at the placement and were told by staff managing their admission. Not only did this cause considerable distress to those concerned, but it also meant that planning the appropriate support could not start until the young person had arrived at the secure establishment.<sup>5</sup>

A young person felt that the placement was 'not very well' planned in terms of distance from home. A visit from his parents necessitated a journey of over 200 miles each way. He had only had one visit in four months. His mother was disabled and had to travel by public transport. It was also difficult for her to arrange childcare for the other children in the family.

14. Despite the lack of consultation beforehand, families and professionals were usually very closely involved in the process once the young person had been admitted to the secure establishment. The parents who contributed to the survey were generally satisfied with the speed with which they were contacted by staff at the placement and by the information they were given. They appreciated the way that their children were allowed to telephone home to say that they had arrived safely. They were all highly complimentary about the welcome and hospitality that they received when they visited and about the attitude of staff towards them. However, they did not always receive practical advice about places to stay that were at or near the establishment.
15. Of the 73 young people who completed the survey questionnaire, all were satisfied with the way that the centres treated their families during visits. The young people were also satisfied with the support that they were given to keep in contact with approved family members and friends, social workers and members of the youth offending teams.

## Scarcity of appropriate placements

16. A recurring theme in the survey was the limited availability of appropriate placements for young people. Social workers described the conflicts that this could create. For example, a placement near home, to allow for continuing family contact and eventual reintegration, was often desirable. However, when, as in the case of one young woman, only two places in the country offered the

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<sup>5</sup> There is no legal requirement to consult young people beforehand about where they will be placed and there is no guidance on good practice in this area.



specialist single-sex support for girls who might self-harm required, it was difficult to find a local specialist placement.

17. Managers of three of the secure establishments described the difficulties that they could encounter when a young person was referred from another region. First, it limited the extent to which they could work effectively with families and key professionals from within the placing authority. Second, they found it very challenging to meet a young person's needs, especially when local specialist services did not have the capacity to deal with additional cases from outside the area. Ofsted reported on similar difficulties in its survey of mental health services for looked after children who are accommodated in residential settings.<sup>6</sup>

A manager emphasised the importance of effective links between services because, for example, many young people referred to secure settings have complex needs and a number of different professionals need to work with them. If a young person was receiving psychiatric or psychological services in their home area, it would not be possible to continue the services because of the distance involved. In addition, a service at or near the secure establishment might be reluctant to take on a project, knowing that the work could not be continued once the young person had left. Consequently, a young person's needs were not met.

18. In 2009, following a decline in the numbers of young people in custody, the Youth Justice Board carried out a tendering process for secure children's home places. This involved a detailed analysis to determine supply and demand in this sector and to ensure that the appropriate number and types of beds were commissioned in a cost-effective way. This sought to take into account the critical factors for successful placement when placing young people in custody. The survey found good evidence that the Youth Justice Board considered young people's needs very carefully when considering a placement. However, the options were limited by the availability of places. A secure establishment could be asked to admit a young person simply because it had a vacancy rather than because it was suitable.
19. In 2004, the Youth Justice Board's target was to ensure that at least 90% of young people placed in secure settings were no more than 50 miles from their home. By 2009, the 50-mile target had been abandoned. In the survey, respondents repeatedly highlighted the problems caused by distance, including:
- the impact on the young person's happiness and well-being
  - the difficulties for families in arranging visits

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<sup>6</sup> *An evaluation of the provision of mental health services for looked after young people over 16 accommodated in residential settings* (080260), Ofsted, 2010; [www.ofsted.gov.uk/publications/080260](http://www.ofsted.gov.uk/publications/080260).

- the increased sense of vulnerability felt by the young person because they were in an unfamiliar place with a different local culture.

The head of the programmes team at one centre felt that some staff might have become 'desensitised' to the feelings and anxieties of young people and their families when they were placed many miles from home in a strange area with a different local subculture, where the staff 'talk funny'. She and her team tried to tackle this routinely in their work.

The director of a secure training centre with a catchment area of the entire north of England, and which also admitted young people from other parts of the country, felt that placing young people so far from their home areas had a considerable impact on the resettlement work that the centre was able to do and the support that youth offending teams and social workers could give to young people. It was very difficult for the centre to engage with the workers from youth offending teams and community professionals, and for staff to have any understanding of the young person's home community or circumstances.

20. Parents and families were supportive of the placements, once they were reassured that they were meeting their children's needs.

Two parents summed up the views of other families. They had not been involved in the decision about the location of their child's placement. However, both felt that their children were receiving good support and help while in the unit although visiting was not easy for either of them. One parent undertook a 400-mile round trip to visit the unit; the other had a trip of 140 miles.

Managers, social workers, youth offending teams, families and young people all identified local placements as being potentially far more positive and effective in meeting young people's needs. When young people were placed a long distance from home, this often created significant difficulties for social workers and other professionals in keeping in touch with them. A deputy manager's statistics showed that the average distance from home for a child placed at the secure establishment was 63 miles. However, 55% of the young people were from within 50 miles of the establishment. When a young person left, the resettlement worker attended reviews for all young people who lived within the 50-mile radius, but he was not able to do this for those who lived further away.

One mother said that she could not praise the place enough. She came from a nearby local authority. The support from staff and their commitment to her son's needs had resulted in his placement being successful, and he had now been discharged to home; he was attending college and staying out of trouble.

Another parent said that she had discussed the placement with a worker from the youth offending team before her son's appearance in court. It was the placement recommended by the worker because it was the closest to home and easiest to travel to.

A third parent agreed that the placement was appropriate for her son. Her family lived locally and her son had connections with a local professional football team. She had not known where he would be placed until she received a telephone call from the secure establishment to say he had arrived. However, she was pleased that the centre encouraged and supported her son to improve and maintain his links with the football club.

21. However, parents and families often experienced considerable hardship in trying to visit their children and participate in the planning and review processes. Where this resulted in reduced contact, this caused the young person additional distress and unhappiness.
22. The young people interviewed during the survey had very different experiences of their contacts with social workers and members of youth offending teams. They were quick to identify those whom they thought did not visit or support them well enough.

One young person said that he had had no contact with his social worker and meetings did not take place. A second young person had received a visit from the social worker twice a month while a third young person received a visit weekly. Another did not have a social worker but had been allocated a youth offending team worker, although the latter had only visited once in two and a half months.

23. Young people placed in secure establishments may also include 'looked after' children.<sup>7</sup> Not hearing from a social worker 'for months' was also one of the examples that children in care gave of being treated unfairly in a report by the Children's Rights Director for England.<sup>8</sup> An earlier report from him recorded that 'social workers were the most usual source of advice and personal information overall for the children in care [in the survey]'.<sup>9</sup>

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<sup>7</sup> There are no national data for the proportion of young people in custody who have previously been looked after. However, a report from the Youth Justice Board indicated that 24% of the 1,046 young men and 49% of the 54 young women surveyed reported being in care at some point. For further information, see: D Tye, *Children and young people in custody 2008–2009 – an analysis of the experiences of 15–18-year-olds in prison*, HM Inspectorate of Prisons (Youth Justice Board), 2009. [www.justice.gov.uk/inspectorates/hmi-prisons/thematic-reports-and-research.htm](http://www.justice.gov.uk/inspectorates/hmi-prisons/thematic-reports-and-research.htm)

<sup>8</sup> *Fairness and unfairness: a report of children's views by the Children's Rights Director for England* (090116), Ofsted, 2010; [www.ofsted.gov.uk/publications/090116](http://www.ofsted.gov.uk/publications/090116).

<sup>9</sup> *Getting advice: a report of children's experience by the Children's Rights Director for England* (080274), Ofsted, 2010; [www.ofsted.gov.uk/publications/080274](http://www.ofsted.gov.uk/publications/080274).

24. It was clear that distant placements reduced the flexibility of social workers and others in being available for meetings or being able to respond to situations that needed their attention during placements. There were also greater costs in terms of time and travel to such placements.

## Provision within the establishments

### Working with families

25. Once a young person arrived at a centre, staff involved with managing their care worked very quickly and effectively to engage themselves with the family. The staff made early contact with parents and carers and provided very detailed, user-friendly information and guidance to help them become closely involved in the processes of assessment, planning the delivery of services, and review.
26. The survey found evidence of some good efforts to help families maintain contact with their children and to overcome the problems of distance. These included:
- arranging taxis for families
  - providing refreshments for them
  - letting family members stay for several hours with the young people
  - altering meeting times to fit in with transport arrangements
  - providing financial and emotional support to families.
27. Young people and their families were highly appreciative of such efforts and commented on the sensitive way they had been treated.

One centre had a two bedroom flat which was available for parents and families to stay in when they visited their children. The centre also paid for taxis to bring them from the railway station in town and take them back there after their visit.

A parent with sight problems telephoned the secure children's home when he got to the nearest station and they organised a taxi.

One parent commented that the secure children's home had altered the time of a review meeting so that her mother's partner could come with her, which she felt was very accommodating and flexible. As a result, they were able to come regularly, spend a few hours at the establishment and have dinner.

### Working with other agencies

28. All the secure establishments visited engaged with other agencies very quickly and effectively once they had admitted a young person. They saw a multi-

disciplinary approach to assessment, planning, service delivery and review as the most appropriate vehicle for change.

29. The young people and their families were central to this partnership. There was general agreement among managers, families and professionals that placement far from home detracted from the effectiveness of such work. As one manager commented:

‘Where a young person’s family lives 40 to 50 miles from the centre there are difficulties ...especially as work ... about relationships is often a feature of [what is] needed to help a young person. Work with schools at this distance is also limited, but we have recruited a full-time resettlement worker who monitors a young person’s progress for six months after they have left.’

30. The secure establishments were committed to ensuring that care planning for individuals clearly addressed the young people’s key concerns, so that they could be successfully reintegrated into the community. Where possible, firm discharge plans were agreed and put in place at the initial planning meeting or as soon as possible afterwards. Care plans generally reflected appropriate training and preparation for the next placement or discharge home. The plans relied on a clear discharge or resettlement plan with the future placement identified for young people in sufficient time to prepare them for the transition. However, managers and staff in each of the secure establishments said that in practice this was not always achieved.

31. Managers and staff from the secure establishments, together with associated social workers and workers from youth offending teams, described the difficulties in making reliable plans for young people on remand or placed on welfare orders. They noted a potential tension between two sets of factors. On the one hand, there were the civil and legal rights of young people to be released when they no longer met the criteria for being placed in secure accommodation. On the other hand were the concerns of those who worked with them that some young people might not yet be ready to return to the community or that the arrangements for their release were not yet adequate. Young people on remand or welfare orders might also have their placement extended by the courts without reference to the transition plan. This made planning for their discharge difficult to manage. One manager said:

‘Local authorities tend to shift the focus of review meetings towards the end of a young person’s order, or they call a short notice meeting. But the focus is very much about where the young person is going to live when they leave [the secure children’s home] or whether it is possible for them to have an overnight stay where they are going to live before they leave. This isn’t enough. You can live on chips and beans but human contact and not being isolated are key to a successful move. Emotional support for a young person is very important in preparation for leaving and when they have left the home.’

32. One director had called on outside agencies such as Voice or the Howard League for Penal Reform to remind local authorities of their obligations to ensure that young people are accommodated and supported appropriately once they have been discharged.<sup>10,11</sup> Each secure establishment had developed advocacy services and protocols to challenge local authorities that did not fulfil their obligations to young people. The procedures adopted and the rigour with which they were applied differed between establishments.
33. Almost all the social workers, youth offending teams and families who took part in the survey regarded the staff in the secure establishments as helpful and supportive of the young people in their care. The following views are typical of those expressed by parents involved in the survey.

The mother of one young man told inspectors that she came to all the reviews and felt that the unit had gone 'above and beyond' what was expected of them. Her son was receiving help with his mental health needs and had been referred to the child and adolescent mental health service. As part of his training, he had taken a cookery course. The mother thought that the case manager was 'an absolute diamond' and was pleased with the support provided by the key workers. She said that her son had 'come out of himself so much; they have helped him to do so much. I can't fault it'.

Another mother commented that the family had received more help from the home than they had ever had before; her daughter had really changed and was polite and no longer aggressive. She was happy that resettlement plans were about to be sorted out in good time before release.

34. Young people in each of the secure establishments visited were also very positive about the staff working with them and the good support that they were given.

One young person commented on how good it was that he and his peers had 'lots of one-to-one time' with staff. 'People listen and help you.'

Another said that his key worker had been 'amazing and talked to [him] about everything'.

Two young people made very positive comments on the work of the establishment, saying: 'It's the nicest place I've been so far' and 'I love it here.'

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<sup>10</sup> Voice is an advocacy organisation for children living away from home or in need. For further information, see: [www.voiceyp.org/](http://www.voiceyp.org/).

<sup>11</sup> For further information, see: [www.howardleague.org.uk/](http://www.howardleague.org.uk/).

35. All the secure establishments involved young people routinely in planning meetings and considered them to be part of the planning process. This had positive results, typified by one young person's comment:

'I have been at the home for three months now. It's time for me to take a few steps forward. I want to achieve all I can here and the best I can. I know the staff are here to help me so I should just let them and cooperate with them. I want to change, so now it's the chance to change before it's too late. I need help with anger and frustration and I'm now ready to accept help. When I first came here I couldn't talk to anyone about my problems. But now I can. I'm now willing to climb the mountain and never stop climbing.'

36. Young people and professionals commented on how the systems in some establishments made telephone contact difficult, particularly out of office hours. In at least two of the establishments visited, professionals found that the security systems could lead to social workers being unnecessarily delayed in attending meetings, despite the fact that they had arrived well on time. These situations were in danger of undermining the positive relationships that the establishments were seeking to develop on behalf of the young people and their families.

### **Preparation for successful transition on discharge or transfer**

37. In the establishments visited, the work undertaken to prepare young people for a successful transition was well managed. Careful account was taken of individuals' needs, as the following example illustrates.

A worker from a youth offending team said that discharge planning at the centre with which he was working was 'excellent'. As well as receiving a 'brilliant' education, young people could be confident that their health needs were taken carefully into account and that they received emotional support 'in abundance'. The centre also helped them to make a successful transition into further education and training. One young person that the worker was responsible for had a college placement arranged by the centre and she was supported to integrate into her new placement.

38. All the young people spoken to during the survey confirmed that the staff at the secure establishments provided them with help to prepare for the next stage of their lives. This included building up their self-esteem. One young person explained:

'When you are on "graduate level" on the reward scheme, staff expect a lot of you. They respect you and it is nice to know this.'

39. The support that the young people received in managing their feelings helped them to relate well to each other and to establish positive and professional relationships with the adults in the centres. One young person, for example,

referred to how 'marvellous' the staff were and how 'they are here for you when you need them'. Another said: 'I think everyone is treated fairly and I am pleased with the standards of everyone being treated equally.'

40. The young people surveyed also received good practical support to develop skills and gain qualifications:

A young woman described how she was allowed to return to the secure establishment to take examinations and how she was being helped to finish some early. She mentioned specific staff whom she trusted and to whom she could talk. She was also receiving support from the Connexions service and other professional services. She was confident that all these people would take action to help her if she needed it.

41. All the parents surveyed felt that they had been involved appropriately in drawing up the plans for their children. They had been invited to reviews, kept informed of what was going on and were very happy that the young people's needs were being met. The following comments are typical of parents' views.

The mother of one young man told inspectors that the education her son received was 'fantastic' and that he had 'come on in leaps and bounds'. She felt that staff had kept her informed about her son's progress, discussed any problems with her and been successful in finding solutions. As well as being pleased with her son's academic progress, she was also complimentary about the work being done to help him deal with his offending behaviour. She felt that reviews were well organised and informative.

42. Young people, their families and the professionals working with them recognised the valuable contribution that vocational training could make: in raising self-esteem, developing better social communication and providing the skills to improve the chances of successful reintegration into the community.
43. All the establishments involved in the survey offered work experience and vocational opportunities but, in most cases, there was considerable scope to improve and develop such provision, as the following examples show.<sup>12</sup>

Young people at one establishment had plenty of opportunities to undertake training in life skills. They were encouraged to prepare meals, tidy up and do their laundry and suitable facilities were made available for this. However, the opportunities for more developed vocational training were much more limited.

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<sup>12</sup> This reflects the findings of inspection reports on individual establishments, as well as a recent survey report: *Transition through detention and custody* (090115), Ofsted, 2010; [www.ofsted.gov.uk/publications/090115](http://www.ofsted.gov.uk/publications/090115).



In another centre, young people acknowledged that they received some help with practical skills such as cooking and computing. However, they had no opportunity to learn any DIY skills that they felt might be useful.

44. The managers and staff at the secure establishments and the social workers and workers from youth offending teams involved, generally all identified the levels of risk involved in preparing young people for 'mobility' and the difficulty in obtaining appropriate community placements.<sup>13</sup> However, they saw that where appropriate it could be an important contributor to a successful return to the community, as illustrated here.

Wherever possible, this establishment used 'mobility' to help young people reintegrate into the community. It funded staff to conduct reviews and provide support within the community to develop such placements. The focus was primarily on local young people, although the manager was also happy for staff to support young people from elsewhere in the country by telephone, as part of monitored contact. However, the extent to which this was possible was limited by the resources available. Plans had been prepared for the possible introduction of a transitions unit to offer outreach and continuing support to young people once they had been discharged, but these had not yet been approved.

45. Managers and resettlement workers felt that mobility and vocational placements in the community were most effective when young people were placed within their home region or in the area planned. This allowed staff from the secure establishments to work more closely with families and with educational and residential settings on planning and managing transition carefully. They were able to support the families and other agencies to implement the transition plans that had been agreed and to support the young person during the critical early period following their return to the community. The establishments were prepared to offer some transitional support to young people placed from outside their region, but such arrangements presented far greater logistical problems.
46. Managers felt that successful reintegration also depended to a large degree on the length and type of the order under which the young person was being confined. If it was too short or indeterminate because of remand or welfare considerations, it made resettlement planning more difficult.
47. In many of the secure establishments, the opportunity to engage in work experience or vocational training was seen as an incentive and reward for good

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<sup>13</sup> 'Mobility' or 'Release on Temporary Licence' from a secure establishment is the procedure whereby young people are approved as part of their individual case or sentence planning, following careful risk assessment, to spend time in the community while placed in the secure establishment, for prescribed activities and under supervision by staff. It is often for visits to new accommodation, or new school placements, or may in some cases be to engage in a recreational or vocational activity.

behaviour. While there were clear and obvious reasons for this, young people pointed out that it could result in some not having such opportunities until they had been released. The managers and social workers with whom discussions were held during the survey agreed that it was essential that there was a multi-disciplinary approach to drawing up and reviewing discharge plans and transition arrangements. This process was usually managed through the reviews held at the secure establishments.

48. These meetings were seen as important events and generally well managed but there was clearly scope to improve them further.

A young person and a youth offending team worker were worried that, in a recent review, the decisions appeared to have been made by others beforehand and simply 'rubber stamped' at the meeting. Another young person complained that the questions asked at reviews were always 'closed' and there was no opportunity to offer an opinion.

A previous survey by Ofsted also reported that:

'Parents, carers, social workers and youth offending team representatives, appropriate residential staff and education staff are invited and expected to attend [detention and training order review meetings]. However, youth offending team workers from an individual's home location did not always attend these meetings at the establishments. When they did attend, in too many cases the youth offending team workers had not established an effective working relationship with the child or young person and did not have the knowledge they needed to inform the process.'<sup>14</sup>

49. For some of the young people involved in the survey, the local authority had a clear and specific responsibility to offer them support. These included young people 'looked after' under the Children Act 1989, or those entitled to support from local authorities under the Children (Leaving Care) Act 2000. Despite the legal obligation to offer appropriate services to these young people, local authorities did not always do so in an appropriate or timely manner. For example, few of the looked after young people who were entitled to support under the Children (Leaving Care) Act 2000 had active pathway plans.
50. Young people were not always aware of where they were being discharged to and had not always agreed to or been consulted on the placement. A placement might not even have been available until the date of discharge. The following examples highlight the inconsistencies of provision.

A youth offending team manager felt that the secure establishment he was working with made good plans for young people and carried out good

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<sup>14</sup> *Transition through detention and custody* (090115), Ofsted, 2010; [www.ofsted.gov.uk/publications/090115](http://www.ofsted.gov.uk/publications/090115).

preparatory work with them. However, he pointed out that it was difficult to plan when the support and contribution of local authorities was necessary. It was quite common for the local authority to delay identifying or allocating a place in a children's home or foster placement until as close as possible to the discharge date. This meant that young people had limited choice and opportunity to prepare for the transition.

Another manager described the quality of resettlement and discharge planning as a 'postcode' or 'YOT lottery'. There was no consistency of resettlement assessment, planning or service delivery among local authorities, and some local authorities continued to fail to meet their obligations to young people.

51. These findings, together with Ofsted's inspection reports on individual establishments, showed that too many local authorities were failing to meet their obligations towards young people. It is not uncommon for young people to be discharged from a secure placement without having an appropriate education or training placement guaranteed for them. Ofsted's report of a survey on transition noted:

'Relationships between the secure establishment and the young person's home area were not always productive and there were delays by the local authorities in arranging accommodation on the young person's release. Finding accommodation for older children was often problematic. There were frequently too many changes of care placement plans by the different agencies, led by the local authority, in the final weeks before transition and resettlement. This was unsettling and demotivating for the young people involved, who increasingly felt unwanted.'<sup>15</sup>

The same survey also reported that finding accommodation was sometimes left until the day of the young person's release, with a detrimental impact on training and education. Without a home address it was very difficult for a young person or the education practitioner to make any plans.

## Post-discharge support

52. Planned support from staff at the secure establishments usually finished at the point when the young person was discharged. At least half of the establishments offered informal support up to the first community review. Apart from this, opportunities were limited to build on the positive, trusting relationships that had been established between staff and young people. There was limited evidence to suggest that, once the young person had left, staff

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<sup>15</sup> *Transition through detention and custody* (090115), Ofsted, 2010; [www.ofsted.gov.uk/publications/090115](http://www.ofsted.gov.uk/publications/090115)

from the establishments had opportunities to contribute to multi-disciplinary planning or service delivery.

A manager felt that the unit plan for young people supported them very well up to the point at which they were discharged.<sup>16</sup> Although case managers attended the first post-discharge review, the unit was not seen as having any further role to play in supporting the young people after this meeting. Responsibility for implementing the post-discharge plan rested with a young person's youth offending team for the duration of the young person's sentence. However, the plan could be changed or replaced without the staff in the unit being consulted.

53. Almost half of the secure establishments visited said that they would be able to offer further support if this were funded by the responsible authority. However, such funding was rarely made available. At least half of them offered informal support to young people but this was not part of a discharge plan, not funded and only available to young people living locally. Those living outside the regions were unlikely to receive support from the secure establishment after they were discharged.
54. Local social workers and youth offending teams were strongly of the opinion that the young people and their families would welcome further contact with the establishments. Parents, and young people who had recently been discharged, confirmed this and were very positive about the level of informal support that they were receiving.

A mother whose son had been discharged said that she felt able to keep in touch with the centre. She felt that she could telephone if she had any concerns. There was no formal contact, however, now that her son had been discharged.

In another example, a mother was grateful for the support that the centre offered and felt that the staff had a really good relationship with her son. She would have been happy for planned and continuing contact, and felt that she would be able to telephone if she had any concerns and wanted advice. However, there had not been any formal contact since her son was released.

Seven parents whose children had been discharged confirmed that there was no planned post-discharge support from the secure placements. However, they considered that there had been some informal support and they felt able to contact the centres if they needed advice. All would have welcomed post-discharge support and continuing contact with the secure

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<sup>16</sup> Most young people sentenced to Detention and Training Orders are not 'looked after' by a local authority and do not have allocated social workers.

establishment. Similarly, six parents whose children were still placed in two secure placements felt that contact from staff would be helpful.

55. Young people sentenced to custody as part of a Detention and Training Order (the main custodial sentence for under-18s) should receive statutory supervision after their release. However, for many of the professionals, families and young people who responded to the survey, this level of support was often not adequate to meet their needs. Two managers of secure establishments and five of the resettlement workers suggested that discharge plans made during placements were not always met in full once the young person was discharged. Although case managers attended the first post-discharge review, the unit had no further role after that meeting. Therefore, the post-discharge plan for a young person might be changed without any reference to the staff who had devised it. This was confirmed by three young people.

The discharge plans drawn up at the secure centre included arrangements to find accommodation, education and training for each of them. Two had been discharged home as planned but neither had been allocated an educational placement and they were still waiting for arrangements to be made. The third was living in unsuitable accommodation which she had had to find for herself. All three had felt well supported at the centre, but no formal aftercare or post-discharge arrangements were made for them when they were discharged.

56. Several of the young people in the survey had assumed that they would receive further support after they had been discharged but none had been forthcoming. One of them described how this had led to the breakdown of her placement.

The young woman had not been offered any support once she left the secure unit and none had been planned. She had had only one week to complete the transition to an 'open' care home. This had not been long enough for her to get to know the placement and, as a result, she had moved back to the secure unit. She felt very strongly that she had needed to maintain contact with the secure unit after she had left and to receive continuing support, including visits from staff, for the first two or three months to check on how she was managing.

## Notes

Between July 2009 and January 2010, inspectors visited 16 secure children's homes and four secure training centres in England. During the visits, they examined individual case files, policies, procedures and other documentation. They interviewed 99 young people, either individually or as part of a focus group. In addition, 109 parents, social workers and youth offending team workers were contacted and interviewed by telephone. Further evidence was gathered through written questions (see Annex C). Inspectors also met the placement team of the Youth Justice Board.

<b>Respondents</b>	<b>Completed questions</b>	<b>Interviewed</b>
Registered managers	10	20
Resettlement staff	31	43
Young people	76	99
Family members	5	44
Youth offending team/social workers	14	65

Findings from Ofsted's 2009–10 inspections of all secure children's homes and secure training centres were also reviewed for this report.

## Further information

### Publications by Ofsted

*Support for care leavers* (080259), Ofsted, 2009;  
[www.ofsted.gov.uk/publications/080259](http://www.ofsted.gov.uk/publications/080259).

*Life in secure care* (080241), Ofsted, 2009;  
[www.ofsted.gov.uk/publications/080241](http://www.ofsted.gov.uk/publications/080241).

*Transition through detention and custody* (090115), Ofsted, 2010;  
[www.ofsted.gov.uk/publications/090115](http://www.ofsted.gov.uk/publications/090115).

*An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings* (080260), Ofsted, 2010; [www.ofsted.gov.uk/publications/080260](http://www.ofsted.gov.uk/publications/080260).

### Other publications

The Children Act 1989: Guidance and Regulations (Volume 4 Residential Care), HMSO, 1991.

*Tell them so they listen: Messages from Young People in Custody*, HORS 201, Home Office, 2000; <http://rds.homeoffice.gov.uk/rds/hors2000.html>.

*Children's homes: national minimum standards, children's homes regulations*; TSO, 2002;  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4010076](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010076).

*Youth crime action plan*, Ministry of Justice, 2008;  
[www.justice.gov.uk/publications/youth-crime-action-plan.htm](http://www.justice.gov.uk/publications/youth-crime-action-plan.htm).

*Sentencing statistics, England and Wales*, Ministry of Justice, 2009;  
[www.justice.gov.uk/publications/sentencingquarterly.htm](http://www.justice.gov.uk/publications/sentencingquarterly.htm).

*National standards for youth justice services*, Youth Justice Board, 2009;  
[www.yjb.gov.uk/en-gb/practitioners/MonitoringPerformance/NationalStandards/](http://www.yjb.gov.uk/en-gb/practitioners/MonitoringPerformance/NationalStandards/).

## **Annex A: Providers visited for this survey**

### **Secure children's homes**

Aldine House Secure Children's Centre

Atkinson Unit

Aycliffe Secure Services

Barton Moss Secure Care Centre

Beechfield Secure Unit

Clare Lodge Secure Children's Home

Clayfields House Secure Unit

East Moor Secure Children's Home

Kyloe House

Lansdowne Secure Unit

Leverton Hall Secure Unit

Lincolnshire Secure Unit

Red Bank Community Home

St Catherine's Secure Centre

Swanwick Lodge

Vinney Green Secure Unit.

### **Secure training centres**

Hassockfield Secure Training Centre

Medway Secure Training Centre

Oakhill Secure Training Centre

Rainsbrook Secure Training Centre



## Annex B: Juvenile reoffending rates

Juvenile actual reoffending rates and frequency per 100 offenders by age groups, for those released from custody

Age bands	Cohort year Q1	Number of offenders	Actual reoffending rate	Number of offences per 100 offenders
10–15	2000	127	79.5%	534.6
	2002	228	75.9%	514.5
	2003	133	78.2%	424.8
	2004	209	80.4%	461.2
	2005	195	80.0%	463.1
	2006	200	83.0%	463.5
	2007	171	78.9%	407.0
	2008	188	82.4%	435.6
16	2000	257	73.9%	510.5
	2002	275	71.3%	454.9
	2003	235	76.6%	465.1
	2004	244	77.0%	401.6
	2005	275	70.2%	424.7
	2006	262	79.4%	433.2
	2007	246	77.2%	370.7
	2008	237	74.7%	305.9
17	2000	528	75.6%	455.7
	2002	456	72.4%	448.2
	2003	418	70.8%	435.4
	2004	362	73.8%	397.0
	2005	374	71.7%	370.3
	2006	355	71.8%	349.0
	2007	361	72.3%	328.3
	2008	391	70.1%	319.9
<b>Total</b>	2000	912	75.7%	482.1
	2002	959	72.9%	465.9
	2003	786	73.8%	442.5
	2004	815	76.4%	414.8
	2005	844	73.1%	409.5
	2006	817	77.0%	404.0
	2007	778	75.3%	359.0
	2008	816	74.3%	342.5

Juvenile reoffending covers those aged 10 to 17. A release from custody could be from a secure training centre, a secure children's home or a young offender institution. Data are not broken down by type of release establishment or by individual release establishment.

The table shows the frequency of reoffences per 100 offenders and the actual rate of reoffending since 2000. Those aged 10 to 15 have been banded due to the small number of offenders in each of the groups. This table is a further breakdown of Table A5 from the publication:

[www.justice.gov.uk/publications/reoffendingjuveniles.htm](http://www.justice.gov.uk/publications/reoffendingjuveniles.htm).

## Annex C: Survey questions

Questions were designed for the following key groups in the survey:

- registered managers of the secure children's homes and directors of secure training centres
- specialist resettlement workers or staff with responsibility for managing admission and discharge arrangements for children and young people within secure establishments
- social workers and youth offending team workers placing children and young people in secure establishments
- parents of children and young people placed in secure establishments
- children and young people placed in secure establishments.

The respondents were asked the following questions.

- How effectively does the decision-making process to admit a young person to a secure establishment take into account recognised key factors for successful placement? For example, distance from home; capacity for close multi-agency working; contact with significant others; continuity of care and accommodation; and education, employment, and training opportunities upon discharge.
- How well does the decision process to admit a young person to a secure placement consult and take into account the views of significant others, for example, parents and carers, social workers, youth offending team workers and guardians, in deciding the most appropriate placement?
- How effectively does individual care planning within secure establishments identify and address key factors for successful reintegration back into the community? For example, how well are close multi-agency working, contact with significant others, continuity of care, and timely provision of appropriate accommodation, education/employment/training for young people upon discharge, managed?
- How well do secure establishments address the individual needs and rights of young people to ensure that they are suitably equipped to cope upon discharge? For example: training in life skills; preparation to cope independently in the community; vocational education and training; and community participation through the use of release on temporary licence/mobility.
- How successfully do secure establishments implement post-discharge and resettlement plans with young people after they have been discharged? Is the impact of this work affected by the length of time that the establishment is able to retain contact?

# 'Out of Control': Making Sense of the Behaviour of Young People Referred to Secure Accommodation

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## Abstract

In social work practice, there are often concerns raised about young people who are felt to be beyond the control their parent(s) or carer(s). However, few studies have attempted to unpick what practitioners mean when they describe young people as being 'out of control'. Drawing on the findings of a study of secure accommodation decision making in Scotland, this article explores the significance managers, practitioners and young people attached to the notion of 'out of control' behaviour. Developmental and socio-cultural perspectives are explored to tease out the dilemmas of exercising control, through the use of secure accommodation, in such cases. The findings suggest that managers tend to focus on quantifying the risks associated with 'out of control' behaviour, while practitioners tend to focus on the way previous experiences such as abuse have shaped 'out of control' behaviour. In contrast, young people suggest their 'out of control' behaviour is related to unhappiness about care placements and relationships with family. It is argued that, in order to find a balance in our responses to 'out of control' behaviour, we need to understand the multiple meanings of this behaviour and be willing to be go further in our attempts to involve young people in decision making.

**Keywords:** Adolescents, decision making, looked after children, participation, risk, secure accommodation

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## Introduction

In Scotland, secure accommodation or secure units are defined as ‘residential provision for children in buildings they cannot freely leave’ (Scottish Office, 1997, p. 92). Elsewhere in the UK, Europe and North America, secure units have also been known as youth treatment centres, youth reformatories, juvenile detention centres or Secure Children’s Homes. The regimes vary, but the unifying fact of life is that children and young people in such facilities are not free to come and go as they wish; one of their basic human rights has been taken away for days, weeks or years. The young people placed in such units may be there because of their offending behaviour and the risks they pose to other people and/or because they are a danger to themselves due to self-harming or other behaviours; typically, it is a complex combination of ‘risk-taking’ and ‘risk-making’ behaviours (Bullock *et al.*, 1998; O’Neill, 2001; Goldson, 2002; Walker *et al.*, 2006). In Scotland, about 70 per cent of those placed in secure accommodation are male and most are between the ages of fourteen and sixteen years (Scottish Government, 2010).

Locked residential provision for children and young people has been contentious for many years in Scotland (Smith and Milligan, 2005), England and Wales (Goldson, 2002; Pitts, 2005) and North America (Hartnagel, 2004). The reasons for controversy are numerous but relate to concerns about: children’s rights to liberty and the lack of due process in some decision-making systems, the lack of evidence about the effectiveness of locked residential care placements in changing behaviour, the punitive regimes in some of these facilities, the impact of secure placement on connections to family and community, and concerns about the mix of young people in many secure units (O’Neill, 2001; Goldson, 2002; Creegan *et al.*, 2005; Walker *et al.*, 2006; Sinclair and Geraghty, 2008). These concerns are also expressed in international policy debates that identify big differences in the way that states categorises and respond to ‘risky’ behaviours (Muncie, 2007).

Further empirical evidence is needed in order to understand how practitioners define risk and use the concept of risk in their practice with populations such as those referred to and placed in secure units. For, although the argument seems to have been successfully made that policy is increasingly driven by ideas about risk and youth (Sharland, 2006; Kemshall, 2008), there is limited empirical evidence about how practitioners negotiate, replicate and/or resist risk discourses and practices (Kemshall, 2010). This argument is further supported by Lupton, who has argued that risk is an ‘aesthetic, affective and hermeneutic phenomenon [*sic*] grounded in everyday experiences and social relationships’ (Lupton, 1999, p. 6). She suggests that, because of this, we need more empirical work to understand how people in real-world situations define and use the term ‘risk’, and ‘how

risk logics are produced and operate at the level of situated experience' (Lupton, 1999, p. 6). For Lupton, 'risk logics' are developed by a person situated in a particular place and time, who sees risk and interprets risk from their subjective position in that world.

This article draws on some of the findings of a study that sought to understand the systems, processes and concepts that determine the provision and legitimacy of secure accommodation for young people in Scotland. In seeking to understand secure accommodation decision making, the study found that the concept of 'out of control' behaviour was important for most professionals and some young people. This article will explore how participants in the study understood and used the concept of 'out of control' behaviour and how they linked this concept to ideas about risk and thresholds.

To provide the necessary context for the explication of these findings, the article will begin by briefly exploring secure accommodation's role as a controlling measure for children and young people.

## Secure accommodation and control

In legislative terms, the notion of 'control' is important to social work practice and decision making with children and their families due in part to criteria laid out in both the 1989 Children's Act (section 31(2)(a) and (b)(ii)) and the 1995 Children (Scotland) Act (section 52(2)). Both pieces of legislation identify that a child who is 'beyond parental control' or 'beyond the control of any relevant person' may be in need of *compulsory* measures of care or supervision.

This legislation links the notions of care and control by suggesting that it is often necessary to provide *control* in order to *care* for a child. Although the 1989 Children Act does not spell out all of the legal responsibilities parents have to their children, section 1 of the 1995 Children (Scotland) Act hints at the meaning of 'parental control' by specifying that parental responsibilities include: (i) safeguarding and promoting the child's health, development and welfare; (ii) providing, in a manner appropriate to the stage of development of the child, (a) direction; (b) guidance to the child. This legislation highlights what child development literature has suggested for a long time: providing the right level of parental control requires responsive parenting and the level of control must be age-appropriate; these controls are seen as crucial to ensuring the safety of the child and supporting the developing child to learn self-control, which has been defined as the ability 'to regulate his or her own behaviour and emotions' (Jones, 2001, p. 260).

From a developmental perspective, adolescence is seen as a time when children must begin to take increasing levels of responsibility for themselves and exercise their agency in order to learn how to keep themselves

safe and make their way in the world as autonomous adults (Daniel and Wassel, 2002). In order to negotiate this transition towards greater autonomy, it is asserted that young people need guidance and support from caring adults whom they trust (Cairns, 2002). It is also increasingly recognised that it is not uncommon for adolescents to make mistakes and falter in their journey towards independence; adults may see the testing out of new freedoms as evidence that a young person is 'out of control' (Coleman, 2010). Where parents or carers have neglected their parental responsibilities or feel they are no longer willing or able to provide limits and controls, the state may intervene to provide these controls in order to promote the interests of the child or protect the public. Measures for care and control may include home supervision or placement away from home in foster-care or residential care.

Failure to provide controls or limits for young people can be seen as a child protection issue, as discussions of neglect often identify (Stein *et al.*, 2009). Recent studies have shown a complex relationship between risk-taking behaviour and experiences of neglect and abuse in young people. Rees *et al.* (2010) found that some young people described engaging in 'risk-taking' behaviours, including offending, in response to the neglect and abuse they were experiencing at home. They also identified that, because the abuse and neglect of young people are often complicated by factors such as running away, drug and alcohol use, and violence towards parents or carers, it can be more difficult for professionals to recognise and respond to. In some cases, professionals may become focused on responding to 'out of control' behaviours with measures purely focused on re-establishing controls and therefore fail to recognise the young person is being maltreated.

It is also important to recognise that the process of defining and identifying the 'risky' and/or 'out of control' behaviour of young people is not an objective or value-free process (Thom *et al.*, 2007). Our individual and collective ideas about what counts as the 'right' level of parental control or self-control by young people are socially constructed, shifting according to the historical and cultural tide and influenced by many other social constructs such as the family, childhood and gender (Roche *et al.*, 2004). These constructions of 'risk' and ideas about what counts as 'out of control' behaviour are crucial, as they form the basis of many 'taken-for-granted' assumptions about this behaviour, which, in turn, help to determine the responses that young people get from parents, carers, professionals and society (James *et al.*, 1998; Jackson and Scott, 1999).

Secure accommodation is one of the most controlling interventions available for children and young people who are felt to be 'beyond control' or 'out of control' and presenting significant risks to themselves and/or others. It is described as having two aims: 'to rehabilitate' and 'to protect the public'; these involve 'controlling the child, including taking away their freedom; assessing the child's behaviour and needs; and providing

care, including health and education' (Scottish Office, 1997, p. 92). While physically controlling the child may be the immediate outcome of secure placement, proponents of secure accommodation argue that, through the treatment and support offered in these settings, the child may be able to make changes in their behaviour and attitudes to ensure that self-control and/or parental control will be sustained after a return to the community (Rose, 2002).

Although an analysis of the evidence about outcomes for secure accommodation is not the focus of this paper, it is important to note that the effectiveness of secure accommodation in changing behaviour is disputed and evidence to suggest that it works better than community-based approaches is limited (Bullock *et al.*, 1998; Walker *et al.*, 2002, 2006). In fact, the most clearly established benefit of placement in secure accommodation is that it can keep children physically safe in the short term. While this may seem far too limited an outcome for provision that often costs in excess of £5,500 a week per child (Scottish Government, 2010), keeping a young person alive, even in the short term, is clearly seen as a positive outcome by many social workers (Walker *et al.*, 2006).

We will now turn to an examination of the methodology that was adopted in order to study the systems, processes and concepts that influence local secure accommodation decision making.

## Methodology

This research was conducted using a case study approach (Yin, 2003). One large urban local authority was chosen for the case study on the basis that it had, at the time, one of the highest rates of secure accommodation use among thirty-two local authorities in Scotland. As is common in most case study research, mixed data collection methods were utilised (Creswell, 1998; Yin, 2003). The central research question that guided this enquiry was: What factors and concepts influence local decision-making practice?

There were two phases to the data collection. In the quantitative phase, data were collected from the paper records for 110 secure referrals made in the year prior to the study (1 April 2005–31 March 2006). Frequencies in the population such as gender, disability, number of care placement and correlations between these and the outcomes of referral were analysed using SPSS software.

The qualitative phase of the fieldwork was carried out over a nine-month period from June 2006 to February 2007. During this phase, fortnightly observations were conducted of the study authority's key decision-making forum for the allocation of secure placements (referred to from now on as the SRG) and the six senior staff, who formed the permanent membership of this group, were interviewed. Forty different referring professionals were observed during this seven-and-a-half-month period and fifteen cases

discussed; most of these were social workers, senior social workers and residential workers, but health professionals and youth justice workers also attended at some discussions.

Semi-structured interviews were completed with seven young people (one boy and six girls). Professionals identified by the young people as relevant to decision making in their case were also interviewed; this included five social workers, two residential workers and one parent. All available case files for six of these young people were also reviewed and data gathered with their permission (one young person did not want her files reviewed and this was respected). An eighth young person, who did not want to be interviewed, participated in the study by completing a detailed questionnaire that addressed the same questions posed in the semi-structured interviews. The project was scrutinised by the University of Edinburgh Ethics Committee and detailed measures were in place throughout the project to ensure ethical engagement with these young people and other participants (Alderson and Morrow, 2004). The names of all participants have been changed to protect their identity.

Additional qualitative data from those involved in the decision-making system were collected through:

- in-depth interviews with the most senior local Children's Reporter and the Chief Social Work Officer within the study authority (the Children's Hearing system is a unique system in Scotland for making decisions about measures to support young people under sixteen, and sometimes up to the age of eighteen, who may need care, protection or control. Decisions are made by a panel of lay volunteers from the community known as Children's Panel members, with legal advice and support from a Children's Reporter and assessment reports provided by a third party, usually the local authority);
- three focus groups involving a total of twenty-four residential workers from open residential child-care units;
- a postal survey sent out to thirty experienced Children's Panel members; fifteen questionnaires were returned.

As is common in the analysis phase of a mixed-methods project, themes were identified across the range of qualitative and quantitative data; continuities and discontinuities were identified and explored (Wheeldon, 2010).

Before going on to look at the findings from the study, it is worth noting a few of the study's limitations. This was a small-scale study and sampling was purposive, with participants chosen for their experience of the local secure accommodation decision-making system. However, participants also had a choice about whether to be involved in this study and those with particularly strong views may have been more likely to participate.



It also proved very difficult to recruit a sample of young people to the study, primarily because many of the young people were hard to track after release from secure accommodation and many were not in a stable living situation so social workers were reluctant to agree to their participation in the study. The majority of young people who did volunteer to participate in the study were female. While this gender imbalance in the sample and the small numbers of young people in the study are a further limitation, it is hoped that links to other research will widen the relevance of these findings.

It is hoped that these findings may shed light on how 'out of control' behaviour is understood. However, given the study design, we cannot assume these findings can be generalised to all social work settings and further research is needed to understand the range of behaviours that cause concern about young people being 'out of control' and the effectiveness of professional responses to this behaviour.

## Findings

The theme of control emerged in all fifteen of the observed referral discussions and was mentioned in all of the interviews with managers and social workers and at each of the three focus groups with residential workers. It was also mentioned explicitly by four out of the eight young people.

Although there was some continuity between perspectives, analysis uncovered variations according to the role(s) and position of participants within the decision-making system. For this reason, the findings are grouped according to participant group, which, for simplification, have been identified as managers (senior staff and those with the most decision-making power), practitioners (referrers including social workers and residential workers) and young people.

### Managers

Senior decision makers including members of the SRG, the head of the secure establishment and the chief social work officer for the study authority felt that 'out of control' behaviour was an important marker of risk. They explained that, in the decision-making process, they had to determine whether the necessary 'threshold of risk' for secure accommodation had been met. As one manager explained:

It's about all of these blocks [of behaviour] being added together into a tower and once these blocks get so high I've lost my threshold in a sense. And I think that everybody has a slightly different threshold (Manager 2, Interview).

As this participant suggests, the risk ‘threshold’ seemed to be an invisible point in the mind of the individual decision maker when placement in secure accommodation was viewed as necessary and justified. Decision makers stressed that, although legislation and guidance could provide a starting point for this, personal and professional experiences fed into their judgements of risk and individual and collective thresholds. So, although the aim was objectivity, decision makers recognised that personal subjective judgements always played some role in how they made sense of the case and determined the level of risk. For this reason, they stressed that referral discussions were crucial to understanding a case, scrutinising the available evidence about the level of risk, and critically appraising the judgements and opinions of other decision makers and referring social workers.

Senior decision makers highlighted that the level of control exhibited by a young person over his/her own behaviour influenced how risky his/her behaviour was believed to be. Determinations about the level of risk then influenced whether a young person was seen as meeting the necessary ‘threshold’ for admission to secure accommodation. As SRG Member 1 explained:

For me it is about how chaotic the young person is and how in control the young person is.... If a young person is regularly taking drugs and alcohol to excess but not needing to be in hospital there is a question should they be in secure care?... So an element of control, the young person knows when to stop or doesn't know when to stop (SRG Member 1, Interview).

This manager gives the example of a young person who needs to be hospitalised because she has drunk too much or taken too many drugs to illustrate his point. Accepting that experimenting with drugs and alcohol might be fairly ‘normal’ for most teenagers, using drugs or alcohol in a way that results in hospitalisation is not (Thom *et al.*, 2007). For this participant, a repeat pattern of this behaviour would suggest that a young person had lost ‘control’ of their drug or alcohol use. The threat of death seems to be a central issue here. A young person who regularly uses drugs or alcohol but does not require medical treatment may, over time, develop serious health problems that eventually threaten her life. However, this is of less immediate concern to decision makers than a young person who may die now.

Decision makers identified this as the difference between ‘acute’ or ‘chronic’ risk. The young person in an ‘acute’ situation is perceived to be more ‘out of control’ and therefore likely to kill themselves soon. ‘Acute risk’ meant the potential for harms such as death or serious injury was more likely to happen in the immediate future. A good example of this is a manager who describes why a place in secure accommodation is not being offered to a fifteen-year-old young woman, despite concerns about

her using drugs and alcohol and her access to unexplained cash (which was raising concern that she was being sexually exploited):

She is not presenting as someone in crisis, she is clearly in control of her life and her choices. She is not making the choices we would want her to make and we are saying she is making risky choices and we are saying she is in this chronic type pattern of behaviour that she does not see as risky (Discussion 15, Observation).

The risk of harm in this situation was not felt to be immediate enough for the secure referral group to prioritise this young woman for a placement in secure accommodation ahead of other young people. This was the third referral to secure accommodation for this young woman and, although the concerns remained, nothing was felt to have escalated, illustrating this idea of a 'chronic' rather than an 'acute' situation. A chronic situation might have risky features, as this case did, but, because things were not escalating, the situation was viewed as under control, not in crisis, and was therefore a situation of chronic rather than acute risk.

### Referring practitioners

In general, practitioners observed and interviewed for this study also identified 'out of control' behaviour as a marker of increased risk. However, practitioners were much more likely to describe this behaviour as a 'cry for help' from a young person in extreme distress because of prior experiences of abuse and loss. As one residential worker explained:

Whatever has happened to them [young people] prior to coming here has made them very angry and they are doing all these things to put themselves at risk. Sometimes a young person is crying out for you as an adult, 'stop me', 'stop me from doing any more'. 'Help me here because I am out of control' and you see that in their behaviours of going missing, staying out, drinking, into crime, coming back, unable to control their behaviour, lashing out, aggressive, being angry, being upset, and it is a vicious circle that continues and it's escalating and escalating and escalating and you know they are out of control (Residential Worker 1, Focus Group 3).

In all of the focus groups with residential workers and four of the interviews with social workers, participants explored this idea of 'out of control' behaviour being a 'cry for help' from the young person. They suggested that, because a young person could not control themselves or keep themselves safe, they might try to provoke adults to do this for them by exhibiting increasingly dangerous and 'out of control' behaviour, although this might not be a conscious act on the part of the young person. As another residential worker explained:

A lot of kids know they are out of control. They know this isn't good. One of the kids we did have, her first referral to secure was not accepted and after that her risk taking behaviour just got worse (Residential Worker 4, Focus Group 2).

Interestingly, the child's behaviour is described here as a signal that the child wants a placement in secure accommodation, rather than as a more generalised 'cry for help'.

'Out of control' young people were also described as being unwilling or unable to take guidance or feedback from the adults who were looking after them, which was also felt to increase the risk that they might behave in dangerous ways. A number of practitioners pointed out that, in the minds of these young people, who have often had experiences of inconsistent care giving, adults have no credibility or authority and are therefore not felt to be worth listening to, while others highlighted that young people who have been abused by adults might not be familiar with adults trying to keep them safe, as this respondent explained:

It is really difficult to say to a young person who has been abused, your body, this is yours, you are supposed to keep it safe and we are supposed to help you do that, when other adults have been abusing them. It's really a difficult message to get across (Unit Manager, Focus Group 1).

Although he does not explicitly highlight attachment theory here, this participant is suggesting young people internalise messages about the self and others and what is to be expected in relationships through their experiences (Howe *et al.*, 1999).

Many practitioners also highlighted how typically a pattern of 'out of control' behaviour was established over a number of years, during which time parents or carers neglected their responsibilities to provide guidance, boundaries and support. Indeed, this pattern of parental neglect and abuse was confirmed by examining the background experiences of young people in the survey, interview sample and discussed during observations of the SRG. Residential workers in particular were keen to point out that, given these background experiences, it was often difficult to re-establish control over these young people, who were so used to doing what they wanted or getting by the best they could without adult guidance and support. They also stressed that these patterns of behaviour were reinforced by the young person's beliefs about themselves and others, as highlighted by the quote above, which practitioners felt made them difficult to change.

## Young people

Young people were asked to tell me about how they ended up being referred to secure accommodation and were invited to start their story where they wanted. Several cited early events from their childhood, such as being placed in foster-care, but most focused on describing the year or two before their referral to secure accommodation. Four of the young people in the interview sample explicitly discussed this sense of being 'off

the rails' or 'out of control' at the time they were referred to secure accommodation, as articulated by Jenny:

I don't know. It was like I wasn't in control any more. I just kept like. I was just off the rails basically (Interview, Young Person).

Even the young people who did not use the term 'out of control' described a pattern of increasingly dangerous behaviour and were able to explain in some detail why professionals, and sometimes family and friends, had been worried about them around the time they were referred to secure accommodation.

Findings from across the interview sample, observation population and the survey showed that behaviours included:

- absconding;
- misusing drugs and alcohol;
- spending time with unsuitable people (usually defined as those who would exploit or corrupt the young person in some way);
- getting into trouble with peers (with trouble most often related to offending, disruptive behaviour in the residential unit and absconding);
- having unsafe sex or putting themselves at risk of sexual exploitation (a risk almost exclusively identified with females);
- self-harming (including cutting and a range of other self-injurious behaviours);
- offending.

These findings confirm those of other studies that have shown young people placed in secure accommodation engage in a combination of these risky behaviours (Bullock *et al.*, 1998; O'Neill, 2001; Walker *et al.*, 2006; Creegan *et al.*, 2005; SCRA, 2010). Although both males and females engaged in a range of behaviours, the survey of 110 referrals showed that there were significant differences between the genders. Young women were far more likely to be causing concern in relation to the risks they posed to themselves, primarily through their sexual behaviour, running away, and their use of drugs and alcohol. Young men were more likely to cause concern in relation to their offending behaviour and the risks they posed to others. For a more detailed discussion of gender differences, see Roesch-Marsh (forthcoming).

Most of the young people being referred to secure accommodation in the study authority at the time of this study were being referred from placements in open residential units. All of the young people in the interview sample were in open residential units at the time of their referral to secure accommodation. All of the young people felt that the move into residential care was a crucial turning point for them and saw it as directly related to why they ended up referred to secure accommodation. There

were a number of reasons for this. In the first place, young people described the move from their parental home into residential care as a confusing and unsettling time. Several of them explained that it was difficult adjusting to the all the new rules in a residential unit. On top of this, there was the emotional impact of being in a residential home, as Tina explained:

I don't know. [Pause] You feel like there's nothing left for you (Interview, Young Person).

This feeling that there is 'nothing left for you' that Tina described might help to explain why some young people did not care about themselves or keeping themselves safe.

All of the young people highlighted problems with placements and unhappiness at being away from their families as the key factors influencing their behaviours around the time they were referred to secure accommodation. Like Tina, all of the young people spoke about this feeling of reaching the end of the line after their admission to residential care. They felt their 'out of control' behaviours escalated partly in response to this unhappiness. For two young women, this feeling of unhappiness shifted over time and they were happier in their residential placements when I interviewed them, while the others had remained unhappy or were happy to have moved on to other placements or back home.

Sally spoke about feeling more isolated after moving into a residential unit because the unit was far away from her family, community and friends. For this reason, she began to run away more frequently:

It [the residential unit] was just at the other side of the town and I didn't know anybody, I don't know. I hated the unit, it was a horrible unit and my room, I got the room that was out of bounds, cuz there was a hole in the ceiling and it used to, there was dampness, and the windows didn't open because there was something wrong with them so I got like the worst room and it was just horrible. . . . As soon as I was allowed out I just didn't come back. I must of stayed there for like two weeks or something out of the three months I was meant to be there (Interview, Young Person).

Sally's example provides a different interpretation of behaviour that was labelled as 'out of control' by her social worker and her mother, who were both interviewed. In this interpretation, the behaviour is seen as an important communication. Sally describes her choice to run away as a reaction to and communication about her unhappiness with her placement and situation.

All of the young people who were interviewed felt that professionals and other adults had not done enough to try and understand their feelings and involve them in decision making around the time they were referred to secure accommodation, despite the fact that all of them had participated in formal decision-making forums such as looked after reviews and Children's Hearings. The one point that all of the young people were most

keen to stress to me was the need for professionals to take the time to get to know them and listen to them. As Cheryl said:

Maybe if they listened to what I said as well as what everybody else said and listened to the reasons why I was running away and drinking, then maybe I wouldn't have needed to go to secure, maybe I could have gone somewhere else (Interview, Young Person).

## Discussion and implications for practice

The findings of this study support the idea that beliefs about what constitutes 'out of control' behaviour differ according to one's position, power and responsibility within decision-making systems (Kemshall, 2010). Although not totally dissimilar, managers, practitioners and young people emphasised different points when they talked about the meaning of 'out of control' behaviour.

The perspective of managers highlights how, despite the ongoing rhetoric around 'needs-led' assessment, limited resources mean that some cases will always have to be prioritised over others and the availability of resources inevitably impacts on decision making (Axford *et al.*, 2009; Roesch-Marsh, 2011). Findings from this study support the assertion that thresholds for action in situations of risk are, at least in part, subjectively determined and, therefore, warrant careful and ongoing reflection by individual practitioners and decision-making groups (Dalglish, 2003). Research is also needed to inform how processes for prioritisation should be conducted (Smith and Hadorn, 2002).

In the study, senior decision makers tended to focus on situations of 'acute' risk, where the risk of harm was seen to be more immediate. While this may be appropriate, given the restrictive nature of secure accommodation, the shrinking number of secure placements (SIRCC, 2009) and the fact that the guidance states secure accommodation should be provision of 'last resort' (SWSI, 1996, p. 5), questions remain about how we are managing cases of more 'chronic' risk (Rees *et al.*, 2010).

Referring practitioners in this study often focused on the need to understand the impact of experiences of abuse, loss and trauma on how a young person might be feeling and how they might respond to adult attempts to provide care and control. Practitioners were not explicit about the theory base that underpinned this understanding, but often seemed to be referring to aspects of attachment theory. Reder and Duncan (2001) have highlighted that those who have an insecure attachment style, and evidence from this study and elsewhere would suggest children in secure settings would fall into this category (O'Neill, 2001; Goldson, 2002; Creegan *et al.*, 2005; Walker *et al.*, 2006; Sinclair and Geraghty, 2008; Hart, 2009; SCRA, 2010), are likely to have unresolved care and control conflicts. These people are likely to have a desperate need for care, which is often expressed

in indiscriminate searching for care and a willingness to 'latch onto' anyone, while at the same time having huge fears about intimacy and care, as they fear being controlled and abused. This fundamental conflict impacts on how they relate to those offering care and those trying to provide some control and boundaries.

The view of practitioners in this study that 'out of control' young people will seek security and care indiscriminately, while also rejecting offers of care, clearly chimes with the theory base outlined here. It is a worry, however, that the process of labelling a young person as 'out of control', if it does not draw on a theoretical understanding of the deep-seeded dynamics at work in these behaviours and result in an appropriate plan to begin working with these beliefs, is in danger of repeating the parental pattern in which the child is labelled a monster (Howe *et al.*, 1999). Research with young people also suggests that they are acutely aware of the stigma of placement in secure accommodation and other locked settings; practitioners must recognise that placement in secure accommodation, even when intended to be an act of care *and* control, may re-enforce negative labels and internal working models already established (Barry and Moodie, 2008; Ofsted, 2009). Sally's case also highlighted how responses to behaviours that are seen as 'out of control' can sometimes make these behaviours worse. Some attempts by adults to reclaim control may also miss the point of the behaviour, which may include an attempt by the young person to draw attention to the fact they are being maltreated (Rees *et al.*, 2010).

Young people in this study emphasised that better care placements and contact arrangements with family, as well as more involvement with decision making, would have had a positive impact on their behaviour around the time of secure referral. In Scotland, the guidance clearly states that secure accommodation should be a placement of 'last resort' (SWSI, 1996, p. 5); in order for this to be the case, it is crucial that we do not just respond to crisis and risk by seeking the most controlling measures. Instead, we need to work from the beginning to establish partnership with young people and agree care plans that they feel invested in (Kemshall, 2008). Our approaches to planning must be age-appropriate and ethical; we must be willing to negotiate and give young people real choices. This requires balancing the imperatives to provide care and control, autonomy and safety (Newman, 2002). This may mean being more willing to take risks in care planning *before* young people's behaviours escalate, in order to ensure their wishes in relation to family contact or more flexible care arrangements are incorporated into care plans (Titterton, 2005). There is also a need to develop the capacity of open residential units to work more effectively with young people in crisis and evidence from elsewhere in Europe suggests that this can be effective in reducing the use of secure accommodation (Walker *et al.*, 2006; Francis *et al.*, 2007).



## Conclusion

The findings of this study suggest that the decision to use secure accommodation is often preceded by a phase in which a young person's behaviour is perceived by professionals, and often by the young person themselves, as 'out of control' (although it is acknowledged that further, more gender-balanced research is needed to better understand the perspectives of young people). Behaviour is communication and parents, carers and social workers who are attuned to a young person should be able to take action at an early stage to understand and respond to what is being communicated by behaviour that may seem 'out of control' (Cairns, 2002). This does not necessarily mean we must provide more services per se; rather, it could be about adjusting *how* we engage with young people and the continuity of relationships and support we provide (McNeish *et al.*, 2002; McLeod, 2008). The young people in this study, like many before them, have emphasised how important it is that we listen, engage and respond supportively; this can make all the difference.

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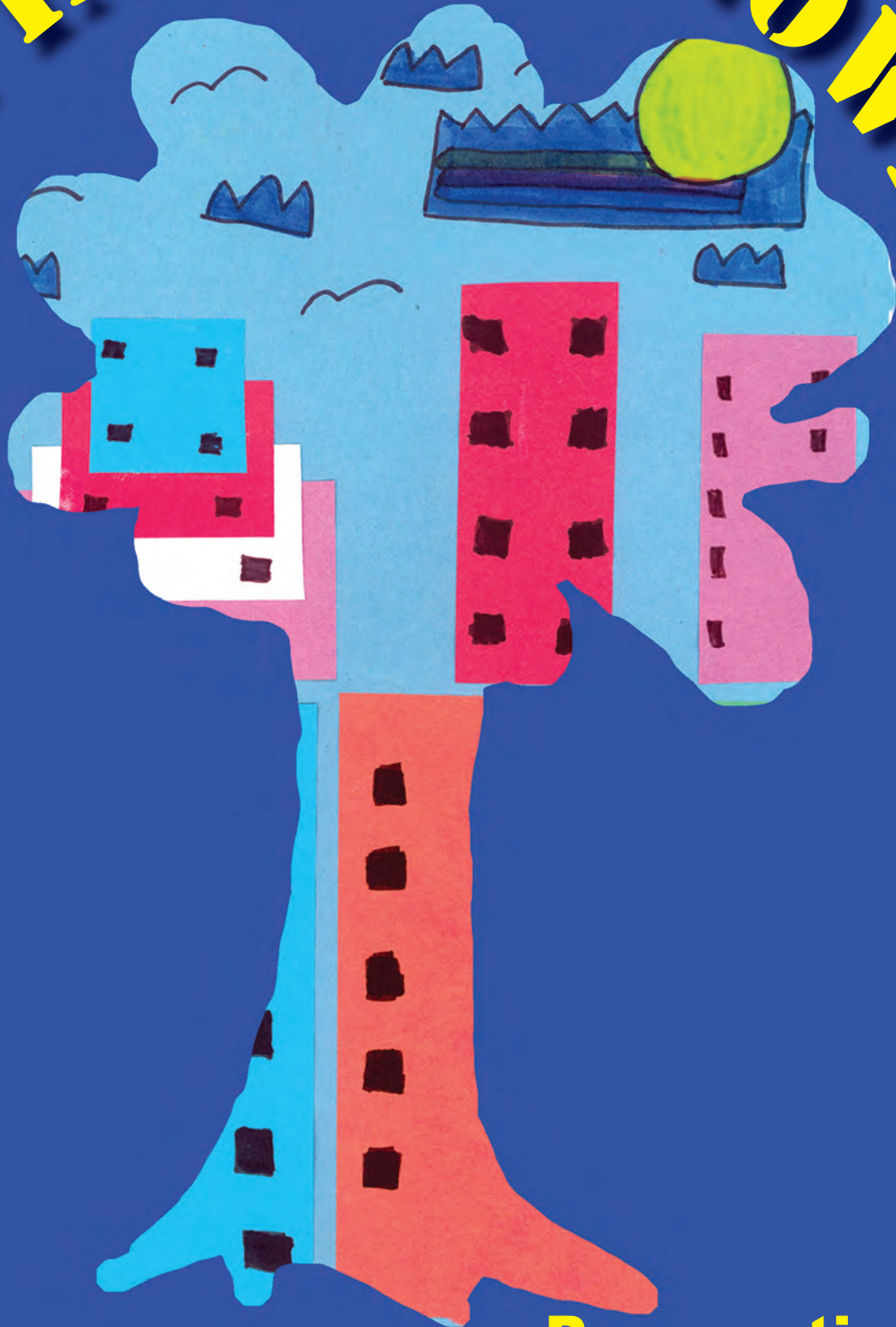
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# SECURE IN THE KNOWLEDGE



**SIRCC**

Scottish Institute for  
*Residential Child Care*



**Perspectives on  
practice in secure  
accommodation**



# **Secure in the Knowledge**

## **Perspectives on Practice in Secure Accommodation**

**Edited by**

**Mark Smith**

**with**

**Bob Forrest, Phil Garland and Lynne Hunter**

**Scottish Institute for Residential Child Care  
Glasgow School of Social Work  
Universities of Strathclyde and Glasgow**

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Margaret Sloan	Acting Principal, Good Shepherd Centre
Mark Smith	SIRCC Lecturer.

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# Contents

## Contributors

### Introduction

*Mark Smith*

### Chapter 1

Historical and policy context of secure accommodation

*Mark Smith  
Bob Forrest  
Fergus McNeill  
& Neil McMillan*

### Chapter 2

Values and ethics in secure accommodation

*Mark Smith*

### Chapter 3

Theoretical perspectives

*Lynda Taylor*

### Chapter 4

Practice Papers

4.01 Introduction

*Mark Smith*

4.02 Referral, screening and decision-making

*Bob Forrest*

4.03: Admission

*Mark Smith*

4.04: Assessment, care planning, programmes  
and monitoring

*Phil Garland*

4.05: Working in secure accommodation

*Mark Smith &  
Margaret Sloan*

4.06: Daily rhythms, rituals and routines

*Mark Smith*

4.07: Prosocial modelling

*Chris Johnson*

4.08: Activities

*Laura Steckley*

4.09: Educational issues in secure accommodation

*Graham McPheat*

4.10: Health issues in secure accommodation

*Graham McPheat*



4.11:	Mental health	<i>Ian Milligan</i>
4.12:	Working with boys and girls	<i>Mark Smith &amp; Laura Steckley</i>
4.13:	Sexuality	<i>Mark Smith</i>
4.14:	Self-harm	<i>Shannon A. Moore</i>
4.15:	Drugs	<i>Brian Wood</i>
4.16:	Offending	<i>Susan Batchelor &amp; Fergus McNeill</i>
4.17:	Sexual offending and sexual vulnerability	<i>Mark Smith</i>
4.18:	Risk assessment	<i>Mark Smith, Fergus McNeill &amp; Susan Batchelor</i>
4.19:	Safe care	<i>Mark Smith</i>
4.20:	Children's rights	<i>Richard Mitchell</i>
4.21:	Partnership with families	<i>Maura Daly</i>
4.22:	Life story work	<i>Maura Daly</i>
4.23:	Managing behaviour	<i>Laura Steckley</i>
4.24:	Learning disabilities	<i>Irene Stevens</i>
4.25:	Secure accommodation in the continuum of care	<i>Graham Bell &amp; Mark Smith</i>
4.26:	Exits and mobility	<i>Chris Johnson</i>
4.27:	Throughcare and aftercare	<i>Alison Caulfield-Dow</i>

## **Glossary**

## **References**

## **Resources on secure accommodation**

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These papers reflect the personal views of the authors and not necessarily those of the organisations they represent.

# Introduction

Mark Smith

## Background

In 2002 The Scottish Executive announced an expansion and re-configuration of secure accommodation services for young people – from 96 to a proposed 125 beds.

The expansion of the secure estate is taking place at a point when agencies across Scotland have to prepare to meet the requirements of the Scottish Social Services Council's (SSSC's) qualifications framework which demands that all workers in residential child care hold a recognised qualification by 2008/9. Agencies charged to develop new secure services are faced with the need to qualify their existing workforces and significant numbers of additional staff.

The Scottish Executive approached The Scottish Institute for Residential Child Care (SIRCC) with a request to develop a corpus of practice literature around themes relevant to working in secure accommodation to support these agencies.

## Developing the papers

It was recognised that if this initiative were to have any significant impact on practice in secure accommodation and ultimately on the experiences of the children and young people placed there, it needed to be informed by the views and experiences of those who work in the sector. A number of preliminary meetings were held with providers of secure accommodation who were asked to nominate representatives to a steering group which would help produce the papers that make up this volume. The project was co-ordinated by SIRCC staff, one lecturer and two associates, all of whom have management experience in secure accommodation. This group produced a number of the papers, supported practitioners in writing others and undertook an editorial role for the project. Research and administrative support was provided through the services of a research assistant and the SIRCC library staff

## **Content and format**

Secure accommodation does not exist in a policy vacuum. Staff working in the sector should be able to locate what they do within an understanding of the development of secure accommodation as a mode of intervention with young people. The first chapter of this volume traces the history of secure accommodation and the policy trends that have informed the way it has developed.

A number of tensions and ethical dilemmas are inherent in any setting in which children and young people are deprived of their liberty. The second chapter considers the importance of practice being underpinned by an appropriate values framework. It is only through continually revisiting, contesting and reconstructing beliefs and assumptions that secure accommodation can become a dynamic and powerful way of intervening in and changing the lives of children and young people for the better. The chapter goes on to examine the importance of relationships within a values context.

Work with children in residential care has been influenced by a number of theoretical orientations, ranging from psycho-dynamic through behavioural, social learning and developmental theories to the current fashion for cognitive behaviourism. Staff on the ground can be left to draw on little bits of theory without necessarily understanding much about where it comes from or what it says about children, their behaviour and how we might best respond to them. The third chapter offers a brief overview of some theoretical approaches that may be useful in helping staff locate and think more deeply about what they do.

Staff are encouraged to reflect on their own workplaces against the historical, values and theoretical understandings gained from these three sections, the focus of which are primarily information giving. The next chapter moves to an applied practice focus. It is arranged along a timeline of pre-admission, stay in care and through and after care. The stay in care section inevitably accounts for the bulk of this chapter. Each of the practice papers provides a context to the topic under discussion, drawing on relevant literature on the area. It goes on to introduce some implications for practice. Interventions though do not proceed along tram lines. What happens in specific programmed interventions will affect and be affected by what happens in the lifespace. Issues of anger management might (or might not) be related to struggles over sexual identity, issues of self harm or to past abuse. These are the kind of complex interplays that practitioners have to try to make sense of on a daily basis. We have tried to draw some of these possible links as we have gone along. Practitioners will themselves identify additional and more intricate ones. The ability to make connections and not to think along tram lines is indicative of good learning.

Secure accommodation is a unique environment. It reflects many of the dynamics of any organisation, compounded and lent a particular flavour by the enclosed and intense nature of the setting. The fifth chapter considers some of the wider organisational factors that impact life in secure accommodation.

## **The assumptions behind our thinking**

Secure accommodation is a contentious area of practice. Frequently politicians, the media and many professionals choose to portray it as providing for offenders within a criminal justice framework. Whilst it does in some circumstances fulfil such a role,

these papers proceed from a basis of secure accommodation being located primarily within the wider welfare model which frames Scottish approaches to children and young people. Youth offending and how best to respond to this will be covered in some of these papers but within a 'whole child' context. Similarly, secure accommodation as a mode of intervention is located within the wider continuum of services for children and young people.

The programme of expansion and investment in the secure estate and the heightened political interest in this area (of which this volume is a product), offers opportunities to develop approaches to secure accommodation that can make a real difference to the lives of some of Scotland's most disadvantaged young people. Physical surroundings will be state of the art. Initiatives around ensuring appropriate health provision and boosting expectations of educational achievement create opportunities for secure accommodation to move significantly beyond simple containment and keeping young people safe.

However, physical surroundings and levels of investment are only part of the equation. Of greater importance is the quality and commitment of staff who lead and work in secure accommodation. Ultimately they are the ones who are going to make a difference to the lives of young people.

There are no procedures manuals or sets of standards that, on their own, can bring about this outcome. There is no pixie dust that sprinkled in proper measure will turn around recalcitrant youth. The only thing likely to do this in any long term and meaningful way is the strength of the relationships young people build up with the adults around them, the skills of these adults in using themselves for the benefit of young people and the message given to young people that they are worthwhile, redeemable and that they have hope of different and better futures.

Themes, around the importance of work being located in an appropriate value base, the centrality of human relationships and a spirit of optimism, underpin our beliefs in writing this volume. If these themes are to be translated into practice, staff working in secure accommodation need to have fire in their bellies - they need to believe that what they are doing is worthwhile and that they can make a difference.

Fire in the belly can be easily extinguished, however, in unsupportive work environments. It needs to be nurtured and stoked by those who have management and leadership responsibilities for secure accommodation. If young people are to feel valued, staff need to feel similarly valued, stimulated and challenged. Staff teams have a responsibility to themselves and to the service to stoke those fires. We hope that this volume will provide some of the stimulation needed for this.

### **Using this volume**

Staff who work in secure accommodation will come from a variety of backgrounds and life experiences. Some will be degree educated and will have existing professional qualifications. However, they are unlikely to have been exposed to any training specifically on secure accommodation. Others may not have an academic background but relevant experience. These papers hopefully have something of interest for all of them.



There are practical, emotional and intellectual dimensions to working in secure accommodation, or indeed any residential child care setting. We have tried to strike an appropriate balance in our coverage of these areas.

The papers are written in such a way as to resonate with the everyday practice of those working in secure accommodation. They reflect the experience of current and past practitioners. They are also underpinned by the available literature on secure accommodation and on residential child care more generally. Reflective questions prompt practitioners to link theoretical knowledge to their own settings and their own practice. Those who wish to extend their thinking around particular areas of practice are pointed towards further reading. Links are also provided directing readers towards how this material may be used to support vocational training frameworks. It is intended too that many of the papers will prove to be useful tools in the supervisory process and in team discussions.

Working in secure accommodation presents practitioners with a range of judgement calls that have to be made on a shift by shift basis. Social care values such as privacy or confidentiality cannot be absolute in such settings (and arguably in any social care setting). They become dilemmas that need to be negotiated according to the particular circumstances of a situation. This requires critical thinkers or reflective practitioners. Both critical thinking and reflective practice require a context. Practitioners need to be able to reflect on relevant content; otherwise their reflection becomes introspective and not particularly useful. It is hoped that these papers will provide content that links theory to practice experience, encouraging them to ask questions of that experience and thereby extending their understanding of their work. The most effective learning is collaborative. It happens best when undertaken alongside others. So although these papers will hopefully have a role in helping individuals work towards relevant qualifications, they will achieve their optimum effect if used to involve staff teams and groups in discussing and debating particular areas of practice. That way lies the possibility of developing learning organisations and cultures. In learning organisations the impetus for learning and practice development comes from a 'bottom up' curiosity and desire for knowledge.

The intention of this volume is not to supplant units' existing policies and procedures or to provide them with 'off the shelf' versions. Developing policies and procedures is a task that lies with units themselves and these will reflect the different histories, remits, philosophies and indeed physical layouts of units. Hopefully this volume will provide a resource they can draw upon in the preparation of unit specific documentation.

One suggestion is that units might take particular themes and develop approaches around these to suit their own particular circumstances. There may be some merit in taking some of the discussion and the practice development beyond the walls of individual units, so that those working in secure accommodation develop a community of practice around this area of work. We envisage also that the volume will have a currency beyond secure accommodation. Many of the principles and much of the content will have a resonance across residential child care and we would hope that it proves useful to practitioners wherever they work.

Like any exposition of knowledge, this volume is a snapshot of where we are in time and place. There is no universal 'best practice.' What we consider to be best practice today is unlikely to be considered so by tomorrow's practitioners. This

volume then is not definitive. There may be areas of practice not already included that would benefit from being so at some future point. It is likely too that what is currently written will need to be updated sooner or later.

As already indicated, practice in secure accommodation is dynamic. The loose-leaf format lends itself to the updating and addition of new papers so that what is written here continues to reflect the changing landscape of secure accommodation in Scotland. The various sections are colour coded and arranged in a loose leaf folder, allowing staff and staff groups to work their way through the papers or to identify and work around particular ones. The material will also be available on-line on the SIRCC website.

Running alongside the development of the volume and informed by it, the Scottish Qualifications Authority (SQA) have produced two Higher National units on secure care:

- SQA DMOF34 Caring for young people in secure settings
- SQA DMOG35 Supporting and managing provisions in secure care setting.

Together, these initiatives form an integrated educational package for those working in secure accommodation.

# Historical and policy context of secure accommodation

**Mark Smith, Bob Forrest, Fergus McNeill & Neil McMillan**

*..seek to prevent that there may be no occasion to punish.*

*(Dr Thomas Guthrie)*

## Introduction

Secure accommodation cannot be properly understood except through reference to the way in which history and social policy have shaped the development of services. This chapter charts the history of secure accommodation through its origins in the approved and List D Schools. It will outline the legal context that frames the use of secure accommodation. Social, political and demographic trends and how these impact on the demand for secure care are identified. Readers are encouraged to consider their own workplaces within wider historical, policy and legal contexts.

## Historical background

Throughout history children and young people have been a source of social and political concern. This chapter charts some important themes and milestones in Scottish approaches to dealing with them. It takes as its starting point the processes of industrialisation and urbanisation which occurred around the middle of the 19th century. During this period new centres of population grew up around developing industries. The emerging towns and cities attracted a flood of new city dwellers from the countryside. Initially children were treated as economic units of production alongside their parents and were forced to work in mills and factories to supplement family incomes. Ironically, some of the social reforms of the early 19th century, such as the Factory Acts, which prevented the employment of children below a certain age, cut off any legitimate means for them to earn a living. Many were forced to do so in other ways through recourse to begging, crime or street theatre. Children as young as five could be imprisoned alongside adults when their actions were deemed to be criminal. The problems caused by this growing army of displaced, and vagrant children ('Street Arabs' as they were called) exercised the minds of social reformers of the day.

## The 'Ragged' schools

The Scottish response to the problems experienced and presented by the displaced child on the street was in many respects an innovative and enlightened one. It drew upon traditions of education and social welfare that had their roots in the Reformation, which saw parishes assume responsibility for education and social welfare provision. Industrialisation happened simultaneously with a breakdown of the parish system. A group of Church of Scotland ministers sought to ensure the continuance of a religious tradition in the new cities. The resultant movement led to the Disruption of the Church of Scotland in 1843. The Disruption saw the evangelical wing, led by Thomas Chalmers, often regarded as the father of Scottish social work, break away from what was perceived to be an increasingly comfortable and complacent established Kirk to form the Free Church. The mission of the evangelical movement was to bring a Christian presence into the developing centres of population. A practical realisation of this philosophy was the opening of the first industrial feeding school in Aberdeen in 1841, under the patronage of Sheriff Watson. The school sought *'to feed, train in work habits and give basic education'* to the children who attended. The industrial feeding or 'ragged' schools were characterised by an aversion to institutional care in Scotland. They stressed a preventative as opposed to a punitive philosophy. This was encapsulated in the exhortations of Dr Thomas Guthrie, a pioneer of the movement to *'seek to prevent that there may be no occasion to punish.'*

Guthrie promoted the cause of the ragged schools through three national 'Pleas'. The movement was a remarkable success with schools being established in every city and most sizeable towns within months of his First Plea. Alongside the voluntary principle went a commitment to day schools, which sought to strengthen rather than weaken family links. Such beliefs challenge present day assumptions of the child as merely a victim of abusive family influences, by stressing a more interactive relationship and attempting to use the child as a positive influence upon the family to which he or she returned each evening. Children unable to return to their families in the evening were boarded out to what would now be called foster carers or occasionally offered respite accommodation on school premises. Proponents of the ragged schools were opposed to a 'hospital' model of care, which involved removing children from their families into large institutions such as workhouses.

The ideas of the ragged school pioneers differed significantly from prevailing English approaches to delinquency, which were based around a workhouse model. They differed too in their emphasis on the importance of education. Whilst education was considered to be a positive force contributing to social cohesion in Scotland, the English tradition considered the education of the working classes as encouraging of sedition.

The response to delinquency offered by the ragged schools seems to have met with remarkable success. By the early 1850s, Governor Smith of Edinburgh Prisons reported that, whereas in 1847 more than 5% of the prisoners in Calton Jail were under 14, by 1851 this had fallen to less than 1%. He went on to assert his belief that the ragged industrial schools had been principally responsible for this fall. The success of the approach supported Guthrie's belief that it was better to pay for the education of the child than the imprisonment of the adult in later life.

Acts of Parliament passed in 1854 secured state funding for the ragged schools; however, subsequent Acts of 1861 and 1865 ensured that funding applied only to children committed to the schools through the Courts. As such the legislation sounded the death knell for Watson's and Guthrie's peculiarly Scottish conception of the industrial feeding school, through superimposing the prevailing English reformatory and industrial school model under the direction of the Home Office. Nevertheless, an interesting insight into the durability of underpinning Scottish beliefs is provided in a government report from 1896, which states that, '*Scotch reformatories are not looked upon with public favour on account of the aversion felt by the Scotch people to the imprisonment of children*' (quoted in Seed, 1974, p. 326).

In summary, the key features of the Scottish tradition were: the need to cater for children's physical needs; the importance of education; prevention rather than cure; a focus on needs rather than deeds; the voluntary nature of provision; the preference for day provision which maintained family ties; structure and discipline.

### **The rescue period**

The second half of the nineteenth century has become known as the 'rescue period' in social welfare provision. In contrast to Guthrie's and Watson's visions of family oriented care, poor families came to be seen as a contaminating influence from which children needed to be removed. This was the era of the large orphanage, removed from public view and consciousness. One manifestation of the 'rescue' philosophy was the forced (or indeed voluntary) emigration of children to the Colonies in pursuit of a better life. Large charities were foremost in the orphanage movement, Quarriers and Aberlour being the most obvious examples. Many reform or industrial schools operated their own assisted passage schemes. Boarding out (fostering) was still common but, in line with the rescue philosophy, children were sent further afield, often to isolated farms or crofts throughout Scotland. Those who offended could be committed by the courts to reformatory schools (the successors to the 'ragged' schools).

### **Psychoanalytic influences**

The emergence of the psychoanalytic movement in the early twentieth century (see chapter 3) led to a questioning of some of traditional and authoritarian ways of responding to children. This led to some interesting experiments in child rearing and education. Perhaps the best known of these are Summerhill, established in England by a Scot, A.S. Neil, and Kilquhanity in the south-west of Scotland, established by John and Morag Aitkenhead. These schools, known as 'free schools' sought to allow children to develop free from the constraints of adult or societal oppression. Whilst the ideas behind Summerhill and Kilquhanity remained minority ones, the influence of Freudian psychology was also apparent in the growth of the child guidance movement, which emphasised the importance of working with children in the context of their family relationships. In keeping with Scotland's educational tradition, the child guidance movement was rooted within the field of educational psychology. The large children's home or children's village, however, remained the most common response to children who were deemed unable to live at home.

## Reflective Questions

- *What is the history of your unit?*
- *What period/phase in the development of secure accommodation services does it reflect? (In older establishments some interesting material may be available in old documents such as admissions books).*

### 1.2

## Legislation

The UK Children Act 1908 brought together and tidied up previous legislation relating to children. The Children and Young Person's (Scotland) Act 1937 established separate juvenile courts, which were required in their proceedings to have regard to the welfare of the child. Essentially, this piece of legislation marks the formal embodiment of the 'welfare' principle, which has been central to subsequent child care philosophy and regulation. Following the 1937 Act Remand and Reform schools were brought together under the term Approved School. The distinction within the 1908 Act between those children who had offended and those in need of care and protection was removed, and approved schools admitted both categories of child. Approved Schools were funded by the Scottish Office.

The Clyde Committee, reported in 1946, in response to concerns about the welfare of children in foster care. It also criticised large scale institutional living and proposed that provision for children should be provided in smaller units, located nearer to centres of population. Clyde was influenced by some of the thinking of the child guidance movement and proposed the family as the preferred unit of care. Substitute care was to be modelled on family life. This resulted in the development of the family group home model, whereby groups of children were looked after by 'auntie' and 'uncle' figures, ostensibly modelling the experience on family living. Family group homes were set up throughout Scotland in the 1960s and 70s and were the preferred model of providing community based residential care for children. The family group model was replicated in many List D Schools with the housemaster/housemother system.

### **Kilbrandon and the Social Work (Scotland) Act 1968**

A watershed in Scottish welfare provision came with the publication of The Kilbrandon Report in 1964. This reaffirmed a 'welfare' as opposed to a 'justice' model of dealing with young people. The preferred approach was to be education.... 'in its widest sense.' Kilbrandon proposed the establishment of Social Education Departments to oversee his proposed developments. These ideas were developed by the emerging social work lobby and taken forward in a white paper, Social Work

and the Community (1966), thereafter becoming law in The Social Work (Scotland) Act (1968). The 1968 Act established professional social work, rather than the social education departments envisaged by Kilbrandon and located provision for children and young people within the new generically structured departments. The Social Work (Scotland) Act heralded the introduction of the Children's Hearing system.

The Hearing system involves a panel of three trained lay volunteers. A key figure in the Hearing system is the Reporter. S/he is the administrative officer who ensures that Panels operate within their legal remit. The Reporter's principal function is to decide, on the basis of reports provided by social workers, whether a child may be in need of compulsory measures of care. If so, they convene a Hearing which will discuss the full circumstances of a case before reaching a decision in the 'best interests of the child'. The 'best interests' test means that any disposal made by a children's hearing has to be justified on the grounds of what is best for that individual child in their particular circumstances. The child and their parents ought to be full participants in this decision-making process.

A Children's Hearing has the legal status of tribunal and may only proceed if the child and their parents agree with the grounds of referral. If they do not agree, the case can be referred to a Sheriff for proof. Similarly, if a young person or their parents disagree with the decision of a Panel, they can appeal to the Sheriff.

Children can be referred to the Children's Panel on a range of different grounds, only one of which involves offending, the others reflecting their need for welfare or protection. Philosophically the system works on the same assumptions which characterised earlier approaches, namely that the underlying needs of those who offend and those in need of care and protection are essentially similar.

Having considered the circumstances of a case there are a number of possible disposals open to panel members. They can impose a supervision requirement (through which a child becomes legally 'looked after'). Being 'looked after' can, at its least intrusive, involve supervision by a social worker whilst the young person remained at home; however, hearings can also set a condition that attaches a place of residence to the supervision requirement. In such cases young people become 'looked after and accommodated.' This particular terminology was introduced following the passage of the Children (Scotland) Act 1995. The Children (Scotland) Act also saw the administration of children's hearings move away from local authority control to become centralised under the Scottish Children's Reporter Administration (SCRA).

If particular legal criteria are met (see section on secure legislation), hearings can authorise placement in secure accommodation. Increasingly, other measures are becoming available to panel members under the Scottish Executive's Intensive Support and Management Service (ISMS). One such option for those young people deemed to meet secure criteria (and as a direct alternative to placement in security) is the use of electronic tagging.

### **Residential schools after the 1968 Act**

The Social Work (Scotland) Act had envisaged the integration of child care provision to ensure a coordinated approach to placements. It failed however to locate List D

schools, as they became known (simply due to being on an administrative list under the heading 'D'), within the local government structures, but maintained them as a separately managed service within the Social Work Services Group of the Scottish Education Department. One of the advantages of this centralised structure was the development of the List D Schools psychological service which saw psychologists attached to all of the schools from the early 1970's. The psychological service was responsible for a body of progressive thinking around child development and child care generally.

In 1986, following a review, central government withdrew funding from the List D Schools and essentially devolved responsibility for them to the user local authorities. A number of schools closed around this time. Others entered into user agreements with particular local authorities. The break-up of local government in the mid 1990s led to further adjustments to the landscape as far as residential schools were concerned, as the new smaller local authorities were unable to sustain sole user arrangements with particular schools. This has resulted in schools selling beds in an open market to a range of local authorities. This reflects a wider trend in the way in which care is delivered in Scotland, with local authorities increasingly purchasing services from voluntary or charitable providers rather than providing and managing these services directly.

### **History and development of secure accommodation in Scotland**

In the late 1950s, Chief Constables expressed concerns about the perceived number of absconders from Approved Schools. In response to this and a riot at one school, the Scottish Office offered building capital to any school prepared to run a secure unit for the more recalcitrant youngsters. Rossie School, near Montrose, eventually agreed to this and the first secure unit in Scotland (and indeed in the UK) opened there in 1962 for 25 boys.

Over the next 40 years the number of secure beds increased significantly – doubling in the 1970s, trebling in the 1980s and quadrupling in the 1990s. Numbers currently stand at 96 for a mix of boys and girls. Eighty of these places are in the large units of Rossie, St Mary's Kenmure (1975), Kerelaw (1983) and the remaining 16 in the Edinburgh secure services, St Katharine's (1994) and Howdenhall (1983 - rebuilt 2004), and The Elms (2000) in Dundee.

It was only after the mid 1970s that girls were admitted to secure care. The first unit to include girls was St Mary's, Kenmure. All other units subsequently followed. For a few years in the 1980s and 1990s, some assessment centres operated small suites of secure rooms (10 beds in all) but approval for the use of these was discontinued over time. During the 1970s and 1980s, paralleling the increase in secure accommodation, there was a steady reduction in open beds within the List D System with the closure of 16 schools, 62% of the total Scottish system.

### **Secure legislation**

Prior to 1983 there was no specific legislation controlling the admission of young people to secure care (except for those young people convicted of serious offences through the criminal courts and placed in security by the Secretary of State). A



Children's Hearing could make a Residential Order naming a particular school which had a secure unit, but it was up to the Head of Establishment to decide whether to place the young person in the open or secure setting. In principle this meant that if a young person in Kenmure, Kerelaw or Rossie open settings proved particularly difficult he could be simply transferred to security without reference to any other authority.

In practice, the general rule was that a young person had to have had at least two previous placements in other List D Schools and had to be recommended by a consultant psychologist/psychiatrist before he/she would be considered for a secure placement. The Head of Establishment sought advice from a screening group, which included psychological and psychiatric representatives, as to the appropriateness of secure care for a young person. The Heads of the three large units (which provided almost 90% of all secure beds in Scotland) met regularly between themselves and the Scottish Office to review the overall secure situation. They felt that there should be consistent criteria applied to young people across the country for placement in security. Also in the early 1980s, prompted by concerns that Scotland might be in breach of the European Convention on Human Rights – that a person can only be deprived of their liberty after due process of law – the Scottish Office consulted around the behavioural criteria and procedures that might apply to placement in secure accommodation. The subsequent legislation was appended to the Health and Social Services and Social Security Adjudications Act (HASSASSAA) 1983 and came into effect on 1st February 1984.

The criteria laid down in the act were that:

- a) he (sic) has a history of absconding and he is likely to abscond unless he is kept in secure accommodation and if he absconds, it is likely that his physical, mental or moral welfare will be at risk:
- or**
- b) he is likely to injure himself or other persons unless he is kept in secure accommodation.

The legislation was fleshed out in a Code of Practice issued by the Social Work Services Group (SWSG, 1985) on behalf of the Secretary of State for Scotland. In section 3.5 the Code stated that:

the use of secure accommodation for children is seen as an exceptional measure:

only those children who genuinely need secure accommodation are placed and kept there;

where it proves necessary to use this type of accommodation, the length of time during which any child stays in it is restricted to the minimum necessary to meet the child's particular needs; and

the use of secure accommodation is seen in the context of an appropriate child care framework which is fully consistent with the 'welfare principle' contained in sections 20 and 43(1) of the Social Work (Scotland) Act 1968 (The welfare principle demands that placement in secure accommodation be justified through reference to the best interests of the child).

The HASSASSAA legislation as well as introducing legal criteria that had to be met before a young person could be placed in secure accommodation also required that units providing secure accommodation be registered and inspected by the Scottish Office.

If a Children's Hearing deemed that a young person satisfied the above criteria, it could authorise the use of secure accommodation under Section 58 of the Social Work (Scotland) Act (as amended by HASSASSAA 1983). The young person could only be admitted to security if the Director of Social Work and Head of Establishment considered it to be in the child's best interests. In effect this tripartite arrangement ensured that a young person could only be placed in secure accommodation with the agreement of three independent parties – the Children's Hearing, Director of Social Work and Head of Establishment. The system was designed to restrict usage and to ensure that appropriate checks and balances were attached to the decision to deprive a young person of their liberty.

In practice, secure accommodation was regarded as part of the continuum of care and a young person with a secure authorisation was often placed in an open setting with an option of moving into security if deemed necessary; however, within two years of the legislation coming into effect, the open schools at Rossie and Kenmure St Mary's closed leaving them as 'stand alone' secure units. They retained a few hostel places for young people leaving security – not as a precursor to security. Only Kerelaw of the larger units retained the open/secure option. A significant proportion of those young people admitted to the open school were subject to secure authorisation.

From the outset there was some tension around what was perceived as the limited authority of Children's Hearings. Some panel members wanted the power to require a young person to be placed in secure care rather than merely authorising it. In 1984 the Government tried to introduce legislation giving such power to the Children's Hearing in the Miscellaneous Provisions (Scotland) Bill 1984, but after its second reading in the Commons, the Minister responsible withdrew it following opposition. Had such legislation been enacted it is likely that many more secure beds would have had to be provided.

The HASSASSAA (1983) legislation did not stipulate a minimum age below which a young person could not be admitted to secure care since until then no child under the age of 12 had ever been admitted. However, the age of legal responsibility in Scotland remains as low as eight. Children as young as this can and have been placed in secure accommodation on both offence and non-offence grounds.

### **The Children (Scotland) Act 1995**

The Children (Scotland) Act 1995, which replaced the 1968 Act in relation to social work with children, introduced a concern for the interests of the wider community rather than just the individual child to the Hearing system. However, it left the legal framework for secure accommodation unchanged apart from a slight change in wording around the absconding criteria, from 'having a history' to 'having previously absconded'. The criteria relating to the use of secure accommodation were incorporated in the Children (Scotland) Act 1995, section 70(10) and could be invoked under a warrant to detain a child or as a condition of a supervision

requirement. The Regulations concerning secure care were updated and again repeated the focus on the child's needs:

*'Secure placements once made, should only be for so long as it is in the best interests of the child.'*

(The Children (Scotland) Act 1995 Guidance, Volume 2, ch.6:4)

The inclusion of the 'best interests' test, the cornerstone of Scottish approaches to children, locates the criteria within a welfare frame, recognising that decisions should be made on the basis of needs rather than deeds. The welfare principle remains paramount in law today and is, if anything, strengthened by the overarching principles of the 1995 Children (Scotland) Act; namely that the interests of the child are paramount; the views of the child are taken into account, where reasonably practical; and that any supervision requirement should be made only if it is considered better to do so than not to do so (the 'no order principle') (Children (Scotland) Act 1995: 17(3)).

## **Routes into secure accommodation**

### **Placement through Children's Hearings**

Young people can be admitted to secure accommodation through a variety of routes. They can be authorised to stay in security by virtue of a supervision requirement naming a particular secure unit. Unlike normal supervision orders which only require to be reviewed annually, secure authorisations, in line with the imperative to use secure accommodation for the shortest possible time, need to be reviewed every three months.

Young people can also be authorised to stay in secure accommodation on a warrant from a children's panel (see the Children (Scotland) Act 1995 and the regulations attaching to this). Panel members may be likely to use a warrant in cases where they do not have the full facts of a case at their disposal. Warrants last a maximum of 22 days and should allow time for the preparation of reports which will allow panel members to reach a substantive decision on a case. Warrants do not require a young person to be placed in a particular establishment.

In emergency situations young people can be held in security in cases where the Chief Social Work Officer and the Head of a Secure Establishment agree that legal criteria are met and there is a need for this level of intervention. This type of admission is sometimes termed 'by administrative process.' It is used in emergency situations where there is serious and immediate risk to self or others or perhaps in situations where a young person has been awaiting a secure placement and one becomes available. Placements through this route need to be considered by a Children's Hearing within 72 hours of being made. At this point a Hearing, assuming it agrees on the need for security, is likely to issue a warrant (or possibly make a supervision requirement), allowing the young person to remain in secure accommodation.

### **Placement through a criminal justice route**

Whilst most (two thirds) placements in secure accommodation are made through a Children's Hearing there is provision under the Criminal Procedure (Scotland) Act 1995 for juveniles to be placed in secure accommodation through a criminal justice

route. Children awaiting trial can be held in secure accommodation on remand. Section 51 (1) allows a court to remand children under 16 years to the care of the local authority and this may (although need not be) be in secure accommodation. Remands are generally for an initial seven days and may extend to 110 days. The Courts deal with more serious offences involving juveniles under solemn procedure. Children convicted of murder may be sentenced under section 205 of the 1995 Act and which carries a mandatory life sentence. Those convicted of other cases heard on indictment, under section 208 will receive a determinate length of sentence.

Young people convicted of an offence under summary procedure may be sentenced to residential accommodation under Section 44(1) of the Act for a period of up to a year, although they can only be kept in secure accommodation if the legal criteria within the Children (Scotland) Act 1995 are met. Again, this decision is taken by the Chief Social Work Officer and Head of Establishment. They serve a maximum of half sentence and may be released within that period on the decision of a review held by the local authority. Interestingly, after sentence has been passed, responsibility for such cases passes to the local authority and youngsters held under section 44 are to be treated as though subject to supervision requirement, with all this implies in terms of being granted time out of security. Again, the welfare principle is paramount.

For all placements in secure accommodation other than those sentenced and those remanded under Part V s.51 (1)(a)(i) (Criminal Procedure (Scotland) Act 1995) and under Part II s.66 of the Children (Scotland) Act 1995, legislation is permissive and its thrust is to limit the length of time a youngster is held in secure conditions. Both the original guidance issued by the Scottish Office (SWSG, 1985) and *A Secure Remedy* (SWSI, 1996), a review conducted by the Chief Social Work Inspector in 1996, emphasise the need for units to operate in accordance with quality child care standards. *A Secure Remedy* draws on the UN Convention on the Rights of the Child, re-stating that:

It should only be used as a measure of the last resort and for the shortest appropriate period of time. (p. 5)

Young people can also be placed in penal establishments by the court if they are deemed 'unruly'. In such cases they do not have to satisfy the behavioural criteria laid down in the HASSASSAA legislation. Young people in this category are placed in Young Offenders Institutions.

## Reflective Questions

- *Chart the legislation governing the admission and stay in secure care of a young person you are working with.*
- *Are some young people placed through a different route? What legislation governs their placement?*

The use of secure accommodation for children and young people reflects prevailing social trends and problems. This section considers the impact of poverty and misuse of drugs. It will examine the social backgrounds of the young people referred to the Hearings system. The issue of youth offending will be covered in a separate paper (4.16).

The latest estimate of Scotland's population (for 30 June 2003) is 5,057,400. Children aged 15 and under accounted for 19 per cent of the population. The general demographic trend sees Scotland's population falling as a result of lower birth rates and net emigration.

### **Poverty**

Poverty continues to cast a shadow on the lives of children and families in Scotland. The literature on poverty differentiates between absolute poverty and relative poverty. Absolute poverty is where individuals or families do not have sufficient resources to access the bare essentials of life such as food, clothing and shelter. State benefits are designed to prevent absolute poverty although there may, for a variety of reasons, be times when people do experience situations when they do not have enough money to get by on a day to day basis.

Relative poverty is a far more common experience, as some of the figures below indicate. Relative poverty is a state where individuals and families cannot access what would be considered to be a reasonable standard of living in the society they live in. They may not be starving, but they cannot enjoy the comforts that most people can take for granted - things like being able to organise a birthday party for their children or going out to the cinema or for an occasional meal out. Not being able to do things like this can lead to a grinding existence. People who experience this kind of existence may turn to drink or drugs to alleviate the lack of stimulus or meaning in their lives.

The present government has set targets to reduce levels of child poverty and recent figures suggest they are making some inroads in this regard. However the gap between rich and poor continues to increase and this has implications. Poverty and the unequal distribution of wealth in society contribute to social exclusion. People who cannot access some of the finer things in life are unlikely to buy into the values of that society. Bringing up children in such circumstances can become a drudge for parents. Children brought up in such environments are likely to lack the kind of stimuli they need to consider alternative lifestyles for themselves.

Sharp local concentrations exist in the geographical spread of poverty. Glasgow, overwhelmingly has the highest concentration of deprived areas in Scotland, accounting for more than half (57%) of the worst 10% of postcode areas. Recent research by Sheffield University found that 41% of Glasgow households were living in poverty, the city was suffering population decline and unskilled worker numbers were up (Dorling & Thomas, 2004).

There are then significant socio-economic factors affecting the experiences of children and families growing up in Scotland. The kind of behaviours which lead children and young people into lives of crime or exploitation need to take this wider context into account.

### **Misuse of drugs and alcohol**

The use of drugs introduces particular dimensions and difficulties to working with children and young people in Scotland today. Drugs will affect the lives of many if not most young people in secure accommodation either directly or through family involvement. Amendments to legislation to include specific grounds for referral within the Children's Hearing system are indicative of the trends in drug use by children in Scotland and a heightened awareness of such trends. For example, although not a criminal offence, growing concern about misuse of volatile substances by children and young people through the early 1980s saw the introduction of the Solvent Abuse (Scotland) Act 1983 which then led to solvent abuse becoming a specific ground of referral. Similarly, a growing trend in the abuse of drugs and alcohol by children and young people saw this become a ground for referral in 1995 when the Children (Scotland) Act was introduced.

Grounds for referral for solvent abuse have dropped considerably over the years. This may be more of a reflection of the growing trend in the availability and misuse of other drugs and the abuse of solvents becoming less fashionable or acceptable within youth culture. Statistics on misuse of alcohol and drugs have only been collected by the Scottish Children's Reporters Administration since 1997 although in this short period there has been a steady rise in the number of referrals on this ground. The figure rose more than threefold between 1997/98 and 2001/02 from 553 alleged referrals. Nevertheless, referrals on grounds of alcohol, drugs and volatile substance misuse particularly remain relatively low when compared with other referrals.

The Scottish Schools Survey (2004), a self-reporting study examining the drug, alcohol and tobacco consumption of pupils aged 12-15 across Scottish schools, stated that 20% of 13 year olds and 43% of 15 year olds reported that they had drunk alcohol in the week before the survey. Seven percent of 13 year olds and 20% of 15 year olds reported that they had used drugs in the month before the survey.

Cannabis was the drug most frequently reported as having been used. Boys were more likely than girls to have used drugs and many more pupils have been offered drugs than have ever tried them. More than a third had been offered one or more drugs, and again, boys were slightly more likely to have been offered them than girls. Unsurprisingly the likelihood of ever having used drugs was found to increase sharply with age.

Whilst the issue of drugs evokes considerable public anxiety and confronts staff in secure accommodation with particular problems, the impact of alcohol remains perhaps a more common concern. Alcohol abuse is implicated in a range of the difficulties that bring young people into secure accommodation, again either directly or as a result of family histories of alcohol abuse.

Smoking, drinking and drug use were all found to be highly interrelated behaviours. Pupils who smoked were more likely to drink and vice versa. Similarly, pupils who drank or smoked were more likely to take drugs. Social characteristics were also significant with drug use and smoking more prevalent amongst those in relatively disadvantaged groups such as those taking free school meals and those in lower socio-economic groups.

### **Children referred to Children's Hearings**

The rationale for an integrated system dealing with both children and young people who offend and those in need of care and protection is that they are considered to have much in common in that the roots of their difficulties often stem from broadly similar experiences of disadvantage and social adversity. Studies, such as the youth transitions study being undertaken by Professor David Smith at Edinburgh University, support this assumption (see website listed in references).

Around 40,000 children are referred to the Reporter to the Children's Panel each year. Those referred experience high levels of social adversity. In 2003 the Children's Reporter's Administration conducted a small scale study on the case files of those children referred in three different geographical areas (SCRA, 2004). The main findings of the study were:

- Almost half of children had physical and/or mental health problems.
- 58% had social, behavioural or emotional difficulties.
- 33% had experienced physical, sexual or emotional abuse.
- 37% had been neglected or diagnosed with failure to thrive.
- 36% of their parents/carers had mental health problems.
- 43% of children had experience of domestic abuse in their homes.
- 39% of parents/carers abused alcohol.
- 35% of parents/carers misused drugs.

Children in all three areas studied experienced these problems despite different levels of affluence and deprivation.

The vast majority of young people in the Children's Hearing System because of their offending live in poor economic and social circumstances and the most persistent offenders have the highest levels of social adversity. Children who end up in secure accommodation are likely to have experienced a range of personal and family problems which have contributed to their placements there. The behaviours of children and young people therefore need to be understood in the context of their social circumstances, and the regimes in secure units need to recognise and seek to address the multiplicity of these social problems.

Over the period of its existence, the emphasis of referrals to the Reporter has changed. Whilst there has been some increase in the number of referrals on offence grounds over the past ten years, referrals on care and protection grounds have almost doubled over the same period. It is considered that the steep rise in protection referrals reflects the impact both of drug abuse and changed professional attitudes in the reporting of domestic violence as well as a wider interpretation by society of what constitutes lack of parental care, child abuse and neglect.

## Reflective Questions

- *What social issues face the young people you work with and their families?*
- *How might these have contributed to the young person's placement in secure accommodation?*

### 1.4

## Developments in residential child care

The early 1990s witnessed the uncovering of a number of abuse scandals in residential child care. These spawned a number of Inquiry reports, primarily in England. The major policy document in Scotland was the 'Skinner Report' *Another Kind of Home*, (SWSI, 1992), a wide ranging review of residential child care. The report discussed the purpose and role of residential care in general terms, and then proposed a set of fundamental principles to provide a framework within which relevant standards for evaluating the quality of care could be developed. The 'Skinner Principles', have provided a backdrop to any developments in residential child care in Scotland since their publication. The eight principles are;

- Individuality and development
- Rights and responsibilities
- Good basic care
- Education
- Health
- Partnership with parents
- Child centred collaboration
- A feeling of safety

The report also reviewed historical changes in the nature of residential care: how it had shrunk as a proportion of total numbers of children and young people in the care system, and how the average age of children and young people in residential care had increased to the point that the vast majority of children cared for in residential settings were now adolescents.

It went on to tackle issues of training and qualifications and of management, planning and inspection, again making a series of recommendations, including targets for numbers of qualified staff. It recommended that child care agencies should aim to achieve a position in which 30% of all residential child care staff and 90% of all senior residential child care staff held a Diploma in Social Work or equivalent. In addition, 60% of residential child care staff were to be assessed as competent at HNC/SVQ level 3. The Diploma in Social Work was at the time the



baseline professional qualification for practicing social workers. It has recently been replaced by an honours degree. One of Skinner's recommendations led to the establishment of the Centre for Residential Child Care.

The Skinner Report was underpinned by three important research studies: a review of the literature; an evaluation of statements of functions and objectives of children's homes; and a questionnaire completed by officers in charge of children's homes in Scotland.

The second significant Scottish report pertaining to residential child care in the 1990's was the *Children's Safeguards Review* (Kent, 1997). This made a number of recommendations for improvements to children's safety, and for staff recruitment and training, and carried out a major literature review. Among other things it tentatively explored the possibility of developing training along the lines of a European 'social pedagogy' model, but this has not been followed up. One of Kent's recommendations envisaged the development of a centre of excellence in various aspects of residential child care education and development. This recommendation resulted in the establishment of The Scottish Institute for Residential Child Care (SIRCC), which built on and developed the role of the Centre for Residential Child Care.

## 1.5

## Recent policy trends

Recent years have seen the establishment of two new statutory bodies with a role in residential child care. The Scottish Social Services Council (SSSC) is responsible for the registration of individual workers. All those who work in the social care field will have to be registered with the SSSC and to hold specified qualifications deemed appropriate to the task. The Council's qualifications framework has set minimum registration requirements for residential child care workers at HNC (in any discipline) and SVQ (level 3). Skinner's targets to qualify a proportion of the workforce up to the level required for other areas of professional social work have been dropped.

Residential child care staff have to meet the requirements for registration with the Council by 2008/9 if they are to be employed or to continue in employment. As well as maintaining a register the Council regulates professional and vocational education and publishes codes of conduct for all staff. It has the power to de-register staff for breaches of the codes of conduct. In addition to the Council's powers to de-register staff, the government has set up a consultancy index, which will contain information about staff considered unsuitable to work with children. Organisations are required to check with the index before employing anyone to work with children even in a voluntary capacity.

The Scottish Commission for the Regulation of Care (the Care Commission) has responsibility for registering and inspecting all residential child care units whether provided by local authorities or other agencies. Secure accommodation, which has until now been inspected by SWSI, is now also the responsibility of the Commission

(and Her Majesty's Inspectors of Education - HMIE). Inspections take place against a framework of national standards (although these do not specifically relate to secure accommodation). The Commission has powers of enforcement including the right to impose conditions on registration, report cases to the procurator fiscal and to de-register services, including emergency de-registration if necessary.

The establishment of the SSSC and SCRC are consistent with government priorities to improve standards in the workforce and improve protection for social service users. Other priorities include improving partnership and improving service delivery and efficiency.

The partnership strand in the government's priorities acknowledges that people's needs are often complex and cannot be met by any one professional group. Services therefore have to cross professional boundaries in order to meet the range of these needs. In secure accommodation for instance, young people may have general health needs, mental health difficulties, a drugs problem and particular family problems (which will be covered in more detail in chapter 4), all of which need to be addressed to help them move forward. The government's aim is that the different services responsible for these services work together in a 'joined up' way to provide them as seamlessly as possible. This policy aim is underpinned by particular policy initiatives:

*Joint Future* brings together health and social services;

*For Scotland's Children* draws together education and social work for children and young people;

*Youth Justice Strategy Groups* set up in every local authority bring together social work, housing, the police and the Reporter to the Children's Panel amongst others to address issues of youth crime and disorder.

The final strand, that of improving service delivery and efficiency, aims to bring all services up to the standard of the best. The 'best value' reviews which social work services are obliged to undertake, and the focus on targets and outcome measures are all part of this drive towards improving service delivery.

## 1.6

## Recent trends in criminal justice

In post-devolution Scotland, policy developments in the field of youth justice have been rapid. Recent trends see a challenge to the general consensus that has existed to this point around the appropriateness of a 'welfare' based approach to working with young offenders.

In order to understand recent developments around secure accommodation it is helpful to know a bit about trends in criminal justice. Put simply, in the 1970s and 1980s there was a sense amongst those working in the field that offending did not respond particularly well to social work intervention. A catchphrase at that time was

'nothing works,' essentially suggesting that doing nothing might be the best approach to work with offenders. Most would grow out of their offending, some would not.

Over the 1990s a literature developed that indicated that some types of intervention were in fact more effective than others in helping offenders turn round their behaviours. The professional focus turned to 'What Works?' This is a phrase that has characterised criminal justice social work ever since. It is linked with a political push towards 'evidence-led practice' where interventions are evaluated as to their effectiveness. A manifestation of this wider trend is the proliferation of programmes aimed at tackling offending behaviour. There is a drive to have programmes 'accredited' in order to identify those for which there is some evidence of effectiveness. Current thinking seems to favour cognitive behaviour based programmes as being the most successful, although there are question marks around whether much of the population of secure accommodation has the intellectual, emotional or developmental capacity to make best use of such programmes. The effectiveness of such approaches in isolation of the wider care experience is also questionable. Most of the 'What Works' focus was on adult offenders. Youth offending, for the most part, continued to be dealt with in children's hearings and approaches reflected the welfare underpinnings of this system.

The first intimation of a change in direction in youth justice came in 1999 when the Scottish Cabinet set up an Advisory Group on Youth Crime with a remit to:

*assess the extent and effectiveness of options currently available to Children's Hearings and Courts in cases involving persistent offenders, and look at the scope for improving the range and availability of options aimed at addressing the actions of persistent young offenders*

The Advisory Group's report reflected a focus on how best to respond to those already involved in persistent offending. One of the key issues identified concerned responses to 14-18 year olds. It was felt that the gap between the welfare-oriented children's hearing system and the adult criminal justice system was too stark, yet young people could move between the two almost overnight. The report sought to mediate some of these contrasts, advocating that:

*the system should promote the responsibility of the community for the young people it produces, support community safety and recognise the rights of the young person to the due process of law.*

The report concluded that:

*there needs to be a unified approach at the practical level, combining care and protection with the public's concerns over the need to address offending behaviour.*

The Advisory Group, whilst acknowledging the political concern with addressing offending, did retain some of the broad principles of the Scottish system. Its findings were located within a broader discourse of effective intervention which struggled to look beyond individuals and families for both the 'causes' and 'cures' of persistent offending.

A change in direction came in June 2002, when The Executive's '10 Point Action Plan on Youth Crime' was published (Scottish Executive, 2002a). It included new measures to tackle persistent offending: a pilot of a specialist Children's Hearings to fast-track persistent offenders under 16; a youth courts feasibility project for persistent offenders aged 16 and 17 (with flexibility to deal with 15 year olds); and a review of the scope for imposing Restriction of Liberty Orders, Anti-Social Behaviour Orders and Community Service Orders on persistent young offenders. The Plan also announced proposals to develop national standards for youth justice, to promote parental responsibility and to consider increasing the number of available places in secure accommodation. When the National Standards were subsequently issued in December 2002, they set as the national target for Youth Justice Services to reduce the number of persistent offenders by 10 per cent by 2006. Objective 5 within the National Standards deals specifically with secure accommodation. It is to 'target the use of secure accommodation appropriately and ensure it is effective in reducing offending behaviour'. This standard requires that records are kept in relation to numbers of secure authorisations made and numbers of authorisations made but not implemented by the chief social work officer or principal of a secure unit. These figures are to be made available to appropriate agencies and communities.

*Provisions of this standard which affect practitioners are:*

*All relevant background information, including the ASSET/YLS-CMI assessment (see paper 4.18), held on the young person should be passed by the young person's caseworker to the secure unit within two working days of admission. Information that may indicate concerns about risk of harm either to self or to others should be passed on immediately.*

*The young person should have a named caseworker from within their home authority with whom the secure unit maintains regular contact and who is responsible for developing the aftercare plan for the young person.*

*An action plan detailing the objectives for the care of the young person while in secure, including educational provision and a health assessment, should be completed by secure staff, within ten days of their entry into the unit.*

*The individual's plan should be reviewed at least monthly by the unit, the named caseworker, the young person and their parent/advocate. (see paper 4.04)*

*Other provisions within this standard relate to aftercare arrangements (see paper 4.27)*

The passage of the Antisocial Behaviour etc. (Scotland) Act (2004) underlines the Executive's commitment to driving forward their agenda on youth crime.

The expansion of the secure estate needs to be understood against the backdrop of the above changes in thinking around criminal justice and particularly around youth crime and disorder. In March 2003, the Scottish Executive announced an increase in the number of beds to 125 by 2007. Following the recent announcement about the imminent closure of Kerelaw, the proposed configuration of places is:

Good Shepherd (Bishopton)	18
Howdenhall (Edinburgh)	5
Kibble (Paisley)	18
Rossie (Montrose)	18
St Katharine's (Edinburgh)	7
St Mary's Kenmure (Bishopriggs)	31
St Philip's (Airdrie)	24
The Elms (Dundee)	4
<b>Total</b>	<b>125</b>

Of these, 13% will be owned and managed by local authorities and 87% by the charitable/not for profit sector. The agencies providing the service have long traditions in residential child care. Unlike in England where young people can be locked up in local authority secure units, secure training centres or in the prison system, there remains a discernible system of secure accommodation in Scotland. This offers opportunities to develop practice through dialogue among providers.

### Trends in the use of secure accommodation

In relative terms Scotland places more children in secure accommodation than England and Wales, although the comparison is not a direct one due to the different ways secure accommodation has developed in the two countries. Nevertheless, even taking these differences into account, Scotland has a higher proportion of juveniles in secure accommodation.

Demand for secure accommodation has remained fairly static since the late 1990s. Within this general picture there have been some changes in patterns of admission. Admission of boys aged 14 and 15 increased by over 50%, whilst admissions through the Courts as opposed to the Hearing system have more than doubled. Admission of children direct from the family home rather than from other parts of the care system has also doubled.

Children are staying for longer in secure accommodation rather than more of them needing this type of care. There is an increasing gap between the length of time between release and readmission in those cases where young people have to be re-secured. This suggests that secure units are taking fewer risks in moving children on from secure accommodation. The longer stay in security may also be linked to the proliferation of programmes targeting particular patterns of behaviour, such as sexual aggression.

There are considerable geographical differences in the use of secure accommodation, with some authorities using significantly more places than others. Some of this difference might indicate variations in social composition and social problems between areas, but they also reflect different policies and practices. Research (Harris & Timms, 1993) suggests that one of the biggest determinants of the use of secure accommodation is accessibility to a secure unit. Thus, authorities that manage secure accommodation or have ready access to beds are likely to be the biggest users. Authorities that do not have such access may be forced to think more creatively about how they support young people without the use of secure accommodation.

Secure accommodation is a costly resource. The average weekly cost in 2002/2003 was £2,750 per young person.

### **Implications for secure accommodation**

Recent changes in the political profile of secure accommodation shift its emphasis from primarily a welfare focus to one where there are increased expectations to address offending behaviour very directly. In such a climate units may feel under pressure to be seen to be doing something about 'offending behaviour' rather than dealing with the whole child or young person. There is an inevitable pressure to respond to what they believe referring agencies such as local authorities and the Scottish Executive want. The perceived demands of the marketplace can drive the type of service offered.

Yet secure accommodation continues to operate within what is essentially a welfare-oriented system. It can be argued to occupy a complex and potentially contradictory space in provision for children and young people. As a mode of intervention it has been characterised as operating 'Between hospital and prison or thereabouts' as the subtitle of Harris and Timms (1993) suggests.

Once a child is admitted to secure accommodation particular priorities become apparent. The SWSI over recent years inspected secure units against the framework of Skinner's Principles, which are broad and require a comprehensive approach to children's needs. Over the past decade, inspectors have pushed agendas which emphasise the importance of a broad educational curriculum along the lines of that on offer in mainstream schools. They also stress the importance of addressing the health (including mental health – see relevant papers in chapter 4) needs of those young people placed in security. Another focus is on improved assessment and programmes of intervention.

### **A role for secure accommodation**

In this potentially confusing space practitioners might find it helpful to think of secure accommodation within a wider conceptual frame.

Fulcher and Ainsworth (1985) identify four societal resource systems within which group care facilities are located; health care, education, social welfare and criminal justice. The purpose of each of these systems is respectively to treat, teach, nurture and control. 'All of these systems' they argue, 'embody value preferences, organisational features and occupational characteristics that reflect these purposes (p. 6).' They go on to say that:

*..any group care centre has in various ways to incorporate aspects of treatment, teaching, nurturance and control according to the specific needs of children referred there. Yet experience has shown that the ethos of most group care centres is heavily dominated by the single yet simplistic purpose that underpins the resource system sponsoring a centre. This often results in the overall developmental needs of children being overwhelmed by a single purpose, which although important, is an incomplete response at best. (p. 7)*

They continue:

*It is worth noting, however, that facilities which seek to transcend or overlap boundaries, and in that respect respond to a broader conception of children's developmental needs, are invariably the most controversial programmes. Public debate frequently surrounds the operation of these programmes, with strong pressure being exerted from many sources for these group care services to concentrate on a single purpose rather than operating from a multi-purpose orientation. (p. 8)*

Secure accommodation by its nature overlaps boundaries. It is expected to meet a broad range of children's developmental needs. As such it is likely to be a controversial area of practice. Given this complexity of task and competing public perceptions about its role, staff who work in secure accommodation may feel they are pulled in different directions. Their difficulty is compounded by the fact that the time a young person spends in secure accommodation is limited (other than for those placed under sections 205 or 208). The period to be spent in security will determine what can be done in this time. It may be worth considering what can be done realistically within limited time-scales.

The primary task of secure accommodation is to bring some order and control to young people whose lives have been out of control. This is done through the physical confines of the building but also through the rhythms and routines of care (see paper 4.06) and through exposure to caring and authoritative adults. The establishment of these relationships are critical and, even if only short term, they may act as templates for future relationships. The next task is to get some sense of where young people are coming from, what are some of the defining features of their lives and where they might move onto from secure accommodation (see paper 4.04). There is then a role to address specific problems. Some of this may involve a 'first-aid' type role such as ensuring appropriate medical and dental treatment. Other aspects of intervention may involve pieces of work around specific difficulties such as offending, self-harm or drugs/alcohol misuse.

None of this work however should take place in a vacuum. Staff need to keep an eye on the next move, and to build in family and community links so that any progress made in secure accommodation can be carried through beyond placement. A number of agencies can complement the work done in secure accommodation. Increased concern over youth justice for instance has brought with it a number of initiatives aimed at supporting young people who offend. Agencies such as SACRO and Includem may have a role to play in providing a continuum of provision and support to young people before during and after their stay in secure accommodation.

## Reflective Questions

- *Look out some inspection reports from your unit (or, if none are available, from other secure units. These are public documents and are available on-line). What are some of the main issues inspectors identify?*

### Conclusion

This chapter has attempted to locate secure accommodation within historical and policy contexts. Some key themes which should be borne in mind when considering practice in secure accommodation are:

- the use of secure accommodation involves the deprivation of an individual's liberty. This is a serious step that should only be taken within exceptional circumstances and for the shortest possible time.
- secure accommodation needs to operate in the best interests of the child where 'needs rather than deeds' are paramount.
- secure accommodation should be considered within the wider context of families and communities.
- secure accommodation needs to have regard for the 'whole child'. As subsequent papers in this volume suggest, addressing community interests such as reducing offending requires such a broad focus on the child within this wider social context.

### Training links

#### HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome one (optional unit).

### Further reading

Furnivall, J., Macquarrie, A. & Smith, M. (unpublished). *A review of residential child care in Scotland*. Glasgow: Scottish Institute for Residential Child Care. As the title suggests, this provides a review of residential child care in Scotland, identifying salient policy developments and the implications of these.

McGhee, J., Mellon, M. & Whyte, B. (2005). *Meeting needs addressing deeds – working with young people who offend*. NCH Scotland. A good account of working with young people who offend drawing on the principles of the Kilbrandon Report.

McNeill, F. & Batchelor, S. (2004). *Persistent offending by young people: developing practice issues in community and criminal justice, Monograph 3*. London: National Association of Probation Officers. A comprehensive outline of a range of issues,



such as risk assessment and restorative justice, that are central to current debate on youth justice.

Scottish Schools Adolescent Lifestyle and Substance Use Survey 2004 Interim Report (October 2004). A survey undertaken by the Child and Adolescent Health Research Unit (CAHRU), The University of Edinburgh, commissioned by the Information Services Division of NHS National Services Scotland on behalf of the Scottish Executive.

Seed, P. (1974). Should any child be placed in care? The forgotten great debate 1841-74. *British Journal of Social Work*, 3, 3, 321-330. Provides a fascinating account of the ideas behind the Aberdeen Feeding Schools.

Smith, M. (2002). Stands Scotland where it did? Perspectives and possibilities for child and youth care. *CYC-Online*. Issue 47 Dec 2002, [www.cyc-net.org/cyc-online/cycol-1202-smith-scotland.html](http://www.cyc-net.org/cyc-online/cycol-1202-smith-scotland.html)

Smith, M. & Milligan, I. (2005). The expansion of secure care places in Scotland: in the best interests of the child? *Youth Justice*, 4(3), 178-191.

## **Websites**

<http://www.childrens-hearings.co.uk> (provides some background to the Hearing system and its workings).

<http://www.law.ed.ac.uk/cls/esytc/aboutthestudy.htm> (the website of the youth transitions study, which gives access to the developing body of work being undertaken by the team - a useful source for those wanting to understand contemporary youth issues in Scotland).

The Scottish Parliament's Justice 2 committee's report on youth justice will be available shortly on their website:

[www.scottish.parliament.uk/business/committees/justice2/index.htm](http://www.scottish.parliament.uk/business/committees/justice2/index.htm)

*Care is a practice rather than a set of rules and principles... It involves both particular acts of caring and a 'general habit of mind' to care that should inform all aspects of a practitioner's moral life.*

*(Joan Tronto, 1994, p. 127)*

## **Introduction**

Secure accommodation as a field of practice sits at the interface of different resource systems. It is expected to treat, teach, nurture and control. At different points, the emphasis will fall down more on one side than the others. Those who work in secure accommodation and those who take an interest in it might have different perspectives as to what its primary purpose might be. Ultimately, many of these differences come down to differences in values. This chapter will consider some fundamental questions around the nature of childhood, the nature of care, values and ethics, and an ethic of care.

If values are fundamental to care so too are relationships. Change and growth occur when human beings interact with one another in ways that are mutually beneficial and growth-enhancing. Residential child care can be a medium for growth, not only for the young people who live there, but also for the staff who work there. Relationships need to be played out in an ethical context.

If values and relationships are central to practice in residential child care it becomes essential that staff who work in this field are given the opportunity to examine values and to explore the nature of the personal and professional relationship. These are vast areas, taking us into the realms of philosophy. They are areas of practice that are underdeveloped in residential child care in this country. This chapter merely skims the surface, but also it is hoped offers some perspectives that might prompt discussion in teams and further reading by individuals.

*Childhood does not exist; we create it as a society, as a public subject. It is a social, political and historical construction.*

(Rinaldi, 1999, cited in Moss & Petrie, 2002, p. 55)

Some of the first questions we need to address may at first reading seem silly. We probably think that what we mean when we use terms such as children and childhood is self-evident. But is it? We have seen in Chapter 1 that in early Victorian times, five-year-olds could be sent out to work or even imprisoned alongside adults. Why do we not do so today? In fact we have gradually extended the period we know as childhood through policies such as the raising of the school leaving age. Our understandings of children and of childhood have changed. We have come to see them less as economic units or as morally rational and responsible beings and more in need of adult care, protection and guidance. Why?

Other than physical immaturity there are few tangible characteristics that mark children or childhood out as a discrete stage of human development (and even physical development can be extremely variable). In most respects we create children and childhood by the ways in which we have come to understand them historically, culturally, socially and politically. They become defined by the kind of beliefs and assumptions we make about them and by the kind of policies that follow from these. This way of thinking is called social constructionism.

In present day society we construct children in a number of different, sometimes contradictory ways. It is important that we understand how we do so as this will determine how we think about them, the kind of services we put in place for them and the kind of relationships we enter into with them.

### **Constructing the child as villain**

As was noted in Chapter 1 there has been a hardening of political and public attitudes in recent years towards young people who offend. We are faced with story after story in the media about youth crime and 'ned' culture. It can be an easy step to demand that something be done to counter such behaviours. Indeed, there have been a number of policy developments designed to allay such public concerns, one of these being to increase the number of places in secure accommodation. Others include the provisions of the Anti-Social Behaviour Act (2004). Proponents of such legislation argue that it is about making people and communities safer. Critics claim that such correctional measures risk demonising young people. Staff working in secure accommodation are not inured to these wider social and policy debates. In practice they are manifest in increasing demands to be seen to address offending behaviour more directly than in the past. In such a climate, care has to be taken that the regime in units does not become overly correctional or punitive.

## **Constructing the child as victim**

Criteria for secure accommodation draw in not just those who offend, but also those deemed to be vulnerable and needing protection. Over the past 20 to 30 years, child protection has been the dominant professional concern in work with children and families. Just as we are faced with a media barrage over the need to stamp down on youth crime, we are also confronted with newspaper stories or policy initiatives which seek to protect children. Consider the concern generated over child abuse, the measures put in place to tighten the vetting of those who have access to children, or the ongoing debate about the appropriateness or otherwise of smacking children. Such measures speak of constructions of childhood which see children as vulnerable and needing protection from predatory or abusive adults.

The child abuse discourse also proceeds from a position of children being traumatised by the effects of past experience. Most of the children who are placed in secure accommodation have experienced a range of life experiences that might result in trauma. Past trauma can indeed have a fundamental impact on current functioning. Such an orientation can push staff in the direction of wanting to counsel young people to try to get to the root of their difficulties. A risk in such situations is that staff are insufficiently knowledgeable or skilled in such interventions and may do as much harm as good. They may also underestimate the resilience of many young people (see chapter 3).

Both of the above constructions of childhood place adults in positions of power over young people. In the former case, that power derives from an urge to control; in the latter from a desire to protect, which again makes assumptions about the superior knowledge of adults in determining what is right and wrong for children.

## **The child with rights**

There has been an increasing awareness and emphasis on children's rights over the past two decades. Elsewhere in this series of papers (paper 4.20) we outline the background to, and implications of, adopting a rights perspective in secure units.

At this stage it is worth reflecting on how a rights perspective might lead to young people being constructed in different ways. If rights are considered only legally rather than within broader moral and ethical frameworks, there is a risk that society's responsibilities to young people become limited to ensuring that a due process of law is followed in any decision to place them in secure accommodation. An example of this might be the fact that young people now have legal representation built in to the decision to place them in secure accommodation. This has not led to fewer such placements or to children's rights being interpreted or addressed beyond ensuring that the legal process was properly followed.

Within a predominantly legal frame of reference, if young people have rights they are also deemed to have responsibilities. Some commentators (e.g. Goldson, 2002) argue that we currently 'responsibilise' and 'adulterise' young people too readily without taking into account their particular status or needs as children. We can impose too great a responsibility and rationality upon them. This way of thinking can be argued to have contributed to the increased use of secure accommodation and custody over recent years.

## **The child with agency**

The constructions identified above position children and young people in relation to adult systems and adult ways of thinking. Adults within such interpretive frames are called on to control, protect or safeguard the rights of young people. Recent writing (Moss & Petrie, 2002) suggests that we need to re-examine the ways in which we think about children and childhood and about the kind of relationships we have with them. Such writers suggest that children have 'agency'; a status and certain natural rights that accrue to them as children, not just as 'becoming' adults.

Adopting such an approach to children and childhood has implications for the way adults work with them and 'are' with them. The power differential becomes less pronounced and adults and children enter into relationships in which they can both grow and develop. Such an orientation to practice requires that rather than one party (the adult) being cast in the expert role, both parties strive to enter into some shared rhythm or way of being together. They construct common meaning and understanding within that developing relationship.

None of this detracts from the need for adults to impart their own wisdom to young people or to impose appropriate authority when required. It does, however, mean that adults operate with a greater humility than is sometimes the case, accepting that they, as much as the young person, can grow and change through their shared relationship. It also requires that units and agencies operate similar standards and expectations of behaviour for both adults and young people.

Generally, a co-constructivist approach (whereby adult and young person together construct meaning from their relationship) calls for different ways of thinking about children and childhood. It means we need to start enjoying and celebrating children rather than fearing and seeking to control them. Once we can do this control issues start to take care of themselves to a far greater extent.

## **The whole child**

Of course, any meaningful approach to working with young people has to take into account all of the above dimensions and to acknowledge the overlap between them. Villains are as often as not also victims. All young people have certain rights and responsibilities appropriate to their age and stage and they all ought to be recognised as having 'agency' - that ability to exert some control over their own lives and their own decision making. This is what Kilbrandon (see Chapter 1) had in mind when he spoke of the need for a whole child approach. We cannot compartmentalise young people. We need to see them and to respond to them in their entirety.

### **Reflective Questions**

- *What is the dominant construction of children and childhood in your unit?*
- *Can you think of any examples of practice that back up your answer?*

Having cast some doubt upon whether terms such as children and childhood are straightforward, let us now turn our attention to what constitutes care. Just as our understandings of children and childhood reflect different historical and cultural assumptions, so too do our understandings of the concept of care. Cameron (drawing on predominantly English legislation) tells us that over the past century or so our understanding of care:

*..has come to equate with 'welfare' and the scope of care has widened from food and shelter (1908) to maintenance, accommodation and proper development (1948) and finally to include at least a partial sense of the child and their family as co-participants in care through, the 'wishes and feelings' and 'partnership' dimensions of the welfare principle in the Children Act 1989.*

(Cameron, 2003, p. 90)

So our understanding of what care means has shifted over the years. This, perhaps, calls us to question and keep under review the prominence we afford to particular aspects of the task at any one time. Current 'best practice' reflects only current dominant concerns and understandings, which are located historically and culturally.

Cameron goes on to say that the assumptions that frame the management of care services have also changed, moving away from a faith in professional judgement and expertise towards a greater focus on the managerial role and on target setting. She cautions that target setting approaches '*potentially reduce public care to addressing these targets rather than an holistic care relationship with a young person*' (Cameron, 2003, p. 91). This is something to be aware of, for it impacts significantly on what we consider care to be. Is it a set of instrumental tasks or is there an emotional, affective dimension to it?

### **Care: A technical or adaptive task?**

Staff in residential child care settings, as in any other walk of life, will have their own views of what constitutes the right way to raise children. Some of these views will reflect their own personal, family or religious values and beliefs. If staff were brought up believing that children should be seen and not heard, this will have a bearing on the way they approach the children and young people they work with. They may accept or reject such approaches and either reinforce or challenge them in practice.

If staff believe that children should be allowed to experiment and make mistakes free of adult control, that value too will impact on their work. The likelihood is that every unit will include staff who hold very different but strongly held views about how best to bring up children and about the nature and purpose of secure accommodation. This can lead to a number of tensions and possible conflicts in staff teams.

Roger Kent (1997) cautions that 'belt and braces don't make good trousers'. This statement expresses a fairly basic truth about residential child care. Good quality,

growth-enhancing care does not come out of house rules, procedures manuals or quality standards. These all have their place, but only as props to something deeper and more diffuse. That which is deeper might be thought of in terms such as ethos, culture, shared values or social climate.

In some ways it is what a place feels like rather than what it looks like in the brochure. That which is more diffuse entails that there is no practice manual that if followed necessarily leads to a good care experience. To believe that it might misrepresents care as a technical task, akin to servicing a car. Heifetz, a writer on leadership, distinguishes between technical and adaptive tasks (Heifetz, 1994). Technical tasks or problems require technical solutions. Adaptive tasks or problems require adaptive solutions. They involve the negotiation of a range of value conflicts.

Child care is an adaptive task, involving and demanding the negotiation of a series of value conflicts. Secure care, because it involves the extreme step of depriving young people of their liberty, especially requires that issues around values are kept to the fore.

Values are rarely absolute but need to be continually examined and negotiated. Consider what can be postulated as social care values, such as privacy or confidentiality. In secure accommodation these become dilemmas. There are times when privacy cannot be guaranteed. There may be times when intrusive practices such as searching are required. There may be information that cannot be kept confidential if it risks harming an individual. In situations such as these staff need to find some acceptable compromise which, as much as possible, preserves human rights and dignity.

## Reflective Questions

- *Think of a time you have experienced care. What did it feel like?*
- *What kind of care is offered to the young people in your unit?*

### 2.3

## What are values and ethics?

The whole area of values and ethics is somewhere practitioners rarely go in any depth. Yet values are central to just about everything we do. Care, above all, is a moral and ethical endeavour. So what do these terms mean?

*Values* tend to reflect our own belief systems and as such have a personal dimension to them. I may believe, for instance, that abortion is wrong. Someone else with equal conviction might believe that a woman has a right to choose. These are our respective value positions.

*Morality* is the wider philosophical concern about what is right and good.

*Ethics*, according to Ricks and Bellefeuille (2003) refer to 'a set of moral principles to live by.' They go further and define professional ethics as 'those principles for professional conduct that are used to guide practitioners in making ethical choices.' (p.119)

Ethics are increasingly brought together in professional codes or codes of conduct. The obvious example of this is the Scottish Social Services Council's Code of Conduct, by which all those registered to work in social care settings in Scotland are bound.

However, codes of ethics themselves make certain assumptions about the nature of ethics. Are ethics universal, rational and legal or are they more contextual, intuitive and compassionate? Some feminist writers suggest that the former approach represents a particularly male approach to ethics whereas women would tend towards the latter.

Practitioners need to be aware that codes of ethics don't provide the answers to many of the moral dilemmas they face in practice. There will be occasions when individual workers or teams will need to take responsibility for ethical decisions, rather than relying on universal codes to give them clear-cut answers. Think for example of a 16-year-old girl who is self-harming. She has a gaping wound that needs stitched, yet she is refusing to comply with medical treatment. In such situations, legal, medical, moral and personal values systems may all conflict. Practitioners have to find ways through such dilemmas with both feet grounded in the real world and to make complex judgements based around what they feel is the right thing to do in the particular circumstances. As Ricks and Bellefeuille (2003) argue

*...codified rules of what to do in particular cases and cases of like kind, gets us off the hook of moral endeavor... Adherence to codified rules does not necessarily require self-awareness or accountability for taking a moral stance. It simply requires learning the rules and following them, whereupon we may fall prey to being lulled to sleep as we methodically attempt to capture similarities across cases and avoid the unique complexities of the situation at hand. (p. 121)*

### **An ethic of care**

Having considered what is care and what are values and ethics the question arises: is there an ethic of care?

Joan Tronto, a feminist writer, suggests that there is. Caring according to Tronto is 'everything that we do to maintain, continue and repair our 'world' so we can live in it as well as possible.' (Cited in Moss & Petrie, 2002, p. 103). An ethic of care, she goes on to say, is 'a practice rather than a set of rules and principles...It involves particular acts of caring and a 'general habit of mind' to care that should inform all aspects of moral life.' (p. 127)



Care as a 'general habit of mind' is something young people will recognise. They know the staff who follow the rule book and those who make authentic caring connections with them. Some of the elements of care are summed up in the social pedagogic tradition which frames service delivery in most European countries. Care in that tradition is something offered with head, hand and heart. It requires staff to think about the job, to have practical skills to bring to it and to be driven by an emotional commitment to those being cared for.

## Reflective Questions

- *Think of a situation you have had to deal with that involved possible moral conflicts. What were these?*
- *How was the situation resolved and why was it resolved in that particular way?*

## 2.4

## The personal relationship

*...Amazing, brilliant - they don't tell you what to do. They'll give you choices. They take you up to the shop in their own car - they don't need to do that, they do that 'cause they like you. You've got a good relationship with them.*

*(boy in residential school, Smith, McKay and Chakrabarti, 2004, p. 91)*

Secure accommodation is about creating opportunities for young people to change and contexts within which they can do so. For that to happen there is one central ingredient; the quality of the adults who work in a place. We can be seduced into thinking that there are all sorts of fancy interventions out there that we can use to turn young people around. The reality is that it is the *singer not the song* that is important in helping young people change. Nicholson and Artz (2003) cite research by Clark (2001), which looked into 40 years of psychotherapy outcomes. It concludes:

*relationship factors (the strength of the alliance that develops between the youth and the worker, built upon perceived empathy, acceptance, warmth, trust and self-expression and defined by the youth as a helpful connection) and the ability of workers to work positively with the clients' ways of understanding themselves and others, account for 70% of behaviour change (Clark, 2001). Two other factors, hope and expectancy that change will occur, account for 15% of behaviour change (and also depend on a positive relationship between worker and youth); while intervention model and technique account for only 15%. Fundamental to any*

*prevention or intervention that has a chance of success, is a strong positive relationship.*

(Nicholson & Artz, 2003, pp. 41-42)

The importance of relationship is particularly pronounced in residential child care, which is perhaps unique amongst professions in placing the personal qualities of adults at the forefront of the entire business. While it would be desirable for teachers and doctors, for instance, to build relationships with those they teach or treat, ultimately teaching and treating are the primary tasks. In care settings the primary task is building appropriate relationships and using these to help young people in care to change their ways. Care is what Jack Phelan (2001) calls a '*self in action*' task.

Some principles of a child and youth care (CYC) approach to practice support this assertion. This North American approach is about 'being with rather than doing to.' or as Garfat (1999) says about 'hanging out and hanging in.' Very often there's no need to be doing anything that seems vaguely professional with young people. Just being there, hanging out, chatting, joining in with whatever they're doing, initiating particular activities perhaps; all of these everyday occurrences provide opportunities for adults to interact with and influence young people. But they also need to 'hang in' when the going gets tough; especially perhaps in secure accommodation where there is no easy next move.

To be able to '*hang in*' with difficult young people demands certain personal qualities of staff. First and foremost they need to have a good sense of who they are and they need to be able to present this confidently to young people; they need to be authoritative without being authoritarian. With suitably confident and committed staff, authority comes from within rather than through recourse to sets of rules. That is not to say that rules are not important or necessary. They are, to set the norms of behaviour in a unit. With individual young people, tight adherence to externally imposed rules might be required in the early stages of placement, but as relationships develop, compliance becomes more internalised and based on mutual respect rather than on the rule book. (see paper 4.06 for further elaboration of these points).

### **Self in action - Characteristics of the effective child and youth care intervention**

So what do we know about what is involved in effective professional relationships? Garfat (1998) explored workers and young peoples' views of what was meaningful in their experience of particular lifespace interventions. He identifies several themes in his study of what constitutes an effective intervention. These include adults having a high degree of care for and commitment to the young people they work with, high levels of self-confidence and responsibility, and a general and immediate awareness of themselves.

Good workers also possess an awareness of the wider context, an understanding of the individual young person with whom they are intervening, and an intimate familiarity with the issues or situations facing that young person. The latter in particular seems to be promoted by the ongoing process of sharing and working together in the lifespace. Child and youth care workers' ability to prepare for an

intervention and connect with the individual young person in a manner that 'fits' was also identified as important.

Effective interventions were related to the immediate circumstance and/or experience of each young person; they enabled them to see their responsibility related to their situations, and challenged their perceptions and expectations. Finally, a young person's experience of continuity in the relationship with the worker emerged as a theme in the study.

### **The importance of the relationship in working with young offenders**

Similar themes can be detected in the literature on working with young offenders. Trends in working with offenders and, by extension, young offenders over the past decade or so have seen an emphasis on the use of particular (generally cognitive behaviour based - see chapter 3) programmes aimed at tackling offending behaviour. This can have the effect of understating and undervaluing the centrality of the personal relationship in such work.

Recent writing in this area (Batchelor & McNeill, 2004) brings the personal relationship to the foreground in any change effort with young offenders. Focusing on the views of those who desist from, rather than those who persist in, offending suggests that the decision to desist is generated by the personal and professional commitment of the workers involved with them. Worker qualities such as reasonableness, fairness and encouragement convey a sense of genuine concern for them and their worth. The message that they are redeemable and able to take their lives in more positive directions is crucial to a young person's decision to stop offending. Valued relationships with workers encourage a personal loyalty and sense of accountability in supporting young peoples' efforts to change. A central task of the worker is to support and nurture this intrinsic motivation to change rather than to seek recourse to external consequences.

Young people who offend do so for a range of personal and social reasons. Most often they have been damaged in some way by past relationships. Part of their healing and part of their ability to move on from offending (which is a symptom of damaged relationships) is to encounter and to develop relationships that help repair these experiences. Repairing damaged relationships and experiencing new types of relationship in personal and professional capacities is central to the decision to move away from offending.

The type of worker qualities and behaviours implicated in young peoples' decisions to move away from offending are those associated with a pro-social approach (see paper 4.07). They may be summed up thus:

*Relationship skills are essential to achieving positive outcomes and these involve the worker being open and honest, empathetic, able to challenge rationalisations, non-blaming, optimistic, able to articulate the client's and family members' feelings and problems, using appropriate self-disclosure and humour. (HMSO, 1995; Shulman, 1991; Trotter, 1999).*

(Batchelor & McNeill, 2005, p. 171)

## Close enough?

Because of the abuses that have come to light in recent years in residential child care, there has been a tendency for organisations providing care to shy away from close personal relationships between staff and young people. As Kent (1997) points out, the consequences of such an approach can lead to sterile care environments that may be equally abusive in terms of their impact on children and young people.

To try to deny close emotional relationships between staff and young people flies in the face of human nature. Attachment theory (Howe, 1995) tells us that human beings are drawn to one another. Connections between particular adults and particular children will happen regardless and in the vast majority of cases have positive outcomes for those involved.

The CYC relationship is essentially and perhaps inevitably an affective, relationally centred one. The most powerful moments in CYC are when a personal connection is made between a worker and youth. One of the most commonly referred to quotations in CYC practice is that *'every kid needs at least one adult who's crazy about him'* (Bronfenbrenner, 1977, p. 5). And while it might be hard to admit, in this climate, that we're crazy about any kid, the reality is that there are kids who will pull on our heartstrings in all sorts of powerful and personal ways. It is not unprofessional to acknowledge this. Indeed, it is central to our professional task. It is what we use to bring about change.

Relationships, however, cannot afford to be indiscriminate. They need to be purposeful in residential child care settings. The need to be seen as the vehicle through which care planning goals are achieved. Fewster (1990) has suggested that *'the personalized relationship continues to be the greatest challenge in professional child and youth care'* (p. 26). He refers to the difficulty that child and youth care workers sometimes seem to have in developing a relationship with a young person in which the experience of intimacy and connectedness can be present, while appropriate boundaries are maintained. However, he goes on to say that in the absence of relationship, the child and youth care worker's ability to affect a youth's values, beliefs, attitudes, or behaviours is seen as extremely limited.

This takes us back to the need for an ethical approach to practice. Ricks and Bellefeuille (2003), citing Blum (1994), argue that ethics have to be constructed in relation to individual workers, to 'self.' The ethical and moral involves:

*getting oneself to attend to the reality of individual other persons....while not allowing one's own needs, biases, fantasies (conscious or unconscious) and desires regarding the other persons to get in the way of appreciating his or her own particular needs and situation.*

(Ricks & Bellefeuille, 2003, p. 120)

Ethics according to such a formulation do not deny the complex range of human emotions that can be present in care relationships but requires that workers are aware of these and are able to make informed moral decisions to concentrate on the needs of the person being cared for.

To ensure that relationships between workers and young people remain appropriate and purposeful requires two things. At an individual level workers need to be self-aware and to reflect on what is going on for them in relationships and where the balance of power lies within them. This requires a journey inwards to consider areas of our own need and motivation in particular situations. It also demands that the whole area of personal relationship is discussed in supervision and within the wider staff team to ensure that personal and professional relationships are open, understood and supported.

## Reflective Questions

- *Think of a close relationship that you have with a particular young person. What contributes to that feeling of closeness?*
- *How do you use the strength of this relationship to achieve care planning goals?*
- *What is your own agency's policy or position on the nature of relationships between staff and young people?*

## 2.5

## Shared values: a unifying vision

The emphasis in residential child care in recent years on the importance of the individual and the need to respond to individual needs is entirely proper. However, individual needs exist and are met in social contexts. The primary social context in secure accommodation is the lifespace, the immediate setting as shared and experienced by staff who live and work there. Together, those who inhabit this lifespace form a community. Any community needs to be grounded in a set of common values and beliefs.

Given that both staff and young people enter into this community with a whole range of different assumptions and experiences around fundamental questions about the nature of care and the purpose of relationships, there is a need to develop and adopt some shared values that set out a common purpose. If they are to have any real meaning and are to be acted out in practice rather than just stated, values need to be both aspirational and inspirational.

The head of an establishment has to set the tone in terms of living and modelling a unit's values, but they need to be owned and lived at every level in a staff team. Staff need to buy into an agency's vision and to feel they can make a difference through living this vision. The vision and the belief that they can make a difference is what keeps people going beyond the everyday pressures and grind of residential child care.

An agency's preferred approach to working with children should be set out in its Statement of Functions and Objectives. It may be encapsulated in a mission or vision statement. A unit's stated vision will help shape the nature of the provision it offers. A vision needs to be 'lived' rather than just stated on paper. For this to happen, staff need to feel involved in the development of the vision and to feel that it encompasses their hopes and beliefs about the job. Once established, an appropriate vision can become a touchstone against which staff can frame and justify their practice. All their actions should be geared towards realising that vision. It is the road map that tells them where they're hoping to go and how they're going to get there.

Any vision has to be dynamic. It has to be continually discussed and tailored to address changing circumstances. This is particularly important, as constructions of what is appropriate or acceptable in work with children and young people vary over time. What might be one generation's 'best practice' may be thought of as abuse by the next.

Agencies need to make time for staff to develop and to touch base with their vision and their shared values. This may involve periodic away days or regular discussion of values in staff meetings. This can be time consuming but it is essential in making sure that staff pull together in the same general direction. The alternative to discussing and locating practice in a set of shared values leads to continual bickering and differences of opinion in staff teams around central issues such as care and control. In the absence of commonly understood shared values, individuals' values and beliefs come to the fore. It is important too that young people feel they are part of something bigger than the sum of the individual parts of an organisation; part of a community that can meet their emotional needs for affection and affirmation.

*A staff view that 'we care about you too much to let you do this' is an excellent foundation of a positive milieu and once accepted as genuine can be far more powerful in bringing about change than a formal treatment strategy.*

(Elliott & Place, 1998)

Values statements ought to become the touchstone against which everyday actions are articulated and judged. An example of one school's (St Philip's) value statement is appended to this chapter and encapsulates the particular value position that underpins these. The essence of St Philip's approach is to create a community where both young people and the adults who work with them grow through their daily sharing of the lifespace.

Similar sentiments are captured in some of the principles of social pedagogic approaches (the predominant approach in European countries) to practice. These principles are identified by Petrie (2004) as:

- a focus on the child as a whole person, and support for the child's overall development;
- the practitioner seeing herself/himself as a person, in relationship with the child or young person;

- while they are together, children and staff are seen as inhabiting the same lifespace, not as existing in separate hierarchical domains;
- as professionals [staff] are encouraged to reflect on their practice and to apply both theoretical understandings and self-knowledge to their work...;
- [staff] are also practical; their training prepares them to share in many aspects of children's daily lives...such as making music or building kites;
- ...children's associative life is seen as an important resource: workers should foster and make use of the group;
- pedagogy is built on an understanding of children's rights that is not limited to procedural matters or legislative requirements;
- is based on ...an emphasis on team work and on valuing the contributions of others in the task of bringing up children: other professionals, members of the local community and, especially, parents.

(adapted from Petrie, 2004, pp. 3-4)

## Reflective Questions

- *How does your organisation describe its value base?*
- *How often do you come together as a staff team to discuss issues around values?*

## Conclusion

This chapter starts from the premise that care is, above all, about values and ethics. How we think about young people and how we think about care will determine the kind of care experience a unit offers. Practitioners need to be able to explore their own values and to locate these within an understood agency framework. Such value based frameworks provide the backdrop against which important everyday policy and practice decisions should be made.

Values are translated and played out in the kind of relationships we develop with young people and with colleagues. For these to be positive and growth enhancing requires that individual practitioners are appropriately self-aware and reflective and that agencies provide them with opportunities, through supervision and other support structures to enter into discussions around values and ethics.

## Training Links

### SVQ:

Unit O2 *Promote individual's equality, diversity and rights* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*)

In the revised SVQ Health and Social Care (Children and Young People) awards at level 3 and level 4, there is a values statement in every unit, indicating what must be met. This chapter would be applicable to the whole of these awards.

### HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome one (optional unit)

## Further reading

Those interested in the ideas outlined in this chapter might want to read:

Tronto, J. (1994). *Moral boundaries: a political argument for an ethic of care*. New York: Routledge, Chapman & Hall Inc.

Moss, P. & Petrie, P. (2002). *From children's services to children's spaces*. London: Routledge/ Falmer.

(neither of the above are easy reads but are stimulating with a bit of perseverance)

Brannan, J. & Moss, P. (2003). *Rethinking children's care*. Buckingham: Open University Press.

An easily accessible way into ideas around social constructions of childhood is provided in:

Stainton, R. (2001). *Constructing childhood, constructing child concern*. In P. Foley, J. Roche & S. Tucker (Eds.), *Children in society: contemporary theory, policy and practice*. New York: Palgrave, Open University.

A chapter on ethics from a child and youth care perspective is available in:

Ricks, F. & Bellefeuille, G. (2003). *Knowing: the critical error of ethics in family work*. In T. Garfat (Ed.), *A child and youth care approach to working with families*. New York: Haworth.

Ideas around child and youth care principles can be found by typing in relevant words or phrases into the search facility on [cyc-net.org](http://cyc-net.org). Gerry Fewster writes well on the use of self in work with young people.



# Appendix 1

(Taken from 'The Essence of St Philip's')

## Shared Values

In a community such as St. Philip's that thrives on a set of shared values, leadership should be visible everywhere. The power of inspiring values, not just stated but acted out, makes leadership possible at every level of engagement.

1. We believe that, as a Christian community, every person should be respected, recognised as having a unique worth and treated with dignity.
2. We believe in the importance of acting with integrity and in a spirit of truth and consistency, honouring our commitments to children, families and fellow professionals.
3. We believe in the importance of treating people fairly and in the value of routinely questioning the relative fairness of alternative courses of action. This does not mean that everyone is treated in exactly the same way, but instead is treated fairly given the appropriate situation.
4. We believe in the healing power of affirmation.
5. We believe in the importance of mutual appraisal within our community.
6. We believe that we have a responsibility to shine a light on good practice and to enquire into practice which is incongruent with agreed standards.
7. We believe that by working together collectively the community creates an 'Archetypal Adult' who is fairer, more just, more understanding, more sensitive and more tolerant than any individual can be.
8. We believe that adults should strive to understand the true meaning of what children communicate to us.
9. We believe in the importance of viewing children positively.
10. We believe that our systems of dealing with challenging behaviour are neutral, objective and non-punitive.
11. We believe that consequences should be child-sized and not reflective of adult antagonism or spite.
12. We believe that children should be protected from behaviour that models bullying or arbitrary imposition by adults.
13. We believe young people have important rights that should be acknowledged, promoted and respected.
14. We believe in the importance of everyone developing a growing sense of responsibility for the choices they make and the actions they take.
15. We believe that all children wish to make progress in school, make friends and have fun.
16. We believe that a sense of enjoyment, complemented by appropriate humour, can contribute to a healthy working and living environment.

**Lynda Taylor**

*Theories – whether in the form of academic, political or professional ideas, or offered in the guise of ‘common sense’ – shape our understandings and govern our actions, whether we recognise this or not....*

*(Moss & Petrie, 2002, p. 17)*

## **Introduction**

This chapter sets out the need for theory in work with young people in secure accommodation. It begins with a discussion of adolescent development and goes on to consider some of the theories that may help cast light on practice. Inevitably, coverage of the various theories is selective and brief. Practitioners who wish to develop their understanding in any area are pointed in the direction of some further reading.

## **Making the links**

Throughout this chapter you are invited to think about a particular child and how each of the theories discussed might help you understand them better.

## **Overview**

Theory does not always get a good press among workers in residential child care. That may be understandable. Many of the theories taught have not always reflected practice experience. Good theory ought to be grounded in and illuminate the everyday experience of those who do the job. Having acknowledged that theory has not always served us well, it is all around us nevertheless. Even those who would run a mile from theory and claim to approach their work from a pragmatic or ‘common sense’ perspective, draw on bits of theory all the time. They might talk of Freudian slips or of the need for consequences to behaviours, or they may use programmes or worksheets to address particular behaviours. All of these are based on theoretical understandings of some sort. The trouble is that practitioners often do not recognise this. At one level this devalues some of the very good practice that goes on in units, because practitioners do not have the concepts or the language to explain what they are doing. On the other hand, attempts to apply ill-understood theory to residential child care settings can be at best useless and at worst

dangerous. It is important then that staff who work in secure accommodation and in residential child care more generally have some idea of some of the main bodies of theory that have had a bearing on and still influence practice.

Theories from a range of academic disciplines including sociology, criminology, anthropology, social policy and education can be used as lenses through which to seek to understand secure accommodation. This chapter limits itself to a consideration of some of the main psychological theories. Most psychological theories can be thought of as trying to explain the linkage between thinking, feeling and behaving. They differ in the importance they attach to each dimension. Theoretical models inevitably influence the assumptions made by practitioners about behaviours and how to respond to them. As such, they influence the type of regime that operates in a centre and, through that, daily practice.

Theories are only ever provisional. There is no theory that is going to provide all of the answers that practitioners in secure accommodation might want. Neither are theories value free. Prevailing theoretical perspectives are likely to reflect dominant political and professional value preferences, beliefs and assumptions about how people change. Do they change through the use of psychologically rigorous programmes? Or do they change through the power of personal and professional relationships? Consider the old saying about a glass being seen as either half-empty or half-full. How we view the glass will, in many respects, say something about our approach to life. Similarly, when we look at young people, do we see their problems or do we see their strengths and potential? That will influence (or be influenced by) our preferred theoretical orientation and hence the way we approach our work with them.

Because theories are not value free, practitioners need to understand and be able to question them. They need to be able to use what makes sense in their own workplace to help them put together some of the pieces of the jigsaw that is their everyday experience. That way they can start to build up parts of the bigger picture, whilst recognising that this will never be entirely complete or clear.

### **A simple developmental model**

Before we go on to consider particular theories, it is worth thinking in general terms about how people grow and develop. Children, from birth, have a range of physical, social and emotional needs. If these needs are met they are likely to grow and develop into healthy and autonomous adults. If these are not met or are distorted in some way through abuse, trauma or other experiences of adversity, we might expect them to face some difficulty as they progress through life. A very accessible model of how children grow and develop is provided by Mia Kellmer-Pringle in her book, *The Needs of Children*. She identifies children as having four basic needs:

- love and security
- new experiences
- praise and recognition
- responsibility.

If these needs are appropriately met as children grow up then their passage to adulthood should be relatively uncomplicated. It might be useful to consider the extent to which young people in secure accommodation have had these needs met in their past and indeed in their current experience of care.

## 3.1

## Adolescent development

### Introduction

Most of those placed in secure accommodation are teenagers. To work with them it is essential to understand something about the nature of adolescence and the processes involved in this developmental stage. Adolescence involves a gradual transformation from child to adult. The precise nature of adolescence is dictated by the culture in which the transition is undertaken. Generally, in western society, this process is protracted and multi-dimensional. In more traditional societies, rites of passage ceremonies mark this transition in far more formal and tangible ways.

There is a series of challenges to be confronted in making this transition: biological, cognitive, psycho-social and moral/spiritual. When an individual is unable to deal with these challenges successfully there are likely to be unhelpful psychological, emotional and behavioural consequences. It is vital therefore, for adults who are working with adolescents through these transitions to understand how the changes affect the individual.

### Biological change

The biological challenge in adolescence involves physiological, sexual and emotional change.

Physiological changes, such as girls developing breasts or boys' voices breaking, happen at different ages and rates for different young people. Therefore, it is very common for young people to feel awkward and self conscious about their appearance and to suffer from low self esteem as a result.

During adolescence there are increases in the production of sex hormones which trigger an increase in sexual arousal and desire in both males and females. These changes can be very uncomfortable for the adolescent as they confront them with issues of personal sexuality and sexual identity. This rise in sex hormones along with the other changes that are happening to the young person may affect the young person's emotional state.

### Cognitive change

Adolescence is also a time when significant cognitive (thinking) changes are taking place. These were identified by Piaget, a Swiss psychologist, who talks about the transition made by adolescents from 'concrete operations' to 'formal operations.'

The adolescent moves from seeing things in black and white, 'concrete' terms and begins to deal with more abstract concepts and ideas. This is likely to encourage them to try out new situations and learn through success and failure. The broadening of thinking abilities includes being able to think about how one is perceived by others. This results in a heightened level of self-consciousness for many adolescents.

Adolescent thinking is often egocentric (self-centred). They may at times feel all-powerful and that they cannot be hurt. This can be risky as they may engage in extreme risk taking behaviour because they believe they are invincible. Typical examples of this would be drinking, taking drugs, joyriding or having unprotected sex.

While Piaget considers that there are set stages of cognitive development, Vygotsky, a Russian psychologist, argues that cognitive development is first of all a social process that an individual then internalises. A second aspect of Vygotsky's theory is the idea that cognitive development takes place as children move towards their 'zone of proximal development' (ZPD), the next stage in their psychological development. The ZPD is achieved through engaging in social behavior and depends upon full social interaction. Skills are best developed with adult guidance or peer collaboration. This way of thinking has important implications for residential child care as it highlights the importance of the social environment in developing young people's cognitive skills.

### **Identity formation**

Biological and cognitive changes at adolescence trigger a major psychological challenge. The young person needs to form a new identity as he/she is no longer a child. Although the search for identity can be a lifelong process, the transition from child to adult means that it is most pronounced during adolescence. The 'Who am I?' question is a central one. The best-known writer on adolescent identity formation is Erik Erikson (1995).

The adolescent is less joined to parents and family and moves into a separate space increasing his/her capacity to function as a member of adult society. This is called individuation. It is a complex process which sometimes leads to adolescents being marginalised and living with the consequences of being less valued by others. This is because adults often struggle with adolescent behaviour and perceive the adolescent's quest for autonomy as rebellious. This process is necessary however, if the adolescent is to go on to become an autonomous adult. Adolescents must make and follow through their own decisions, live by their own set of principles of right and wrong, and become less emotionally dependent on parents.

A sense of uniqueness is an essential part of the process of becoming a separate individual in adulthood. This can however, also make it difficult for adolescents to believe that anyone understands them and they may become overly dramatic in describing things that are upsetting to them as they believe no one else has ever experienced similar feelings and emotions.

It is not surprising that this continual adjustment biologically, cognitively and psychologically is very stressful. Adolescence is characterised by an intensity of

emotional response. Feelings of shame and embarrassment may be powerful and frequent. Subsequently, adolescents develop strong psychological defence mechanisms, such as denial, regression and projection to deal with these feelings. These can explain some of the seemingly inappropriate behaviour found in adolescents.

No longer perceived as children, there are further challenges for adolescents arising from changing expectations from society, parents and peers. There are strong social expectations. The list below from Havighurst (1951) is an example of how daunting the expectations are:

- Accepting one's physique and sexual role
- Establishing new peer relationships with both sexes
- Achieving emotional independence from parents
- Selecting and preparing for an occupation
- Developing intellectual skills and concepts necessary for civic competence
- Achieving assurance of economic independence
- Acquiring socially responsible behaviour patterns
- Preparing for relationships and family life
- Building conscious values that are harmonious with one's environment.

The adolescent is dealing with many new challenges and changes and is unlikely to focus on tasks such as the above without making mistakes. Some adolescents may be so overwhelmed by society's demands that they get involved in delinquent behaviour and look for their sense of belonging with like-minded individuals. Children in families that exist in difficult and stressful social situations are more likely to find adolescence difficult.

Peer relationships are very important in adolescence. They help teenagers to explore and develop their own identity. Close friendships help young people with the process of developing an individual identity separate from that of a child in a family. On the other hand, these relationships can be so influential that peer groups can increase antisocial behaviour in a young person caught up in the wrong crowd.

An important challenge for adolescents is to maintain positive relationships with their parents while achieving their developmental goals, a major one of which is to separate and detach from their parents. This is very complex and can cause a lot of conflict. Many parents feel rejected and dismayed at the adolescent's withdrawal, not understanding that this is a central part of their development. The parent's disapproval or rejection will make it even more difficult for the adolescent to achieve their developmental goals. It can be important for adolescents to have access to

adults other than their parents. Boys especially benefit from supportive relationships with male mentors.

### **Moral development**

During adolescence the young person is also challenged by a wide range of moral decisions. Kohlberg (1984) is the main writer on moral development. Like Piaget, he sees morality developing in stages. The stage of morality most commonly encountered in adolescence is post-conventional morality, where the individual develops a sense of human rights and starts to develop a conscience. At this stage adolescents also develop clear ideas about what they believe in and what they are prepared to stand for. No longer does the individual act merely out of fear or the need for approval.

However, different rates of cognitive and emotional development mean that there are differences in how this stage is translated for each individual. For example, some young people advocate for specific values and violate them at the same time. Some adolescents might not even reach the post-conventional morality stage at all and continue to operate at a level where morality is tied up with rewards or with not 'getting caught'.

### **Conclusion**

Adolescence is a time of change and crisis which, if appropriate supports are in place will be managed without too much difficulty by most teenagers. A useful perspective on adolescence is offered by John Coleman in what he describes as focal theory (Coleman & Hendry, 1999). He suggests that if the various changes expected of adolescents are appropriately sequenced and take place in a supportive environment, most teenagers cope with the stage without too much difficulty.

For others, however (especially perhaps those placed in secure accommodation), it can present the possibility of undesirable psychological, social and emotional consequences. The expectation of a successful transition from childhood to adulthood in the face of many biological, psychological and social challenges can often prove overwhelming.

### **Suggested reading**

Coleman, J. & Hendry, L. (1999). *The nature of adolescence* (3<sup>rd</sup> ed.). London: Routledge. Provides a good readable overview of different theories of adolescence and proposes focal theory as a way of understanding the stage.

Bee, H. & Boyd, D. (2002). *Lifespan development*. Boston: Allyn and Bacon. A good text on developmental psychology. .

## Introduction

Psychodynamic thinking is commonly associated with the work of Sigmund Freud in the 1920s. Although the original description is complex and can be difficult to grasp, many ideas that are taken for granted in social work today derive from Freud and his immediate followers who were influential in shaping the early conceptual underpinnings of social work.

Freud's thinking has been developed extensively by later writers and it is no longer possible to point to a single body of theory, although all approaches share certain common assumptions as outlined below. One of the major changes has been the shift away from the language of 'drives' and 'instincts' towards a focus on relationships and the way in which a sense of self evolves and is maintained. Important figures include Melanie Klein and W R D Fairbairn, an Edinburgh-based psychoanalyst whose work was promoted by J D Sutherland, another Scot.

Psychoanalytic thought can be complex, but nevertheless, some of its language and assumptions influence practice today and it can provide practitioners with some valuable insights.

## Outline of theory

Psychodynamic approaches stress the importance of experiences in babyhood and early childhood for later development, suggesting that patterns of relating tend to persist and to be repeated with significant others. The theory holds that behaviour is influenced not only by conscious feelings, wishes and ideas but also by those of which the individual is unaware ('the unconscious').

It is concerned also with the ways in which people defend themselves against experiencing too much anxiety or emotional pain, often using other people in the process, e.g. by 'projecting' on to others what is too difficult for them to hold inside.

It is an approach which looks beneath the surface of what is presented and tries to understand the 'inner world' of feelings and beliefs, including the fantasies which the small child develops in an attempt to make sense of his or her experience at a time when thought processes are immature. Being unconscious, such fantasies often live on into adulthood.

Psychodynamic approaches complement attachment theory (see later in this chapter) in teaching us that children who have been neglected, rejected or abused operate from an inner world which is often in greater turmoil than the outside world. Staff working with children and young people need to pay careful attention to their histories, not just those that are objectively recorded but also to the meaning young people make of these.

The concept of 'containment,' of particular relevance to residential child care, has been discussed by Wilfred Bion (1990), and the closely related idea of 'the holding



environment' by Donald Winnicott (1960). In normal development a child's most primitive thoughts and anxieties are contained by being understood by their caregivers and this is how the child learns to trust. If this containment function does not happen because of a lack of response, the child is left feeling he/she cannot be understood or cannot rely on anyone. If the caregiver adds their own distress to the baby's distress a downward spiral is triggered. Uncontained distress is projected outwards through behaviours. If a healthy containment process is not achieved by adolescence, dangerous risk-taking behaviours may ensue because of the strong need to find identity at this developmental stage. The role of the psychoanalyst is to help people understand where, within themselves, their feelings and behaviours are coming from.

### **Implications for practice**

From a psychodynamic perspective, the priority for a child care worker is to try to promote and model responsive, honest and authoritative management and to foster supportive relationships between adults and children. The aim of the worker is to create insightful and benign containment at an organisational level that is strong enough to withstand powerful negative projections of uncontained children and to give them tools to establish good and intimate relationships in their adult lives.

### **Psychodynamic views of group and organisational processes**

Individual psychodynamics are further complicated by the group dimension. William Bion takes the concept of containment beyond the individual to group and institutional processes. In this situation, a staff group lacking understanding of an adolescent's 'stuckness' could easily respond in a way that would heighten their feelings of helplessness and trigger acting out behaviour.

Bion also wrote about a spectrum of unconscious group processes. He describes groups sometimes working unconsciously in ways which subvert their therapeutic intent or task. They become anti-task (see paper 5.03). Although at first they may seem to be behaving acceptably, when this is compared to what they should be doing therapeutically, it becomes apparent that they are in the throes of a more primitive process. Bion says this can manifest itself in a variety of unhelpful ways.

Bion's other major insight into group functioning is his belief that the group should be viewed as a whole and not as a collection of individuals. Therefore, an adolescent who vandalises the unit should be managed as representing vandalism on behalf of the entire group. This view arises from the belief that there will be a complex network of projective processes at work in group situation. If you treat it as a group process then you will address the entire process including the perpetrator. If you focus on the perpetrator, everyone else is able to disown the parts of themselves projected onto him/her and the process is likely to continue unabated.

Psychoanalytic theory is a complex way of looking at individual and group functioning and is often avoided by residential workers. It requires staff training, supervision and space to help them acknowledge how troubled and distressed young people really make them feel. It is constructive to help workers to recognise that their sometimes angry, helpless and terrified feelings are not failures in

themselves but important communications about the young person. Staff groups can be helped to function better by reflecting on their own feelings and behaviour and how easily these can mirror young peoples' behaviour.

Troubled young people are very perceptive of the quality of relating that significant adults display. When adults are prepared to discuss and examine the feelings they are caught up in, they gain a better grasp of the young people's problems. Working from a group dynamic perspective such as that described above was central to the work of many therapeutic communities, which were fairly common in England (although less so in Scotland) over the course of the 1970s and 80s. Such approaches have fallen out of favour in recent years but, nevertheless, can provide valuable insights into the way a unit operates.

Anton Obholzer (1995) writes about organisations from a combination of psychodynamic and systems perspectives. Some guidelines set out by him, relevant to residential settings are:

There needs to be clarity of task. Without this it is impossible for staff to assess whether they are moving in the right direction. This is particularly important when working with adolescents, as confusion is an innate part of the young people process. If staff clarity is lacking it can lead to confusion of the entire institution and acting out (among young people and staff) that can threaten the whole enterprise.

There needs to be clarity of structure, authority, roles and boundaries. Young people need to find their own authority and learn how to relate to authority figures. Young people in a unit are likely to bring confusion in this area of functioning to the fore and need staff to model clarity about such matters.

Staff need training in the field of group and institutional processes. Young people have a great capacity to root out any personal or institutional weakness. This often takes the form of attempting to split the coherence of the staff group. Staff who have insight into their own vulnerabilities are less open to adolescent attack which is often of a personal nature. Staff who master themselves in this way can act as role models for the adolescents who are negotiating similar issues of identity, authority etc.

There needs to be an awareness of the risk to staff and young people arising from the nature of the work in which they are engaged. Institutions develop ways of functioning that are sometimes more influenced by the need for staff to protect themselves than by work-oriented considerations. Outside consultation can bring a different and useful perspective to the work of a unit.

## **Conclusion**

The complexity of Freudian language and the fact that his work was focussed on the individual created the belief that the 'real work' done with young people in residential child care was done by the expert therapist, with residential workers concentrating

on primary care tasks (see paper 4.06). However, there is growing recognition that residential units should themselves be essentially therapeutic, as they are environments to promote personal change and growth. As residential workers are the key players in this process, an understanding of the psychodynamic approach can be enriching.

Beyond its scope to offer individual insight, it is also invaluable in understanding the dynamics that exist in any residential setting. Dysfunctional group dynamics are corrosive. Without understanding the complexity of these, many organisations seek to deal with only the symptoms rather than addressing where these might be arising from. The use of an external consultant can be helpful in this process.

### **Suggested reading**

A good overview of psychodynamic theory is available on-line at [http://216.239.59.104/search?q=cache:KjBHK6\\_2VEAJ:www.intl.elsevierhealth.com/e-books/pdf/194.pdf+gita+ingram+attachment&hl=en](http://216.239.59.104/search?q=cache:KjBHK6_2VEAJ:www.intl.elsevierhealth.com/e-books/pdf/194.pdf+gita+ingram+attachment&hl=en)

The literature on group processes tends to be rather complex. For relevance to residential child care, I would suggest:

Bion, W. R. (1984). *Learning from experience*. London: Karnac Books.

Bion, W. R. (1990). *Experience in groups*. London: Routledge.

Obholzer, A. & Zagier Roberts, V. (1993). *The unconscious at work*. London: Routledge.

## **3.3 Behavioural theories**

### **Introduction**

Behavioural theories are associated, historically, with the work of Skinner (Skinner, 1969). They were important in secure accommodation and in residential child care more generally in the 1970s (see paper 4.07). They are still influential in many of the assumptions that underpin practice (such as the need for consequences to behaviours), even if staff are not always aware of the theory behind them.

### **Background**

The basic assumption of behavioural theories is that maladaptive behaviours are learned and therefore can be unlearned. In addition it is believed that new and more adaptive behaviours can be learned. The notion of operant conditioning is crucial. Its premise is that behaviour can be controlled by its consequences. Acceptable behaviours are rewarded and thereby reinforced. Unacceptable behaviours are eliminated because they are followed by punishment. Punishment has not been found to be particularly effective in changing behaviour however. Behaviourism in

this crudest form has been discredited for this reason and because it fails to acknowledge the complexity of human behaviour. Workers in secure accommodation will be aware that changing behaviour is not as clear cut as offering rewards or sanctions.

### **Behaviour therapy**

This is designed to target disabling, unproductive or maladaptive behaviours. Many practitioners nowadays use a combination of cognitive therapy and behaviour therapy.

Desensitisation is a technique that involves bringing a young person into contact with the feared stimulus. Fears are faced gradually working from the least to the most difficult. The young person must stay in the feared situation long enough to learn that the bad things he fears will not happen. Practice and repetition are the keys to success.

A second aspect of behaviour therapy is to schedule activities and pleasant events because to change what a person does also changes how they feel. Young people plan and record their activities each day and rate them for pleasure, mastery, anxiety or competence. This demonstrates the relationship between mood and activity.

Relaxation techniques are also important to help young people have control over their symptoms, especially for young people with anxiety disorders. Likewise, problem solving techniques are taught and encouraged as they can assist young people in recognising the resources they have for dealing with problems. It can enhance young people's control over problems and equip them with ways of tackling future problems.

Residential units in the 1970s and 80s that adopted behaviourist approaches based their practice around operant conditioning principles. A number operated token economy systems whereby young people had to earn points to gain access to particular areas of a unit's programme, such as activities or even home leave.

### **Social learning theory**

Criticisms of behaviourist theory led to the development of other psychological theories. One of these was social learning theory, most often associated with the work of Bandura (Bandura, 1977). Bandura believed that behaviour can be learned by observing and imitating other people. Suitable adults (and peers) were required to model social behaviour in the belief that it would be replicated. Given the nature of residential child care and the opportunities for appropriate modelling of behaviours, we can see how social learning theory has been important in informing practice in this field (see paper 4.07).

### **Cognitive behaviourism**

Cognitive behavioural approaches represent another development from classic behavioural theory. Cognitive behavioural therapy focuses on the links between

thoughts, feelings and behaviour, arguing that a change in one area can lead to changes in the other two. It is based on a cognitive model of emotion. This dictates that it is not simply what happens to you that causes your reactions. Rather, it is the meaning that is attached to an experience that leads a person to feel and behave in certain ways.

This way of working with young people is usually brief and time-limited, encouraging the development of independent self-help skills. Unlike psychodynamic approaches it does not dwell on the origins of psychological difficulty. It is problem-oriented and focuses on presenting circumstances which serve to maintain difficulties.

Within a cognitive model of emotion, different people will process situations differently and the way in which they do may offer valuable information about their behaviour. Kendall (2000) uses the example of stepping in dog poo to illustrate this:

- Some people may react with immediate social embarrassment. This reaction often characterises anxious people.
- Some people might become self-denigrating for stepping in it. This may characterise depression.
- Some might dwell on who was responsible for leaving it. This may lead to an angry response.

Due to the wide variation in personal responses to particular triggers, assessment is essential to a cognitive behavioural approach. This can be done by behavioural interviewing, self-monitoring, self-report questionnaires or interviews and direct observation of the problem.

### **Cognitive therapy**

This is designed to target unhelpful or irrational beliefs, attitudes or thoughts. Examples of these are:

- I must be loved and approved of at all times
- Things must always go right
- I must be competent at everything
- Life should always treat me fairly.

Cognitive therapy involves the identification of unhelpful, negative thoughts or beliefs. Distortions in thinking patterns are detected then challenged by questions such as:

- What is the evidence for the thought?
- Is there an alternative, more helpful way of thinking?

Through such techniques, the young person is helped to develop a more adaptive and positive way of thinking.

When using such behavioural or cognitive techniques with young people the psychological, cognitive and emotional development of the young person is important. The family of the young person should be involved if possible and the

work should be made child-friendly by using age-appropriate language, worksheets, art, cartoons, role plays, etc.

As noted, behavioural principles influenced practice in residential work in the 1970s and 80s. However, over the history of residential work there has been a degree of resistance to these, partly because most of the influence is from a psychodynamic orientation. Within that tradition the focus has been in the environmental origins of disturbance. This has meant that the most valued interventions with young people have been those that happen in the lifespace or as part of group process.

However, there is increasing recognition that group living can be used therapeutically and at the same time contain individualised treatment. Such programmes are increasingly being applied in criminal justice settings and in secure units to address a wide range of behaviours, one particular area being the treatment of adolescent sex offenders (see paper 4.17). Anger management and cognitive skills programmes also draw on such approaches.

In cognitive behavioural programmes offenders are taught to re-evaluate their attitudes to victims and offending and are provided with behavioural control techniques to help them avoid further offending. Treatment programmes cover cycles of offending, relationships and attachment, self management and interpersonal skills. They challenge an abuser's reluctance to accept responsibility for their behaviour and look at the role of fantasy and victim empathy. They also include strategies for relapse prevention and lifestyle changes.

Within residential child care, the challenge is to combine a therapeutic environment which, while accepting the child no matter what he does, encourages and promotes appropriate behaviour.

## **Conclusion**

Few people would nowadays subscribe to classical behaviourist theory. Human behaviour is too complicated for that. However, practitioners will be able to identify the remnants of behaviourism in many of the assumptions made and practices in secure accommodation. Developments from behaviourism have been important in shaping the development of residential care and cognitive behavioural approaches in particular are currently influential.

## **Suggested reading**

Cigno, K. (2002). Cognitive behavioural practice. In R. Adams, L. Dominelli & M. Payne (Eds.), *Social work: themes, issues and critical debates* (pp. 180-190). Basingstoke: Palgrave. Provides an overview of cognitive behavioural theory and approaches.

Stevens, I. (2004). Cognitive-behavioural interventions for adolescents in residential child care in Scotland: an examination of practice and lessons from research. *Child & Family Social Work*, 9(3), 237. Provides an overview of cognitive behavioural approaches in residential child care in Scotland.

Descriptions of token economies/points systems etc. in particular can be found using the search facility on [cyc-net.org](http://cyc-net.org). Karen Vander Ven is a particular critic of such approaches.

## 3.4 Systems Theories

### Introduction

Systems approaches are based on the premise that the way young people operate is very much influenced by the systems in which they operate. When we plan interventions it is vital to understand the significance of external influences and how they interrelate to impact on the individual's development (see paper 4.04). Systems, or ecological approaches, help explain the interaction between individuals and their immediate and wider environments.

### Background

The seminal work on ecological perspectives of human development was by Uri Bronfenbrenner, a social scientist, who also had a background in child care. Bronfenbrenner categorised various external influences into different levels of 'systems'.

### Microsystem

The microsystem is a developing person's immediate environment. The nature of that environment will affect the experience of growing up in it. Factors such as being born into a situation of marital discord or having a very sick sibling will have particular impacts on the developing child.

### Mesosystem

The interrelation among two or more settings in which the developing person actively participates is called the mesosystem. An example of this could be a young person's school and carer failing to agree about what constitutes reasonable behaviour in the young person. Another example could be the impact on the young person's care of their parent having a volatile relationship with their social worker.

It is increasingly recognised in social work practice that wider networks such as extended family and community can impact powerfully on the individual. This is reflected in the recent introduction of more holistic ways to approach individual problems, such as family conferencing.

### Exosystem

Factors which do not involve the developing person as an active participant but affect him are called an exosystem. An example of

this could be social policy or law. The criteria for secure accommodation, for instance, could have a very significant impact on a young person's life if they are behaving within these criteria.

### **Macrosystem**

Bronfenbrenner's fourth system, the macrosystem, refers to cultural or sub-cultural influences on an individual's development. An example of this might be racist attitudes prevalent in British society. A young black person trying to reach developmental goals amidst such attitudes is likely to be adversely affected. Another example might be current political and public attitudes to young people and the impact of these on policy development.

One way to understand these systems is in the image of a Russian doll a series of dolls nested within each other. Each doll can be understood as an entity in itself but interrelates with the others to constitute the 'whole doll.' When care planning for young people it is important that each layer is carefully considered and addressed.

### **Cultural safety**

Bronfenbrenner's model emphasises the importance of social and cultural identity in development. This links to the concept of cultural safety (see paper 4.19). This is described as:

*...that state of being in which the child knows emotionally that his personal well-being, as well as social and cultural frames of reference are acknowledged, even if not fully understood. Furthermore, he is given active reason to feel hopeful that his needs and those of family members will be accorded dignity and respect.*

(Fulcher, 1998)

### **Family systems**

By far the most important factor for most young people in care will be how they feel in relation to their biological families. In spite of their separation, a young person in care is likely to have a profound bond with their family (see paper 4.21). For most adolescents' well-being, it is vital that they have a sense of mattering to their parents.

Attachment theory shows us that the experience of receiving poor quality care does not necessarily lessen dependence on the caregiver. Where a child's attachment experience is deficient the child's instinct may still be to cling to them. Young people who have been abused and maltreated may even want to cling on to the person who has upset and frightened them.

There is also overwhelming evidence that the biological family is where most people gravitate to when they leave care. Research indicates that 87% of children in care eventually return to their families (Bullock, Little & Millham, 1993). There is also



evidence that family contact improves a young person's chance of returning home from care. Contact with family may help prevent a young person's isolation in care and counter the risks of marginalisation from social networks in adulthood.

It is very important for young people in care to know that they are cared about even if they can't be cared for. There is a vast therapeutic potential for young people when residential workers try to work in partnership with parents (see paper 4.21). Some young people may need parental permission before they can do well in residential care as they will fear that any commitment to their placement or carers might be interpreted by their parents as an act of disloyalty or betrayal. The potential for this working together might be greater in residential than in foster care because biological parents are less likely to feel direct rivalry with residential workers.

There are other reasons for working closely with parents. Biological parents may know their child well and be able to offer useful information to residential workers. Identity issues can be very problematic for young people in care and contact with family can provide some clarity about who they are. It can also help clarify the real reasons for the child being in care and the meanings attached to this. Understanding this can help children put aside a belief that it is because they are bad or unlovable.

Workers can help parents to provide an explanation to the children which will help them build a coherent story about what has happened to them (see paper 4.22). It is very important that young people know when their parents make mistakes. Young people are entitled to know their story and be allowed to talk about it and express their feelings about it. When this happens, they are less likely to suffer from pent-up anger and resentment.

For the same kind of reasons, contact with siblings while in care can be very important. Siblings may develop special bonds which can offer vital attachment opportunities in the absence of adequate parental care. It is also important to nurture sibling relationships because they may provide a key source of social support in adulthood. Many young people in care lack such social support from other sources in adult life. There is evidence that children's placements in foster families have lower breakdown rates when siblings are placed together (Berridge & Cleaver, 1987).

### **Wider networks**

As we see in paper 4.21 the term 'family' can be a broad one. Those who are important to a young person need not be their biological family (although some understanding of this is important in terms of identity formation). Wider social networks, from grandparents, aunts and uncles, teachers, youth club leaders and, of course, staff in residential child care, may all be significant within a young person's wider circle of influence.

### **Conclusion**

Workers should be knowledgeable about young people's wider social systems to help them understand the young person's particular way of seeing the world.

Workers should also be aware of how their own family histories and cultural beliefs might influence their response to particular behaviours. If workers have a well developed sense of their own histories and those of others, they will be able to structure their interventions in a skilled way, making optimum use of the therapeutic opportunities in the life space.

### **Suggested reading**

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development*, 6, 187-260.

Gilligan, R. (2001). Working with social networks: key resources in helping children at risk. In M. Hill (Ed.), *Effective ways of working with children and their families*. London: JKP. Identifies the importance of wider support networks to young people.

Payne, M. (1997). *Modern social work theory*. Basingstoke: Palgrave Macmillan. Chapter 6: Systems and Ecological Perspective.

A nice one-page account of Bronfenbrenner's principles of human development is provided at [www.cyc-net.org/today2000/today000707.html](http://www.cyc-net.org/today2000/today000707.html)

For further reading around the importance of family see paper 4.21.

## 3.5

## Attachment theory

### **Introduction**

John Bowlby (1969) was the first to conceptualise attachment as a fundamental human need. In Bowlby's early work an infant's mother was considered to be the primary attachment figure. In subsequent work, Bowlby and other researchers developed thinking on attachment and broadened it from this initial focus on the mother.

Attachment theory is very important in work with troubled young people as it can help us to understand the meaning and function of violence, aggression and other difficult behaviours in terms of attempts to gain a sense of security through relationships. In any climate that seeks compensatory rather than controlling strategies in work with young people, attachment theory is at the core.

### **Outline of theory**

Attachment starts from the need in young children for physical closeness to their main caregivers when they are upset or scared and leads to the formation of bonds of affection that endure over time.

At the heart of attachment theory is the idea of the 'arousal-relaxation' cycle. This describes an essential interaction where the baby communicates its distress or discomfort by crying and subsequently gets a comforting response from the caregiver. Meeting this need is the basis of the experience of the trust and security and of the child's capacity to regulate his/her own emotions.

The next stage in attachment theory is the 'positive interaction cycle' where the caregiver initiates interaction with the child, which elicits a positive response. From this interaction, the child's self-esteem and self-worth are established. These early and repeated experiences with our caregivers set a foundation for our internal working models of self, others and relationships between self and others. They provide us with our belief about whether we possess qualities that attract caregiving and whether we believe in the capacity of attachment figures to provide us with nurture and protection. (see also Maier's ideas in *The Core of Care*, outlined later in this chapter and in paper 4.06).

The Canadian psychologist, Mary Ainsworth (1978), observed the reactions of young children when separated briefly from their caregivers and when reunited with them and concluded that the presence of the caregiver functioned as a 'secure base' which gave the child confidence to explore his or her environment. She also identified three different patterns of attachment which appeared to be linked to the way their main carer responded to and engaged with the child.

Secure

Insecure - avoidant

Insecure – ambivalent

A fourth pattern, insecure – disorganized was added by Main and Solomon in 1986. The kinds of behaviour associated with each pattern have been studied and described (see Daniel, Wassell & Gilligan, 1999a).

### **Attachment problems**

Rutter (1995) writes about the likely consequences of severed or disordered attachments. Attachment theory tells us that troubled young people, like all individuals, will attempt to engage with others in ways that are consistent with their past experiences of care. As their past experiences have often been inconsistent, characterised by neglect, abuse or abandonment, they have learned that aggression, violence and emotional pain are integral elements of close relationships. Therefore, such young people may develop aggressive approaches in their attempts to force a response from their caregiver.

Insecure attachments undermine a child's capacity to reflect on and integrate experience. Such individuals have an inability to interpret the meaning of many human interactions. They often resort to concrete solutions to interpersonal problems, attempting to control their sense of themselves through physical experiences such as substance misuse, physical violence and crime. If the caregiver responds to these behaviours in a negative way, which they commonly do,

the young person will be confirmed in their belief about themselves as bad and unlovable and are likely to perceive their caregivers as rejecting.

### **Application to practice**

Many of the sanctions used in residential child care are ineffective because they are based on traditional behaviourist theories which are often not fitting for troubled young people. For example, many young people with attachment disorders may be convinced that they deserve nothing. In such cases, reward and sanction systems are futile. Likewise, some young people in care will feel no attachment to their caregivers whatsoever. If they are told to go to their room as a sanction, this will have no effect on future behaviour as they will experience relief at being separated from the adult they do not trust.

It is important therefore to view attachment theory not simply as a way of understanding behaviour but as a tool to formulate interventions which will help young people compensate for disordered attachments and thus learn new ways of relating to people which will help them make healthy relationships in the future. These interventions must place the priority on developing and maintaining relationships rather than focussing on control.

Working from an attachment perspective has wide implications for residential child care. It means that staff have to work from the belief that the meaning of the behaviour is more important than the behaviour itself. This requires a depth of knowledge and training in how to recognise different manifestations of developmental difficulties and to know how to use their observations to inform care plans and ensure that individual developmental needs are being met.

Attachment theory has been applied in educational settings and can provide a useful theoretical bridge between teachers and care workers. Recent research in neuroscience has shown how early experiences of caregiving affect the development of the young brain and influence cognitive and emotional processes. For example, the psychotherapist Sue Gerhardt (2004) reports in her book that researchers studying the brains of acutely neglected Romanian orphans found a 'virtual black hole' where the orbitofrontal cortex should have been. This is the part of the brain that enables us to manage our emotions, to relate sensitively to other people, to experience pleasure and to appreciate beauty. Such scientific findings highlight the importance of past experience on current functioning. They also open up possibilities around how to compensate for past deficits. How this might happen has implications that may be used to inform residential child care practice.

### **Conclusion**

Attachment theory is increasingly influential in residential child care. Young people in care, almost invariably, have experienced difficulties in past attachments and these are played out in their current functioning. Attachment theory can help workers better understand possible roots of behaviour and thus intervene more appropriately.

## Suggested reading

Bowlby, J. (1988). *A secure base: parent-child attachment and healthy human development*. London: Routledge. Provides a good accessible account of Bowlby's thinking on attachment

Daniel, B., Wassell, S. & Gilligan, R. (1999a). *Child development for childcare and child protection workers*. London: Jessica Kingsley. A good accessible read - again strong on ideas of attachment.

Fahlberg, V. (2001). *A child's journey through placement*. London: British Association for Adoption and Fostering. This is a classic text for anyone working with children and families. It is particularly good on issues of transition and identity.

Howe, D. (1995). *Attachment theory for social work practice*. London: Macmillan. Provides a good overview of attachment theory for a social work audience.

Lanyado, M. (2000). Daring to try again: the hope and pain of forming new attachments. A paper first given to the Annual Care and Treatment INSET Day of the Charterhouse Group of Therapeutic Communities on 20th September 2000. *The Charterhouse Group of Therapeutic Communities*. Retrieved 1<sup>st</sup> September 2004: <http://www.charterhousegroup.org.uk/daring-to-try.htm>

## Introduction

Lifespace is the physical and emotional arena in which workers and young people interact and thus influence behaviour through daily life experience. The main factor distinguishing residential child care from any other kind of child and youth work is a sharing of the lifespace with the people we work with. If workers think about this in a creative and considered way it can provide the foundation for important therapeutic interventions and give damaged young people a safe place to have new and positive experiences which can change the way they think about themselves and the way they project themselves to others.

## Overview

Working in the lifespace requires the conscious use of everyday life events as they occur for therapeutic purposes. The concept of lifespace does not attach exclusively to any specific child care theory. It emerged from the work of Fritz Redl, a psychoanalyst who used psychodynamic ideas and explored them in groupwork settings as a way to change delinquent behaviour (Redl, 1965). Others drew on his ideas and wrote about creating a therapeutic milieu. The best known of these is *The Other 23 Hours* (Trieschman, Whittaker & Brendtro, 1969). Others have applied

models of human development or sociological, cultural or social learning theories within a lifespace context (see also paper 4.06).

Whichever theory is applied to working in the lifespace, it is important to assess the quality of the milieu (the overall environment), as it must be a place in which young people can heal and grow. The quality of the milieu will be determined, not just by the physical environment but also by the non-material, including the customs, rules, beliefs, attitudes, exercise of authority, social structure and history.

### **Implications for practice**

In order to provide these experiences, workers need to focus on understanding behaviour. For example, abused children have usually been betrayed by adults they trusted. Therefore, it is likely that on the point of forming an attachment with a caregiver they will exhibit rejecting behaviour which will stem from a deep fear of trusting. They will need to be treated with patience, acceptance and understanding; to be allowed to react to their terror and then come back to learn that the relationship will not exploit their trust. This may need to happen repeatedly before the young person can trust.

The central characteristic of a therapeutic milieu is that it must be able to provide developmental care. Henry Maier wrote the seminal paper on what the components of this should be. The paper is called, *The Core of Care: Essential Ingredients for the Development of Children at Home and Away from Home* (1979). (See also paper 4.06).

Maier writes of seven vital components in the core of care:

#### **Bodily Comfort**

As a child's bodily comforts are met, they feel treated with care. Throughout life a sense of well-being and care is experienced when one's body is free of stress. The experience of discomfort makes people feel unwelcome, worthless and isolated. Young people need to have private spaces that are unconditional.

#### **Differentiations**

Individual children all have different temperaments. This requires that caregivers differentiate in the way they respond to them. Temperamental differences impinge on development. Some young people require bodily contact as part of close personal interactions while others need some distance and rely on eye and marginal body contacts.

#### **Rhythmic Interactions**

Rhythmic experiences promote feelings of belonging and continuity. These can be simple things like walking, laughing or clapping together. Playing ball games or bantering can also create these rhythms. Rituals are the social counterpart to psychological rhythmicity. Formal rituals might be the kind of things that happen every fireworks night or on birthdays.

### **The Element of Predictability**

To know what is likely to happen in the future lends a sense of order and power to people's lives. Predictability can be encouraged by engaging with young people in activities. The young person accomplishing a new task requires recognition for their mastery of this rather than an evaluation in terms of good and bad.

### **Dependability**

When repetition, rhythmicity and predictability are combined the child will feel good and cared for because these experiences establish a sense of certainty. The feeling of dependence creates attachments and having a healthy attachment feels good.

### **Personalised Behavioural Training**

It is only when a trusting relationship has been established with the caregiver that effective behaviour training starts. This is because behaviour is moulded largely by the caring person who the young person perceives as being on his or her side.

### **Care for the Caregivers**

It is essential that the caregivers are nurtured and given caring support to enable them to transmit this quality of care to others. Caregivers are enriched or limited as agents of care according to the care they receive.

### **Using narratives**

All young people who come to live in residential care come with a set story about themselves. Given that their pasts have often been characterised by traumatic and abusive experiences, they may well be distrustful and feel helpless about the future. Some of our practice in residential child care, by constantly focusing on their difficulties, can serve to 'stick' young people in negative stories of themselves. If they can be helped to have trusting relationships in a safe environment then they may dare to live in the present with greater optimism. The purposeful use of activities can help them to reframe and re-tell their stories. Over time these stories can change and they can begin to comprehend a new reality.

A therapeutic milieu is a place where people can be helped to change their story in a very powerful but non-threatening way. The space needs to feel safe enough for them to let go of the usual labels and social rules with which they surround and protect themselves. These more positive experiences may have to happen repeatedly before the person is able to change the story they believe.

The potential of using narrative approaches is being recognised in working with young offenders to help them shift the ways in which they think about themselves and to believe that they are redeemable. The quality of the helping relationships available to them is fundamental to them being able to change their stories (McNeill, 2005).

## **Other traditions of practice**

In Europe the idea of lifespace is pre-eminent in youth work as it fits with ideas of social pedagogy, the preferred model of working with young people in most European countries. Social pedagogy is more linked to ideas of social education (education in its 'widest sense') than social work. It embraces a holistic approach to working with young people and to their general 'upbringing.' It links well to the concept of lifespace and the residential context as it focuses on merging tasks of everyday life with longer-term goals of meeting young people's emotional and personal needs.

The development of residential child care in areas of North America and in Canada in particular has been along similar lines, with people trained specifically as child and youth care workers. Strands of their training are influenced by the Native American philosophy that youth at risk can be corrected by nurturing the values of belonging, mastery, independence and generosity. As with pedagogy, the focus is on providing new experiences to promote growth and development rather than the British tradition of the unitary practitioner assessing and attempting to treat individual problems.

Increasingly in Scotland there is recognition that residential work merits a specialist focus in relation to the education and training of workers. In child care in general, there is a strong shift towards valuing strength-based and attachment-promoting models of intervention. These two factors are bringing the concept of lifespace to the centre of residential child care education.

## **Conclusion**

The term lifespace is one that is not particularly well-known in Scotland or the UK. It is central to other traditions of practice. Working in the lifespace is what workers in residential child care do on a day by day basis. An understanding of lifespace allows workers to locate their practice within a legitimate and sophisticated theoretical framework.

## **Suggested reading**

Maier, H. (1979). The core of care: essential ingredients for the development of children at home and away from home. *Child Care Quarterly*, 8(4), 161-173.

For an account of the importance of narratives in work with young offenders see Fergus McNeill's contributions to the 21st Century Social Work Review website [www.21csocialwork.org.uk](http://www.21csocialwork.org.uk).

Phelan, J. (1999). Experiments with experience. *Journal of Child and Youth Care Work*, 14, 25-28. This short article provides a good way in to thinking about ideas around helping young people re-tell the stories they have about themselves.

Smith, M. (forthcoming). Rethinking residential child care: a child and youth care approach. In D. Crimmens & I. Milligan, *Facing forward: residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

Trieschman, A., Whittaker, J. K. & Brendtro, L. (1969). *The other 23 hours: child-care work with emotionally disturbed children in a therapeutic milieu*. New York: Aldine de Gruyter.



### **Introduction**

Resilience is the capacity an individual has to overcome adversity. As young people in care are likely to encounter adversity on a large scale, their level of resilience is a core indicator of how well they will do.

Traditionally, many coercive strategies have been employed for dealing with troubled young people, including restraint and seclusion. This kind of response was common to the disruptive behaviour arising from emotional and behavioural difficulties and was seen as necessary to maintain safety, order and discipline.

With the recognition that these difficulties are usually caused by unmet needs, there has been an impetus towards looking at strength-based alternatives to meet the needs of our most challenging young people. There is an emerging view that it is perhaps more important to understand the function of violence, aggression and other troubling behaviours in the interactive process of relationships rather than controlling the behaviours per se. This view is strengthened by a new, positive psychology which says that young people have an innate capacity to compensate for past deficits and to go on to reach their potentials (Benard, 2004).

### **Strength-based interventions in practice**

For young people to thrive, basic physical needs must be met as well as needs for attachment, achievement, autonomy and altruism. To help young people achieve these, behavioural interventions must be driven by a focus on strength-building rather than coercion. Strength-building interventions can be in the form of physical, social and emotional support. Physical surroundings can convey powerful messages to young people about themselves. Austere and ugly environments can be highly distressing. Attractive and warm environments tell the people in it that they are of value.

Children thrive in environments where they are free from the fear of physical distress or harm. Young people can experience physical threat in environments that are permissive or lackadaisical about bullying and attacks from peers. Although physical restraint is officially only permissible as a last resort to ensure safety, it may sometimes be the result of the mishandling of behavioural problems. Similarly, seclusion imposes severe physical isolation and deprivation of stimulus. Such sanctions impede optimal development and damage social bonds as young people resist those who obstruct their needs.

Young people need to know that the adults who support them see beyond their negative behaviours and offer them an unconditional positive regard. Blame, rejection and threat interfere with the normal development of emotional resilience. Incessant criticism creates a sense of inadequacy that interferes with the ability to solve problems creatively. Young people have to feel they are trusted by the adults who care for them before they can make a positive connection. Developing

resilience requires a sense of personal power and self-efficacy so that inner control can be developed. Young people who are treated with respect and care learn to believe in themselves and show respect to others.

Young people need social support to provide opportunities for belonging, mastery, independence and generosity, the four pillars of resilience (Brendtro, Brokenleg & Van Bockern, 1990). Young people who feel rejected may search for belonging in a dysfunctional or distorted way such as joining a gang or cult. Some may have given up hope of belonging and avoid people or become isolated or distrustful. They can be helped by being encouraged and supported in positive social interactions and ultimately relationships of trust and intimacy.

Those young people who believe that they are unworthy or are failures may seek competence in distorted ways such as skill in delinquent activity. Others will give up and withdraw from trying anything. They will benefit from an environment which is rich in opportunities for achievement. Interests and activities should be encouraged and supported and should not be linked to behaviour or 'deserving'.

It is only through experiencing mastery that young people learn the vital skills for future problem-solving. When they put themselves or others at risk through their behaviour, it seems an almost instinctive adult response to control and protect. However, if this is overdone it can result in the young person experiencing powerlessness. Young people fighting against such feelings may assert themselves in rebellious or aggressive ways. Others may react to their impotence by believing they are too weak to manage their own lives and become the pawns of others. Such young people need to be in environments where there are opportunities for them to make decisions and they are given the power to exercise self control.

Research on resilience shows that simple communications which convey kindness, such as a smile, a wave or a touch on the shoulder, have a powerful corrective impact. When kindness and care are absent, young people remain self-centred and fail to develop empathy. The most dangerous people are those deprived of kindness and love. Everyday interactions with their carers are the most powerful way in which young people experience kindness and generosity. If carers manage to convey liking, empathy and regard to young people irrespective of their behaviour, these young people will feel valued and be able to reciprocate these qualities.

Residential workers are in a unique position to help troubled young people build resilience. This is because they work with young people in their lifespace and have many spontaneous as well as planned opportunities to provide compensatory experiences. Workers also have chances to help young people develop self-efficacy. They can praise young people for small everyday achievements. Those living with the young people will be in the best position to judge when it is time to allow them some degree of autonomy and to ensure they are being given opportunities to develop inner control and self discipline.

The essential challenge to residential workers is to strike an appropriate balance between the firmness and exercise of appropriate authority required to provide physical and emotional containment to young people, and the qualities of warmth, nurture and affirmation required to help them grow (Mann, 2003).

## Conclusion

A considerable body of psychological (and social work) thinking is moving away from a focus on difficulties towards a focus on strengths. In many ways this calls for a reappraisal of some of our earlier approaches. Rather than concentrating on what is problematic in young people, it shifts our focus to working alongside them and believing in their capacity for recovery and growth. Strength-based perspectives are essentially optimistic and this can be important in sustaining staff morale.

## Suggested reading

Brendtro, L., Brokenleg, M. & Van Brockern, S. (1990). *Reclaiming youth at risk: our hope for the future*. Bloomington, Indiana: National Educational Service. This is an inspirational book, which draws on native American child rearing practices to offer a strengths based philosophy of practice.

Gilligan, R. (1997). Beyond permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering*, 21(1), 12-20.

Mann, V. (2003). Relatedness and control. *Relational Child and Youth Care Practice*, 16(3), 10-14. Provides a good discussion on getting the balance right between care and control and in rooting this in the personal relationship.

## Conclusion

It should be apparent from this chapter that theory only offers insights. It does not offer easy answers to the complexities of everyday practice. Some of the theories presented here have been developed in the context of therapeutic work with individuals. In residential work we work with individuals, but also with their families. We work with individuals who live in groups and therefore with groups themselves. We have to take into account the dynamics of the larger group made up of residents plus staff, and we need to bear in mind the influence of the wider organisations of which we are a part. We need to be aware also of sociological and political factors which affect the lives of residents and their families.

In this multi-dimensional setting it is unlikely that any one theoretical framework will meet all of our needs for understanding the experiences and behaviours of those we work with or for helping us decide how best to intervene with them. Practice will benefit from clear theoretical orientation but concepts and techniques may be drawn from a variety of models. For example, techniques from Cognitive Behavioural Therapy might be applied sometimes at the level of working with the individual or formal group (given appropriate staff training), while a view of child development may be informed by attachment theory.

If there is an overarching concept that helps illuminate practice in residential child care it is lifespan. Irrespective of whatever theoretical orientation might be brought to practice, residential workers ought to be united in appreciating the importance of using everyday events to enhance young peoples' growth and development.

## **Training Links**

### **SVQ:**

Most of the units within the revised SVQ level 3 award Health and Social Care (Children and Young People) ask candidates to refer to theories of development. This chapter would be applicable across the award.

### **HNC in Social Care:**

HN unit Caring for young people in secure care settings: outcome two (optional unit).

The three previous chapters provide background knowledge for those working in secure accommodation. This chapter assumes a more applied focus and considers some specific areas of practice. A number of considerations informed our thinking in the way the chapter is structured.

The papers follow a timeline which reflects the stages of a young person's stay in secure accommodation. They start at the point of referral and end with a paper on throughcare and aftercare. There is an obvious chronological logic to this. However, it is also intended to emphasise that placement in secure accommodation should represent only an interlude in a young person's life. There is a past that goes before admission and a future that extends beyond discharge. Secure placement should be considered within that wider continuum.

Paper 4.04, Assessment, care planning, programming and monitoring is pivotal. These are the areas where staff need to be clear about what needs to be done during a young person's stay in secure accommodation and how they are going to go about this. Understanding these concepts and getting these processes right will maintain a focus and a purpose to the work.

Subsequent papers taken together might be thought of as comprising a unit's overall 'programme.' There are two strands to this. Young people should benefit from the general experience of being in an appropriate care environment - the 'therapeutic milieu' (see chapter 3 and paper 4.06). This provides a context that promotes healthy growth and development. It is the primary instrument of change. Appropriate attention to universal aspects of care, such as education, health, sexuality and activities all contribute to a positive residential experience for young people.

However, those young people admitted to secure accommodation demonstrate very specific difficulties that may require more targeted interventions. Examples of such difficulties or behaviours might include self harm, problematic drug use, mental health problems or offending. Care plans need to consider how young people might derive maximum benefit from the everyday experience of a therapeutic milieu. They also need to address specific areas of difficulty.

Having outlined our general thinking around these two strands of residential practice, there is an inevitable crossover between the two. Issues of trauma, for

instance, may have roots in past experience and may induce particular mental health difficulties.

Young people who experience these will, however, require a safe, predictable and relationally based response from staff who work with them on a daily basis. We have tried to 'flag' some of the links between papers. It is for readers to decide whether our thinking in the grouping of papers reflects what is useful to them in their work and to use them accordingly.

*Secure placements once made, should only be for so long as it is in the best interests of the child.*

*(The Children (Scotland) Act 1995 Guidance, Vol 2, ch. 6:4)*

### **Introduction**

This chapter examines how young people are referred to secure accommodation, the legislative framework governing this, the decision making process and gate-keeping arrangements.

### **Legislation**

The legislation in relation to the admission of young people into secure accommodation is covered in detail in chapter 1.

### **Referral**

Many young people at some point in their lives may be argued to meet the legal criteria for placement in secure accommodation. In the vast majority of these cases the crisis will pass or be resolved through appropriate intervention. Professionals involved in making referrals to secure accommodation and those who make decisions about placement need to ensure that they make considered judgements about which of those young people referred for placement are actually offered a place. They cannot afford merely to react to the understandable emotion and anxiety which can surround young people when they hover on the edge of crisis.

One thing that needs to be taken into account in considering any request for placement in secure accommodation is that almost all behaviour is contextual. Young people displaying behaviour that brings them into the frame for secure accommodation may be reacting to an environment, whether the family home or an alternative care setting, that is out of control. The literature on secure accommodation (e.g. Harris & Timms, 1993) points out quite clearly that badly run residential units will throw up more candidates for secure accommodation than well run units. Secure accommodation should not be used as a prop for deficiencies elsewhere in the care system. In situations where young people may be thought to

be responding to a dysfunctional environment those making decisions about placement may consider an alternative open setting before offering a place in secure accommodation.

It is often claimed by social workers that it is very difficult to get young people placed in secure accommodation. This is the way it should be, for the decision to deprive any person of their liberty is not one that should be taken lightly. And while it may be said that it is difficult to get a young person placed in secure accommodation, it might be argued that it is equally difficult to get them out. There is a danger that once in secure accommodation young people can be labelled in a way that makes it hard to reintegrate them into other areas of the care system.

‘In most cases young people who go into secure care have a long history of problems, disturbed behaviour and criminal offences’ (Social Work Services Inspectorate for Scotland, 1996). In the majority of cases it will have been known for weeks or months that a young person might require placement in a secure setting. This should allow a period of preparation and for application to be made to secure units. Some element of planning should go into most placements. Social Work Departments concerned that a young person might require placement in secure accommodation should seek advice at the earliest opportunity from the appropriate secure unit. Some units issue application forms to be completed and guidelines to be followed for the consideration of secure placement of young people. In most cases units should have some information on a young person prior to admission. The Code of Practice 1985 supports planned placements and makes it clear that ‘Although emergency admissions may be necessary in the child’s interests.....such emergency admissions should be the exception, not the rule’ (p. 9).

Admissions on an emergency basis can have adverse implications for young people leading to uncertainty about how long they are likely to stay. There may also be adverse implications for the related processes of assessment, care planning and programmes. Secure units should expect referral agencies to supply background information in advance, or at the very least, with young people at admission. This should include appropriate Looked After Children (LAC) material, notably the care plan (see paper 4.04). Missing information, particularly in relation to events preceding admission, has a knock-on effect on the next steps of placement. Heads of units in conjunction with care authorities should ensure that arrangements are in place for the timeous transfer of up to date and complete background information about young people.

## Reflective Questions

- *What are the referral and admission procedures for your unit?*

### **Decision making**

The HASSASSAA (1983) legislation requires that three independent parties are involved in the decision to admit a young person to security – the Children’s Hearing



(or Court), the Chief Social Work Officer and the Head of Establishment. Whereas the Children's Hearing or Court will be primarily concerned as to whether the legal criteria are satisfied it is the responsibility of the Chief Social Work Officer and Head of Establishment to satisfy themselves that it is 'in the child's best interests'. This principle remains in the Children (Scotland) Act 1995.

The legal criteria for placement in secure accommodation under the Children (Scotland) Act 1995 are set out in section 70 (10):

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

Given the intention of the overall arrangements for the use of secure accommodation i.e. that it is an exceptional measure, only those children who genuinely need it should be placed there, and that the length of time should be restricted to the minimum necessary, it is important that the decision is made at an appropriate level and by staff who have an understanding of issues related to secure accommodation. Chief Social Work Officers and Heads of Establishment both have a statutory role in admitting a young person to secure accommodation and need to agree before a young person can be locked up. This joint decision making ensures young people of the legal protection enshrined in the HASSASSAA legislation.

Young people sentenced under Solemn Procedure (see Chapter 1) are placed in secure care at the behest of Scottish Ministers. In such cases decisions as to the need for secure care are taken by the Scottish Executive Justice Department (SEJD) officials on behalf of Scottish Ministers.

## Reflective Questions

- *What information about young people do you think should be provided for an appropriate decision to be taken about admission to secure care?*
- *Who in your unit and referring local authorities have the authority to decide on a young person's admission to secure care? Who else is involved in the process?*

## Screening

Given the difficult task of deciding on the admission of a young person to secure accommodation, and indeed in prioritising admissions, the Director of Social Work and Head of Establishment may wish to seek advice from a range of expertise to help inform his/her decision. In the years following the introduction of secure

accommodation legislation in 1983 formal Referral or Screening Groups incorporating specialist advice e.g. Psychological and Psychiatric were constituted.

The remit of such a group was threefold:

- to consider referrals from social workers who believe that a particular young person may benefit from a secure care placement;
- to consider young people who have been made the subject of Children's Hearings Orders with a condition of Secure Accommodation;
- to consider retrospectively the case of young people admitted by emergency/administration process, i.e. from courts or on the authority of the Director of Social Work and Head of Establishment, and the appropriateness of these decisions.

The Screening Group aimed to fulfill two roles:

- to ensure that those young people with the greatest need and difficulty are given priority for a secure bed;
- to provide the referring social worker with an opportunity to examine what other help the young person might require.

In providing a multidisciplinary overview of young people being considered for secure accommodation or alternative placements, the Screening Group was able to contribute to initial assessment and planning thereby increasing the likelihood that subsequent placement would provide the young person with a positive experience.

Over the years the use of screening groups has changed. Units now operate a variety of different processes in dealing with referrals and admissions. Regardless of the particular arrangements in place, these need to be suitably rigorous, ensuring that the decision to deprive young people of their liberty is subject to appropriate checks and balances.

It is important that criteria are kept in mind once a young person is admitted. The need for security requires ongoing review. This is particularly so in cases where a young person is admitted on a warrant from a children's hearing. In such circumstances, admission may have been in response to a particular crisis and panel members will have had insufficient information to make an informed decision as to any longer term need for security. A central task in this initial three week period is to assess whether this is in fact required.

## Reflective Questions

- *What is your unit's gatekeeping process? Who is involved?*
- *Think of a young person in your unit. List all the people who were involved in the referral and screening process.*

## **Conclusion**

The legislation surrounding a young person's admission to secure care is complex. The decision to admit a young person to secure care is not one taken lightly as fundamental issues such as deprivation of liberty are involved.

It is essential that the referral, decision making and screening processes are rigorous so as to ensure that only those who appropriately require security are placed. To maintain the highest standards these processes should be transparent and draw upon the expertise of different professionals.

## **Training links**

SVQ: Unit HSC 413 Manage requests for health and care services (Generic optional unit in the revised SVQ qualification Health and social care: children and young people level four).

## **Further reading**

McNorrie, K. McK. (2004). *The Children (Scotland) Act 1995: 2<sup>nd</sup> edn*. Edinburgh: Green & Son Ltd.

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities*. Edinburgh: Stationery Office.

Social Work Services Inspectorate for Scotland. (1996). *A secure remedy: a review of the role, availability and quality of secure accommodation for children in Scotland*. Edinburgh: Social Work Services Inspectorate.

*A range of tasks face staff in the early stages, but attending to these with an appropriate sense of purpose will set the tone for a placement.*

## Introduction

This paper outlines the circumstances under which young people are admitted to secure accommodation. It identifies initial tasks facing staff and those which need to be addressed in the early stages of placement.

## Admission routes

Young people can be admitted to secure accommodation through different legal routes. They may come through the Children's Hearing system on either a warrant or a supervision requirement. They may come through the courts on either remand or sentence. They may in the first instance be admitted through administrative process with the agreement of the chief social work officer and head of the secure unit. For a full discussion of the legal routes into secure accommodation see chapter 1.

The legal route into secure accommodation will have a bearing on the way in which individual admissions are handled. It is important that staff are aware of the legal basis of placement.

## Admission circumstances

### 'Planned' admissions

By the very nature of the provision, there are few 'planned' admissions to secure accommodation as such. 'Anticipated' admissions might better describe this category. Few young people arrive in secure accommodation entirely unknown to the social work system. Many will have been 'bubbling under' the need for secure accommodation before they are actually admitted. They may have been discussed at a referrals group or with secure unit staff and reports should be available. Staff should therefore have some idea of presenting issues and should be able to do some initial planning prior to admission. The nature of their admission

may be reasonably ordered in that they may be brought by social workers or staff from other residential units. In such cases units should expect a full set of paperwork on young people as per the Looked After Children (LAC) material.

### **Emergency admissions**

Some young people will enter secure accommodation unknown or virtually unknown. These are sometimes called 'late erupters' in the sense that they have had little or no contact with social work services until they become involved in a serious incident. They may be placed initially on remand through the courts.

Other young people may be known to the wider social work system but have to be admitted to secure accommodation on an emergency basis, possibly in extreme circumstances, late at night and/or under the influence of drink or drugs.

Again, the circumstances of an admission will determine staff responses.

### **Reflective Questions**

- *Can you identify different circumstances surrounding the admission of young people to your unit?*
- *What were the implications of this for the way the admission was handled?*

### **Staff anxiety**

The extreme nature of the difficulties presented by young people admitted to secure accommodation can cause anxiety in staff. Some will have reputations for violence in their local communities. They may have connections with existing residents. Others will come with a history of making allegations, others with serious drugs habits or issues of self-harm. Depending on how settled or otherwise a unit is at any particular period, a new admission can provoke considerable anxiety.

Staff should ideally have some opportunity to talk through any anxieties and how these might be allayed prior to a young person's admission, otherwise their anxieties may be projected on to the young people, thus failing to convey essential messages of security and of staff being in control. If possible some thought should be given to what staff member/s will be involved in an admission. Questions of experience, confidence and gender might be taken into account.

## Reflective Questions

- *Think about the admission of a particular young person to secure accommodation.*
- *What feelings were around for you and/or for colleagues?*
- *How were these dealt with?*

### **Receiving a young person into secure accommodation**

In the past, receiving a child into care involved severing their connections with the outside world and giving them an identity as a child in care. Nowadays, their connections with the world they are coming from and will be returning to should be central to the admissions process, especially for young people admitted through the Hearing system or on a short-term sentence.

Irrespective of their reputations or their previous experiences, admission to secure accommodation is likely to be a traumatic event for young people. Some may hide this behind a show of bravado, but, nevertheless, they will have all sorts of anxieties about what to expect.

### **First impressions**

The point of admission to secure accommodation will be one that young people are likely to remember for the rest of their lives. Staff need to be sensitive to the impression they give. Too many keys and locking doors will convey a powerful impression to a young person of being jailed and this is likely to influence their subsequent response to placement.

Staff need to strike an important balance between presenting a sense of personal authority and confidence with a genuine concern and respect for the young person. In their conversation they should help young people make connections, finding out where they have come from, a bit about their families and whom they know.

## Reflective Questions

- *What are your unit's arrangements for admitting a young person to secure accommodation?*
- *What messages do they give to young people?*

### **Paperwork**

Some necessary paperwork attaches to any admission to secure accommodation. First of all, staff need to be sure that there is appropriate legal authority to lock a young person up. In most cases this should be sent to the unit in advance of admission.

There are also basic details about next of kin, social work contacts, doctor, etc., that need to be collected. Details of the type of information to be collected are set out in the Children (Scotland) Act 1995, Regulations and Guidance: volume 2. Units will have their own forms for doing this. Again, in planned admissions this information should be readily available and social workers may be able to provide most of it in advance. The way that staff interact with young people to access the required information is important in conveying a message of care rather than just seeming to process details of a child's life.

## Reflective Questions

- *What paperwork do you need to obtain when a young person is being admitted to secure accommodation?*

### **Immediate needs**

In some emergency admissions consideration may need to be given to an early body search, or to practicalities such as the need for a shower or change of clothes. If a young person is under the influence of drink or drugs, arrangements will need to be made to monitor them until staff are satisfied that these are sufficiently out of their systems.

### **Settling**

Once the preliminary information gathering is complete, young people can be introduced to their living space and then to the group. Care should be taken to ensure that bedrooms are properly prepared to admit a new resident. Beds should be made and towels and toiletries on hand. At some point, young people should be asked to comply with a search of their belongings and of their person. They will need to be advised as to what items, such as glass, aerosols, money, etc., are not allowed in the unit. Again, searching and the prohibition of certain items should be explained and couched in terms of the need to ensure a safe environment. The intrusiveness of any search should be linked to individual circumstances and consideration of risk.

Young people should be given some basic information at this point on what to expect. Those coming on remand or on a warrant may have little idea of what happens next for them, so staff should be in a position to talk them through the process. Too much information is unlikely to be taken in or retained at this point. Information sheets or booklets will allow young people to go back to what they need to know.

One thing to bear in mind is to try to allow young people to keep some belongings or items that connect them to their past.

## **Entering the group**

Every unit will have its own arrangements for young people entering the resident group and these may vary from case to case. Connecting them with an existing resident may ease their entry into the group.

### Reflective Questions

- *What are the arrangements in your unit for bringing a young person into the unit?*

## **The first few days**

The first few days are important in setting the tone and purpose for a placement. A number of things need to be considered in this period. These include:

### **Identifying key staff**

Most units will operate a keyworker system of some sort. In 'planned' admissions keyworkers may be identified in advance and may be rostered to be on shift. In other cases they should be identified within the first day or so. Some consideration should be given to matching keyworkers to particular young people, although this is not always possible for practical reasons. It can also be difficult to predict how relationships might develop.

Given the range of tasks involved in a secure placement it is essential that an identified individual (or individuals) have responsibility for co-ordinating a case. Other staff may be identified as having particular roles with young people but keyworkers need to pull these together and ensure things are kept up to date.

Units may also identify key teachers to maintain an overview of a young person's educational progress.

### **Contact with social workers**

One of the early tasks in a secure placement is to establish a working relationship with allocated social work staff. There are a number of purposes to this. One is to ensure an early sharing of information on a young person and to make sure units have all the information they need to work with them.

Another task is to establish expectations about respective roles. Given the sense of focus of most placements and the need to make early decisions around such areas as the continuing need for secure accommodation, and the identification of future placements, it is essential that social workers are actively involved in placement planning. Expectations of the level of this involvement are now laid out in the Youth Justice Standards (see chapter 1). These lines of responsibility and respective expectations may be the focus of an initial review meeting.



## **Health**

Young people may arrive in secure accommodation with a number of unaddressed health needs, some immediate, others which are less acute but nevertheless need to be identified and dealt with. Admissions medicals should involve filling in gaps in young people's medical histories and ensuring that arrangements are made to carry out outstanding immunisations, dental treatment etc. However, this should be done in the context of a proactive engagement with young people around their health needs (see paper 4.10).

## **Education**

Units will make their own arrangements for integrating young people into education. Education will comprise a considerable block of a young person's day and is a crucial element of the routine in secure accommodation. An assessment of a young person's attainment and level of functioning and an early admission to the education service is important in providing an early sense of purpose for the placement.

## **Family**

We have identified the importance of their families to young people in care (see chapter 3 and paper 4.21), yet working with families is an underdeveloped area of practice in secure accommodation. Where possible, staff should invite a young person's family to an early meeting. In some cases it might be preferable to visit them in the family home as this may give access to more family members and may offer a more rounded picture of family functioning. This type of built-in contact with families is vital in gaining their understanding of the issues that face a young person and of what different family members might be able to offer to support a placement.

Families visiting young people in secure accommodation should be encouraged and made welcome. Obviously some security and safety considerations might attach to family visits if there is a perceived risk involved. In most cases however, with appropriate briefing and supervision, visits can be carried off successfully. It is important that staff begin to think about families as an asset to young people rather than as a risk, as can be the case in secure accommodation settings.

## **The initial assessment**

Assessment is a key task for workers in secure accommodation (see paper 4.04). There are now expectations that units will produce an action plan in the early stages of a placement. Keyworkers need to draw together the information and produce this. This can only be tentative at such an early stage but may include pointers as to how a placement will be managed.

## **Preparing for and attending meetings**

There should be an early child in care review for young people admitted through a Children's Hearing route. There may also be a Children's Hearing to consider placements made under administrative process.

## Reflective Task

*Make a list of all the tasks a keyworker has to undertake in the early stages of a placement.*

### **Conclusion**

The way in which a young person is admitted to secure accommodation and their experiences in the first few days are important. A range of tasks face staff in the early stages, but attending to these with an appropriate sense of purpose will set the tone for a placement.

### **Training links**

#### **SVQ:**

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 413 *Manage requests for health and care services* (Generic optional unit in the revised SVQ qualification *Health and social care: children and young people level four*).

#### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

### **Further reading**

Gabbidon, P. & Goldson, B. (1997). *Securing best practice: an induction manual for staff working in secure accommodation*. London: National Children's Bureau.

Rose, J. (2002). *Working with young people in secure accommodation: from chaos to culture*. Hove: Brunner-Routledge.

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities*. Edinburgh: Stationery Office.

*If you don't know where you are going, every road will get you nowhere.*

*(Henry Kissinger)*

## **Introduction**

This paper covers assessment, care (or placement) planning, programmes and monitoring. These are crucial concepts which, together, encompass the overall task of secure accommodation. Everything that workers do can be located within this framework. It presents an overview with some definitions of these terms set in the particular context of secure accommodation. Finally there is an outline of a framework that pulls it all together. This paper should be read alongside the appropriate youth justice standard referred to in chapter 1.

## **What is assessment?**

Assessment is something we do most days of our lives. When we get in a car to go somewhere new we look at a map to tell us where we are before setting out on the journey. This is assessment – the art of identifying where you are as a basis for planning where you want to go. In our daily child care practice we make continual informed judgements about young people; where they're at and where we want to get them to.

The process of assessment is fundamental to our work in child care. In order to help a young person move forward the practitioner needs to develop a picture of him or her in their wider environment. It is from this picture that the child's needs are identified. Thereafter we can begin to frame interventions that seek to respond to those needs.

A useful definition of assessment is:

*the ongoing process, in which a client participates, the purpose of which is to understand people in relation to their environment; it is the basis of planning what needs to be done to maintain, improve or bring about change in the person, the environment or both.*

(Coulshed & Orme, 1998, p. 21)

The initial assessment, then, identifies where a young person currently is and starts to plan the route ahead. However, young people change and develop, and the staff team's interaction with the young person will also result in movement. Therefore, assessment is not a once and for all event. The initial picture of a young person may alter as we find out more about them. Additionally, as they grow and develop, their interactions, their needs and their ways of functioning will change. We need to build in mechanisms that will take any changes into account and allow us to fine tune our responses.

## **Assessment frameworks**

When a young person is referred to secure accommodation, the social work department should have carried out an assessment (often a whole number of assessments!). The role of assessment in secure accommodation must be seen within the context of, and as adding to, the comprehensive assessment that should already have been carried out, rather than replacing it.

Most local authorities use assessment models based on The Department of Health (DOH) framework, Assessing Children in Need and their Families. This is essentially an ecological model of assessment (see chapter 3), which seeks to understand children within their wider environment. The central task in the DOH framework is to safeguard and promote the welfare of a child. To do so requires an assessment along three broad dimensions, the child's own developmental needs, the parenting capacity of his or her carers and family and environmental factors. Given the range of needs to be assessed such assessments should draw on the knowledge and skills of other groups such as teachers, and health professionals. Coordinating this comprehensive assessment is the responsibility of the social work department responsible for the child. The social work department also has a statutory responsibility to develop a care plan, ensuring that provision is made for the needs identified in the assessment to be adequately met. There is an expectation that local authorities will use the Looked After Children (LAC) material as a framework for their assessment and care planning.

## **Assessment in secure accommodation**

The assessment task for staff in secure accommodation is more specific.

In many cases, the first task is to make some judgement as to the continuing need for security. This is especially important if young people are admitted on a warrant and will be returning to a children's hearing within a three week period. Panel members will expect a well-argued case around the need or otherwise for continuing a placement.

Some larger units operate a specific assessment unit with the task of reaching a decision about the ongoing need for security. In units that operate a differentiated service model, whereby different residential units specialise in specific areas of practice, the assessment unit will decide on the most appropriate unit for a young person to move on to.

The Scottish Executive now expects that referring agencies will use ASSET or YLS frameworks (see chapter 1 and paper 4.18) prior to admission. The Youth Justice Standards also specify that an action plan setting out the aims of a placement should be completed ten days after admission. Inevitably, any plan made at this stage can only be tentative and must be open to review. However, it is right that staff should focus from the point of admission on the purposes of any placement in order to avoid 'drift'.

Therefore, assessment needs to focus on the overall circumstances which led to admission to secure accommodation and should identify specific needs related to the criteria (see. chapter 1). It should take as a starting point the reasons given for placement at the points of referral and admission.

Buist & Whyte (2004) makes the case for assessment and planning to be specific. They identify that most young people in secure accommodation have a history of problems, disturbed behaviour and offending. They go on:

*The most commonly identified problem was running away, allied to difficulties with family relationships, followed by offending for boys, while for girls it was substance abuse.*

*Assessment reports stated the young people's general needs together with details of their offending and the action taken, but although care plans were clear about how to meet general needs, they were less clear about how to deal with the behaviour and difficulties which led to the young people being placed in secure care.*

*The review concluded that the outcome of assessment should be a programme that aimed to change the behaviour that led to the placement in secure care, and recommended improvements in the process with attention to aftercare arrangements which were poor or non existent.*

(Buist & Whyte, 2004)

Of course these principles apply to young people who have non-offending behavioural difficulties as well as those who commit offences.

In essence, assessment in secure accommodation needs to address both general care needs and the specific behaviours that led to the young person being placed in security. As noted, this assessment should sit within the social work department's comprehensive assessment. Some aspects of what happens in secure accommodation will affect and will be affected by events that happened before admission; much of what happens in secure will need to be continued once a young person moves on. However, there is merit in narrowing the scope of the assessment task specific to secure accommodation to what is mandated and manageable within that context. Facilitating the continuation of work done in secure accommodation, through suitable throughcare programmes and the development of appropriate community links is vital.

Units should aim to produce an initial action plan (an account of where a child is at, including some of the specific difficulties facing them and a plan of what needs to be done to allow them to move on from secure accommodation) within the first 10 days

of placement. As the issues facing a child are likely to be multi-dimensional, assessments should include the input of different professionals, such as education and medical staff, and psychological and/or psychiatric support. They should also draw on the insights of family members, who are likely to know a young person best. Important insights are also provided in the everyday living situation and staff who share in the lifespace (see paper 4.06) of young people should contribute to the assessment. Most importantly, the views of the young person themselves need to be incorporated into the assessment. Staff and young people need to be 'on the same page' in their understanding of a situation and how to go about addressing it.

*Unit three, as the assessment unit, had exemplary record keeping. Here records were seen as working tools, which had to be “accessible, clear and purposeful, as opposed to files from which information cannot be accessed, which are in turn confused and from which mistakes may emanate, which may harm young people.”*

*Inspection report of St Mary's Kenmure, March 2004, p. 23*

## Reflective Questions

- *Think of a young person placed in your unit. How would you conduct an assessment of them?*
- *Identify the different people and agencies that were involved in the assessment of one of the young people that you work with.*

### **What is care planning?**

Assessment provides a platform for what is done in secure accommodation. The next stage is the care plan or placement plan. Following the road map analogy, you are in Edinburgh and you want to go to Glasgow. You need to plan the route. Will you go by train or car? If you choose the car, who will drive, etc. This is the development of a 'plan' which specifically addresses how you will get there and answering all the who, what, where, when and how questions.

So, when the assessment is completed (the art of identifying where you are and where you want to go), a Care Plan may be defined as working out how to get there. It is a plan for the provision of services to an individual or family, identifying what services or interventions will be provided, when, where and by whom. Ideally the plan should involve users, carers and their families as well as other professionals who may be contributing to the plan. As noted, it is the responsibility of local authorities to develop care plans for young people.

## Care planning/placement planning in secure accommodation

Care planning in secure accommodation should follow on from the initial assessment. The social worker is responsible for developing the overall care plan within which certain components are addressed by the specific secure unit care plan. To avoid confusion, this specific care plan might better be called the placement plan. The placement plan is the 'road map' that outlines the journey that the child will take towards tackling the issues that led to him/her being admitted to secure accommodation.

The placement plan might be thought of as identifying specific pieces of work that can realistically be undertaken in secure accommodation. At a simple level, the very fact of placement in a secure environment should allow particular health needs to be addressed. There may therefore be some generic aspects of care plans that determine that all children should be fully inoculated and have any outstanding medical, dental and optical treatment brought up to date.

More specific elements of the placement plan might seek to address particular aspects of offending or self-harming behaviour, for instance (see the appropriate papers in this section of this manual).

It is also helpful to consider in a placement plan how aspects of the overall milieu might be actively utilised to promote particular objectives or goals. For instance, how might staff intervene in everyday life events (see paper 4.06) to try to work on a young person's problems with anger management? Or how might an understanding of some of the particular needs of boys or girls (paper 4.12) or of adolescent sexuality help explain and give pointers as to how to intervene with particular behaviours?

The placement plan needs to be continually revisited to make sure that the best route is being taken, and that everyone, child, staff, family and professionals are all on the same road. In addition the placement plan should regularly review the continuing necessity for a young person to be held in secure accommodation, in line with the imperative that they stay there for the shortest possible time.

### Reflective Questions

- *Think of a young person placed in your unit. How would you construct a placement plan for this young person?*

## The programme

There is little point in developing a placement plan unless you are then able to access sufficient resources or expertise to be able to carry it through. The means through which a placement plan is implemented might be described as the

programme. The programme is essentially what units will do to address areas of difficulty and to get young people to where we (and they) want them to be.

The term programme can have a variety of different meanings in residential child care (Fulcher, 2004). In recent years it has been used to describe specific proprietary interventions targeted at particular difficulties, such as anger management, cognitive skills or challenging offending. For the purposes of this paper it is helpful to think of the idea of programme in a far wider sense. A unit's programme incorporates everything that informs the way it works with young people, from its philosophy and ethos through to the particular interventions it has developed. Thus, activities might be thought of as being part of the overall programme, as might specialisms for instance in dealing with young people who self-harm. The programme can be thought of as a menu of possible interventions that staff can draw upon to service care or placement plans. The programme can include everyday lifespace experiences or in-house interventions carried out by keyworkers or others. It may also pull in professionals with particular areas of expertise.

### Reflective Questions

- What are the range of interventions available within your own unit to service a young person's placement plan?

### Reassessment and monitoring

The final component covered in this paper is monitoring. Monitoring is basically the art of 'knowing that you have got to where you wanted to go' and changing tack if you are not where you intended to be (reassessment).

There are a number of external mechanisms through which work done in secure accommodation is monitored. The most obvious of these is the Looked After Child Review process, through which each case of a child in the care of a local authority is subject to a statutory review. Children's Hearings review the progress of children placed in secure accommodation through that route. Young people placed by Scottish Ministers on Court sentences are subject to review through the Scottish Executive. Care Commission inspections involve monitoring a range of a unit's functions. All of these mechanisms will reflect the effectiveness of assessment, care planning and programming.

### Reassessment and monitoring in secure accommodation

Whilst assessment, care planning and programmes may be subject to external monitoring mechanisms, good practice would suggest that units should also develop internal systems through which staff know that they continue to be on the right road. This is important because secure accommodation is a dynamic and fast moving environment, where things can change half a dozen times between formal reviews.



Inevitably there will be times in a placement when staff or young people feel as though they are lost or they come across roadblocks and need to change direction to get to where they want to go. That's why they need to have systems that allow them to keep track of where they are going and to readjust and change direction if necessary.

One way of doing this might be to build in weekly placement planning meetings where a key worker and a child and, if possible, the social worker, parents or other appropriate parties, sit down and review the placement plan objectives in light of events of the past week. These meetings might also be the forum where decisions about mobility levels can be taken.

These weekly meetings might then be collated within monthly evaluative reports, which would provide a mechanism for the review and re-assessment of a case. Thus, if particular interventions are not working the placement plan can be changed accordingly. Such systems would ensure that staff stay abreast of issues and that a momentum is maintained in placement planning. It also means that when staff are faced with writing reports for external agencies such as Children's Hearings much of the work they have done is already documented. Units would need to ensure the cooperation of social work departments to ensure there was a common understanding of the remit and purpose of such a system.

## Reflective Questions

- *Think of a young person placed in your unit. Identify the monitoring framework to ensure that the assessment and care plan are, and continue to be, appropriate for them.*

### **Principles and professional issues**

In undertaking an assessment within the context of secure accommodation, the following principles should underpin our work.

Conducting an assessment in an inappropriate way can be harmful. Middleton (1996) issues a warning:

Those charged with assessment need an intelligent understanding of its purpose; its context; and its potential to harm as well as to help; in addition to having the skills that enable an assessment to be carried out.

Assessment is a skilled task. It involves trying to understand what is going on for another person within a complex social arena. It isn't something that can be reduced to a set of tick-boxes. Any assessment will include some of the insights and values of the person doing the assessing. The incorporation of our own values and insights into the social world of a child brings a human dimension to the process of assessment. A caveat would be that we are aware of the intrusion of our own values

and we do not try to pass them off as fact or to pretend that we really know what is going on for the person we are assessing. Any judgements we make can only be provisional and tentative and subject to change as circumstances and our own understanding evolve.

The purpose of assessment is to understand rather than judge. It involves 'doing with' rather than 'doing to' - those most likely to understand a child are that child and his/her family members. Therefore we must seek out and include their views in authentic rather than tokenistic ways.

## **Putting it all together – A framework for assessment, care planning and monitoring**

Throughout this paper the following points have been referred to. They are outlined here to provide an overview of the entire process.

### **1 'Identify where you are' (assessment)**

This is the key to the assessment – identify the problem/s at hand. This will involve clearly identifying the risk factors/behaviour patterns that meet the criteria for a child's admission to secure accommodation. For example, a young person may be a persistent absconder and place him/herself at risk whilst absconding. In this situation, the assessment would seek to identify the issues that underpin the absconding behaviour and possibly the type of risk at which they put themselves.

#### **1a 'Identify where you want to go'**

When the problems are identified, the assessment will identify objectives that the child might attain.

Assessment of a young person should take place in the early stages of a placement. This will draw together previous information held on a resident as well as the child's own perceptions and our observations of them. This document should provide the baseline assessment that informs the care plan and consequently how we engage with this young person. It starts to point interventions in particular directions.

### **2 'Identify how you will get there' (the Care Plan)**

In the section on assessment the initial parts of an assessment were identified as 'identifying where you are', and 'where you are going'. When the problems are identified, the care plan will identify a means to tackle the presenting issues. It is a statement as to 'how to get there', identifying the pieces of work that need to be done.

This will include how the child will benefit from living within a therapeutic milieu in conjunction with specific, tailored interventionist programmes. The people who should undertake these pieces of work should also be identified.

It is important that any objectives set are realistic. These need to be governed

by the length of time a young person will stay in secure accommodation (bearing in mind the need to ensure that this is kept to a minimum) and the complexity and longevity of some of the problems that face young people in secure. To return to the car analogy, there's no point in thinking you can travel from Glasgow to London by car in two hours. Yet sometimes we set placement objectives that are as unrealistic as this.

### **3 What do you need to support you on the journey (the programme)**

This is the tool-kit of resources you can call on to service the care plan. It might involve everyday events and activities, planned interventions and the use of external agencies.

### **4 'Are you on the right road?' (Review/Reassessment)**

Assessment and care planning are not single events. They need to be continuously reviewed in the light of the progress of the young person. Units should develop mechanisms to ensure ongoing assessment that record any alterations to our initial assessment and any consequent changes to our placement planning.

The placement plan will need to be reviewed frequently so as to measure the success or otherwise of the interventions. This will feed in to the reassessment of the child's specific needs in relation to the criteria that led to admission to secure accommodation.

### **5 'How do you know that you have got there?' (Monitoring)**

This includes a range of internal and external audit, monitoring and supervisory functions.

## **Conclusion**

This paper has set out to outline the concepts; assessment, care planning, programming and monitoring. The young person is on a journey and the role of the staff group is to assist him/her to reach that destination – safely.

## **Training links**

**SVQ:** Unit SC8 Contribute to the development, provision and review of care programmes (mandatory unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 36 Contribute to the assessment of children and young people's needs and the development of care plans (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

**HNC in Social Care:** HN unit Caring for young people in secure care settings: outcome three (optional unit).

## Further reading

The assessment framework is available on the Department of Health's website: [www.dh.gov.uk/Home/fs/en](http://www.dh.gov.uk/Home/fs/en).

Calder, M. (2003). *Assessment in child care: using and developing frameworks for practice*. Lyme Regis: Russell House Publishing. This is a comprehensive edited volume around assessment generally and in relation to specific areas of practice.

Fahlberg, V. (1994). *A child's journey through placement*. London: BAAF.

Fulcher, L. (2004). Programmes and praxis: a review of taken-for-granted knowledge. *Scottish Journal of Residential Child Care*, 3(2), pp. 33-45.

Provides a discussion of the nature of programme in residential child care.

*The ultimate objective of secure accommodation is to effect a shift from physical security to security based around relationships....*

## **Introduction**

This paper identifies some of the features that make working in secure accommodation distinct from other areas of residential child care. These differences are linked to the legal mandate of secure accommodation and the need to maintain physical security and safety. Areas covered include: the differences and similarities between secure accommodation and other areas of practice, environmental considerations, the pace of work, and specific aspects of practice in secure accommodation.

## **Differences and similarities between secure accommodation and other settings**

Many young people growing up may, from time to time, meet the legal criteria for secure accommodation. Only a small proportion of these will be locked up, either because a resource is not available on a particular day or because an alternative intervention is preferred. Although there is a need for rigorous decision making in the referral process, there is also an arbitrary aspect to who gets locked up and who does not. The behaviours of those who get locked up may, or may not, be more extreme than those of other young people in care or in the community. Their needs are rarely qualitatively different. Being placed in secure accommodation should not unduly stigmatise or set young people apart.

While there are underlying similarities between young people in and out of secure accommodation, those who are placed there, by the very nature of that placement, demonstrate a need for physical security and for controls to be placed on them for a while. Moreover, placing agencies, politicians and the public have particular expectations as to the role and purpose of secure accommodation. Taking the decision to lock a young person up brings with it certain expectations and responsibilities which call for a distinct way of working.

The above point is particularly pronounced in units that work with young people sentenced through the courts. This places additional demands on staff to ensure

that placements meet the requirements of the criminal justice system, whilst also addressing their welfare needs. The fact that young people on sentence are, for the most part, confined to the secure unit introduces particular dynamics to ways of working with them.

### **The purpose of secure accommodation**

The primary purpose of secure accommodation is to ensure safety and security for the period of time a young person spends there and hopefully beyond. This requires that staff impose temporary controls to help a young person develop sufficient internal controls so as to minimise the need for external control. This, of course, is not a once and for all transition. Young people may make progress, but may then regress and need greater external control placed upon them for a while. The process might be likened to an elastic band. At times it may be stretched tight; at other times it may be pulled in. Staff have to try to locate the level of control needed at appropriate points along this ever shifting continuum. The ultimate objective of secure accommodation is to effect a shift from physical security to security based around relationships, where the quality of the attachments young people establish with adults is what keeps them safe.

### **Reflective Questions**

- *Before you started your present work, what did you think the purpose of secure accommodation was?*
- *Has this changed and if so in what ways?*

### **Environmental considerations**

A properly designed building ought to be the first expression of the security a young person requires. Buildings should be robust. If young people identify a weakness in physical design they will seek to exploit this. However, security should be as unobtrusive and understated as possible. Units should appear attractive. Small features such as paintings and photographs or the presence of flowers and plants can have a 'softening' effect on the environment.

The regime that operates in a secure setting should not set itself up as a challenge to young people placed there. Placement should not be seen as a notch in the belt of a delinquent career. Staff should not see themselves as performing just containment and control functions, and some thought should be given to the possible messages conveyed by aspects such as the way staff dress and arrangements for carrying keys. Over-emphasising a control function in secure accommodation can lead to a 'them and us' culture.

A sensitive balance needs to be struck between proximity and privacy. Staff need to demonstrate a background awareness and presence whilst respecting a young person's need for personal space. Again, good building design and layout can

facilitate this for instance, through the shape of rooms and the positioning of windows.

### **Staff considerations**

Working in secure accommodation does not suit everyone. Staff who have worked in other areas of residential child care can have difficulty adjusting to secure settings. Whilst some of the skills in building relationships may be similar, there are also significant differences. Whilst there may be an emphasis in open settings on offering choice and seeking to empower young people, the role of secure accommodation, at least in the early stages of a placement, is to limit choice and to assume temporary control over a young person's life. Some staff may feel uncomfortable with the requirement to lock doors on young people. Others may struggle with the need for some of the security provisions that follow on from the nature of the setting.

On the other hand, secure accommodation can also attract individuals who like the structure and routine of the setting. Some may fail to appreciate the inevitable complexities and tensions involved in locking young people up. Such staff may over-emphasise considerations of security and order and pay insufficient attention to the therapeutic aspects of a placement.

An appropriate balance needs to be struck between the need for control and the need for nurture. The two are of course mutually compatible. Staff need an appropriate confidence and sense of their own authority and an ability to convey this to young people in non-threatening ways. The necessary sense of order in a unit comes through the establishment of authoritative yet nurturing relationships (see chapter 3).

There is a need for recruitment and ongoing training and supervision to establish a common understanding of the nature of work in secure accommodation and the everyday implications of this. Staff who are not comfortable in the setting perhaps need to be given the opportunity to come to this conclusion and if possible to find work where their skills are better suited.

### **The intensity of the work**

The experience of being locked up can be a frustrating one for young people. In open residential settings there is a release valve in situations where feelings run high inasmuch as young people can take off and cool their heels. In secure settings, frustrations, distress and anger can lead to feelings boiling over. This can be manifest in confrontation, violence, non-cooperation or attempts to escape. Dealing with such intensity of pent-up emotion is part and parcel of working in secure accommodation. In such an environment the need for physical restraint is almost inevitable at times. Its use however, requires constant review to ensure it does not become part of the culture of a unit.

Most staff would like to work on the basis of trusting relationships with young people. In secure settings it is best for this to be a wary trust. You will rarely know entirely what pressures are around for particular residents at any given time. They

may break any trust you felt you had with them. It is better to acknowledge this possibility from the outset and to seek to minimise the opportunities for you to feel let down, but more importantly for young people to feel they have failed or let you down.

It is not only young people who are locked up in secure accommodation. For the duration of their shift staff may also be. There are few lulls in the day to draw breath or relax. The work is full-on and requires a constant attentiveness to issues of supervision, safety and security. Staff need to be 'active scanners', alert to what is going on around them.

The nature of the work can confront staff with the sometimes frightening and reprehensible behaviours of some young people and this might lead to particular judgemental responses. The work also brings staff into regular and intimate contact with the pain of young people. Coping with this pain, expressed through self-harm or violence, takes an emotional toll on adults confronted with it. An understandable response may be to try to distance oneself from the emotional impact of the work. Adults should however be affected by the emotional distress of young people. It is not a weakness to acknowledge this. They need opportunities, in supervision or in everyday interaction with managers and colleagues, to discuss how young people make them feel (see chapter 3).

### Reflective Questions

- *Identify all the emotions young people you work with can arouse in you.*
- *How do you deal with them?*

### **The pace of work**

Not only are staff in secure settings subject to a particular emotional intensity in their work, they are also confronted with a higher volume of paperwork than in other settings. The legislative requirement to keep young people in secure accommodation for the shortest possible time requires purposeful care planning.

Young people in open settings may be placed on a supervision order that only requires annual review. By contrast, a young person in secure accommodation may be admitted on a warrant. In this initial three week period staff will need to undertake an assessment (see paper 4.04) and prepare a report for a Children's Hearing. Subsequent Hearing reviews are at three-monthly intervals. Running parallel to Hearing reviews there will also be Looked After Child Reviews and any internal care planning meetings. Ensuring that young people attend hearings may also require staff to be involved in escort duties on a regular basis, although units may have negotiated arrangements with local authorities for this.



Such demands, taken together, mean that the pace of work in secure accommodation is significantly faster than in other residential settings. This needs to be reflected in staffing levels and rostering.

## Reflective Questions

- *Think about a particular young person. Identify all the reports that need to be written on them.*
- *What are the arrangements in your unit to support these tasks?*

### Specific areas of practice

#### Technology

Secure units nowadays are sophisticated places. Many of the systems outlined below will be subject to computerised control mechanisms. Staff need to have a working knowledge of the various technological systems they will have to use on a day-to-day basis.

#### Keys

Locking young people up is the central task of secure accommodation. Locking systems therefore need to be effective. Each unit will need to have specific arrangements for the allocation and return of keys, tabs or cards, as staff come on to and leave shift. While staff have keys in their possession they may benefit from some arrangement for these to be attached to their persons, without this appearing too custodial. They also need to be made aware that they cannot lay down keys in the way that they might in other settings. There are a range of sophisticated lock systems that can allow, restrict or track the use of keys, although none of these should take away from the need for staff vigilance.

#### Alarms

All secure units now operate some sort of personal alarm system that staff can use to summon support. The over-use of personal alarms and disproportionate responses to these can heighten tension in a unit. Again, most systems allow for a graduated response. Protocols need to be in place to ensure that staff know how to use and respond to alarms appropriately.

Units are also likely to have a variety of intruder alarms or devices that staff should be aware of.

#### Fire safety

The locked physical environment poses particular challenges in the event of a fire. Building design should take this into account with egress to secure courtyards in the event of a fire. Units will also need to have worked out specific drills and escape routes with their local fire brigade. Staff need to have regular drills so they are clear on fire safety arrangements.

## Prohibited items

Units will need to determine procedures around those items which they consider to pose a danger to the safety of the setting. These may include glass bottles, matches and lighters, aerosols, specific items of jewellery and possibly particular items of clothing.

## Accounting for sharp implements

Young people in secure accommodation may seek out everyday objects they think might be useful to help them escape, to use for self-defence or attack or for self-harming. Accordingly, staff need to be able to account for implements that might be used for such purposes. The most obvious of these is cutlery. After every meal, there should be some protocol to ensure that all cutlery issued is returned. This can usually be done fairly unobtrusively out of the direct sight of young people. In situations where cutlery is missing staff will need to take steps to account for it. This might include searches of rooms or in some cases of individuals. However, this should only be considered when initial searches of the immediate location have proved fruitless. In some cases it may be best just to maintain an awareness that something is missing and to be on the lookout for it as the day progresses. In other situations, where it is felt that there may be a particular risk involved, a more immediate response will be required.

There will be other occasions in educational settings, such as art, craft, design and technology (CDT) or home economics where young people will also have access to potentially dangerous implements. Similar security considerations need to be given to their storage and return after use.

## Reflective Questions

- *Where can you find your own unit's procedures on these areas of practice?*
- *What other areas of practice have procedures which relate to the secure nature of the setting?*

## Searching

*Searching is a contentious area of practice in secure accommodation.* Many staff feel uncomfortable with it. However, there are times when it is required. Again, this necessity links back to the purpose of secure accommodation in ensuring a safe and secure environment.

It is up to individual units to develop their own protocols for searching. This paper identifies some of the issues to be aware of. Searching might be considered at different levels:

- maintaining an awareness
- room searches
- body searches.

**Maintaining an awareness:** The most effective way to maintain a safe environment is for staff to be vigilant in the course of their everyday duties. They should be aware of any items that are prohibited and which may be dangerous and should remove these. Young people should be advised if anything has been found and told what has been done with it and why.

**Room searches:** In some cases, more specific searches may be required if staff have reason to believe that a prohibited item is being secreted. In the first instance a young person should be asked to show that there is nothing hidden. If they refuse to do so, staff should conduct a search, ideally in the young person's presence.

**Body searches:** Body searches are one of the most contentious areas of practice in secure accommodation. They can be uncomfortable and demeaning for young people and staff. However, there are times when they are necessary. When young people are first admitted or return from periods of leave or absence or when staff believe they may be secreting a dangerous object or substance, a search of their person may be required. Specific circumstances in which this should take place, the protocols for carrying out a search, and if and when police assistance might be sought in the process, should be worked out at local level.

Searches should not become routine. There should be a presumption that respects the privacy of a young person's physical space and belongings. Staff should have reasonable suspicion that not to conduct a search would result in a specific risk.

### Reflective Questions

- *What are your unit's procedures on searching?*
- *How do they make you feel?*

### **Removing young people from the group**

There are times when a young person will need to be kept apart from the rest of the resident group if they are persistently disruptive or aggressive. The physical layout of a unit will determine where a young person might be removed to. The use of a bedroom for this purpose is not ideal inasmuch as this confuses the purpose and 'feel' of a space. Bedrooms should be a safe haven for young people and to associate them with ideas of removal and seclusion may compromise this feeling of safety.

The availability of locked rooms in secure units should not become an easy way out for staff to avoid having to work situations through with young people. Taking them aside and having a word in their ear can be more effective than putting them in their room.

## **Working with others**

One of the features of secure accommodation is the requirement for cohesive teamwork. The safety of young people and of staff depends on staff maintaining an awareness of their surroundings. At any point of time staff need to be aware of the whereabouts of each other and of all the young people. Individual units will have protocols for coordinating this.

Another feature of secure accommodation is that different professional groups work together under the same roof. The two main groupings are of course the care and education staff teams although, increasingly, there may also be psychologists, programme teams and nurse practitioners on site. Working together brings its own tensions as different professional groups are trained differently and may have divergent expectations of their roles. The question of care staff providing support for teachers and what this should consist of can be a thorny one in many settings where both groups have to work together. The interfaces between the different staff teams need to be continually worked on, but ultimately, the best way to ensure good joint working is through establishing trusting personal relationships.

## **Recording**

In settings where intervention in the lives of others is as obtrusive as it is in secure accommodation, some checks need to be kept to ensure that these incidents do not become breaches of rights. The use of single isolation, for instance, will be legitimate in some circumstances. It should not however, become routine. A record should be kept of every occasion a young person is isolated. This enables internal and external checks to be kept on its use and may prompt some discussion about patterns of usage and whether these might merit further exploration and change. Other sanctions and practices such as searching should also be recorded.

The profile of secure accommodation also demands that recording is thorough. This may apply to procedures for the distribution and supervision of medicine. It may be around the decision making attached to mobility programmes. If anything goes wrong in such areas, staff have to be able to account for their practice. Again this need to account for practice relates back to the purpose of secure accommodation. There is no point in locking young people up if you cannot then demonstrate that you are taking appropriate measures to keep them safe.

## **Conclusion**

Secure accommodation is a very specific area of practice that calls for staff to appreciate the purpose of the work and the practice implications of this.

## **Training links**

### **SVQ:**

Unit C7 *Provide a framework for the management of behaviour* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 324 *Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings: outcome three* (optional unit).

## **Further reading**

Gabbidon, P. & Goldson, B. (1997). *Securing best practice: an instruction manual for staff working in secure accommodation*. London: National Children's Bureau.

Rose, J. (2002). *Working with young people in secure accommodation: from chaos to culture*. Hove: Brunner-Routledge.

*...healthy and purposeful milieux don't just happen. They need to be worked at.*

## **Introduction**

This paper outlines the importance of developing daily rhythms, routines and rituals in our practice with children in secure accommodation. The key points include developmental group care, the therapeutic milieu, changing the tempo and the life space intervention.

## **Overview**

We all need some structure and routine in our lives. Children and young people admitted to secure accommodation are no exception. Many are admitted at a point where their lives have lost any structure or meaning. They need to experience a regime which restores some coherence to chaotic and disintegrated circumstances. This is a prerequisite before they can begin to address some of the specific difficulties which may have contributed to their admission to secure care and before they can be in a position to consider moving on.

Experience tells us that children may initially resist our attempts to impose some order on their lives. It tells us too, that most will come to accept and appreciate this. This sense of their lives gradually coming under more control happens less as a result of specific interventions such as counselling or groupwork but more through the experience of nurturing everyday care. This is known as the 'lifespace' in group care literature. Lifespace work can be described as the use of everyday events to promote learning and growth. A classic text on 'lifespace' is *The Other 23 Hours* (Trieshman, Whittaker & Biendtro, 1969). The title conveys the relative importance of the hours of the day when children and young people are not involved in formal treatment.

A centre's regime should not be rigid or impersonal but needs to become part of the lived experience of the young people and staff who work in secure settings. Some pointers as to how this might be brought about are provided in the group care literature.

## Reflective Questions

- *Think about a child or young person you are working with. In what way(s) was their life out of control when they were admitted?*
- *How did they respond to being placed in secure accommodation?*

### Rhythms, rituals and routines

The above terms are introduced in Henry Maier's paper *The Core of Care* (1979), one of the most influential texts on child and youth care. *Routine* refers to the structures of a place, that sense of what follows what in the course of a day. Care must be taken to ensure that routine doesn't become 'routinised.' Maier (1979) cautions that a healthy sense of order doesn't come from a book of house rules but needs to grow out of the lived experience of those who live and work in a centre.

This state where order develops organically can be described more as rhythm than routine. *Rhythm* is that state where things happen because they become ingrained in the everyday life of a centre. To get to this stage, there needs to be a general acceptance from young people and staff that the expectations that frame routines are reasonable and sensible. Appropriate *rituals* of care can help bring about this level of acceptance. Essentially, rituals are those encounters between young people and staff that develop and have a particular meaning for those engaging in them. Thus, the particular ways we get young people up in the morning, the individualised ways we greet them through gestures or actions such as 'high fives,' all contribute towards an experience of care that is personal rather than functional. Rituals speak of a personal connection. They 'oil' the smooth running of a centre.

## Reflective Questions

- *What are the rhythms of the day in your centre?*
- *Can you think of any rituals that have developed between you or a colleague(s) and a particular young person?*
- *How do these influence the daily rhythms of the centre?*

### Developmental group care

Henry Maier (1979) provides a context within which we might consider the development of rhythms and rituals of care. He outlines seven components of care which he regards as being essential to the everyday care of children and young people (see also chapter 3):

The provision of **bodily comfort** (good basic care personalised to the individual young person);

Recognition of and responding to the **differentiations** or different temperaments of individual young people – this calls into question the whole notion of consistency as it is often applied to residential

child care, as Maier advises that we need to respond differently to different young people;

The development of **rhythmic interactions** between young people and caregivers (the kind of rituals described above);

**Predictability** – a sense of knowing what will happen next;

**Dependability** – which follows on from predictability and from which stems attachment and mutual caring.

If these foregoing components of care are achieved then, according to Maier:

**Personalised behaviour training** should achieve its fullest impact. Within this model, acceptable behaviour follows from the quality of the developing relationships established between young people and staff rather than through a set of house rules.

Maier's final component of care is:

**Care for the caregiver** – which works on the assumption that staff can provide nurturing care only if they experience it themselves.

## Reflective Questions

- *Think about the way your relationship with a particular child has developed. Consider this within Maier's framework. Discuss this with your supervisor.*

### The therapeutic milieu

The overall sense of what a unit 'feels' like is called the milieu. The milieu is the environment of a home. The term is not particularly tangible. It has been described as the 'particles in the air' (EUROARC, 2002). However anyone who has set foot in a group care centre picks up very quickly on its atmosphere; whether there is a tension or a 'buzz' or a sense of calm. The 'feel' of a centre is fundamental to how good it is and will impact profoundly on the experiences of the children and young people placed there.

Practitioners need to try to identify the elements that go towards shaping the milieu, in order that they can influence it for the benefit of children and young people. A range of variables will impact on the milieu; organisational design and culture, including that of the wider organisation, physical environment and the composition of resident and staff groups.

Healthy milieux are likely to promote positive growth for those who live and work in them. A sense of wanting to be there will be apparent in the fabric and furnishings, through the construction of the rhythms, rituals and routines and through the attitudes of staff and young people and the relationships existing between them. Conversely, if these aspects of a centre are not given adequate attention and are not functioning effectively, the quality of care will be inadequate.



## Reflective Questions

- *What are the different components that go towards defining the milieu of your centre? How might you begin to change some of these to influence the milieu?*

### **Rhythms of secure care**

Staff are in a position to help make the milieu work for the benefit of young people, and indeed for themselves, through some reflection on the rhythms and rituals of care. The way they get young people up in the morning, for instance, may set the tone for the day. Sufficient time needs to be given to accommodate the different temperaments of young people. Some will take longer than others to undertake the same tasks. Trying to rush them is likely to be counter-productive. Staff need to ensure sufficient time to facilitate a reasonably relaxed start to the day, allowing time for breakfast, chores, etc. whilst not building in too much 'dead' time.

Mealtimes should be a community experience in which staff and young people both participate. There should be recognisable start and end points to meals, reinforced, for instance, by expectations that young people and staff ask permission to leave the table once they are finished. Once such expectations are established, mealtimes are likely to extend long after the food has gone and will become a focal point of community life.

In any secure setting there are transition periods in every day such as the move between unit and school. These transitions need to be effectively managed to ensure that they become ingrained in a centre's way of doing things and to avoid them becoming flash points. Again, some preparation needs to go into these transitions so that staff and young people are aware of expectations and are ready to go when the time arrives.

Bedtime too is a critical time in child and youth care. The period before bedtime should be one where things start to wind down. Young people may be encouraged to shower, have some supper and watch some television or chat amongst themselves or with staff before going off to their rooms. It is better not to move directly from periods of heightened activity, such as the gym, straight to bed.

## Reflective Questions

- *How do you manage critical points in the life of your centre?*
- *Could they be improved in any way?*
- *How would you go about this?*

## Changing the pace of a programme

Secure accommodation is by its nature confining. In open settings there is a release valve when feelings are running high in as much as young people can take off and cool their heels. This isn't available in secure units. Pent up emotions can lead to strong feelings. This is more likely to happen if boredom sets in. Staff need to be able to vary the tempo of a shift.

There should be times when there is a clear sense of purpose. The education programme is the most obvious example of this. There needs, too, to be an opportunity for confined young people to burn off some energy, either in the gym, swimming pool or courtyard. Access to fresh air at some point of the day should be built in. However, young people in secure care also need opportunities to slow down – to relax and reflect. Obvious times to do so might be in the period after meals or in the hour or so prior to bedtime.

Staff can influence the tempo or the atmosphere of a unit through simple interventions in the rhythms of daily living. Actions such as drawing curtains, dimming lights or playing particular types of music can give the message, 'It's time to slow down now.'

### Reflective Questions

- *How would you describe the pace of your unit?*
- *How might you build in changes of pace to ensure that different needs for action and reflection are taken into account?*

## What staff need to do

Although good residential workers can make it seem as though things come naturally, healthy and purposeful milieux don't just happen. They need to be worked at.

To start with, staff need to be prepared. They need to give themselves sufficient time to plan even for the most routine events such as rising or mealtimes. The enemy of a smooth shift can be that rushed extra cup of coffee or chat about the weekend past. If staff do not plan properly, if they are hurried, or if they think they can leave things to the last minute, some unforeseen situation such as school clothes not being ironed has the potential to turn a shift upside down. If they are adequately prepared, they will give the impression of being relaxed and purposeful, and this demeanour will rub off on the residents and set the tone for the shift.

Although they may have a clear idea about the task in hand, staff also need to be able to change tack in response to altered circumstances – there is no room for a textbook residential worker. However, when staff do deviate from established routine, they need to do so consciously and to remain in control of the change rather than being perceived as bowing to pressure. This might be done by being clear with

children and young people: 'I've taken the decision to do this differently on this occasion but don't let it become an expectation.'

### Reflective Questions

- *How do you and colleagues prepare for a shift?*
- *How might this be improved?*

### The life space intervention

As noted earlier, working in the lifespace involves the use of everyday life events to help promote the learning and development of young people. The notion of the lifespace intervention is a useful one. It involves reflecting more consciously on how everyday events link to the overall in the life of a resident. Such an orientation might determine that issues of anger management, for instance, should not be left to particular focussed programmes, but might be powerfully addressed in a dispute over who does the dishes or in the aftermath of a flare-up in class.

This concept of lifespace intervention is consistent with Adrian Ward's (1994) idea of opportunity-led work whereby staff identify opportunities for therapeutic intervention within the everyday life events of a centre.

### Reflective Questions

- *Think about a recent situation you have been involved in.*
- *How might you have used it more consciously to address a particular issue with the young people involved?*

### Conclusion

This paper has sought to outline the importance of daily events in contributing to the developmental experience of children and young people.

## Training links

**SVQ:** Unit M8 Plan, implement and evaluate routines for children (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit NC 10 Contribute to the developing and maintaining cultures and structures in which people are respected and valued as individuals (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 323 Contribute to child care practice in group living (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

**HNC in Social Care:** HN unit Supporting and managing provision in secure care settings: outcome one (optional unit).

## Further reading

A central paper in the development of a child and youth care approach to practice is Maier, H. (1979). The core of care: essential ingredients for the development of children at home and away from home. *Child Care Quarterly*, 8(4), 161-173.

Some of the ideas outlined in this paper are developed in Smith, M. (forthcoming). Rethinking residential child care: a child and youth care approach. In D. Crimmens and I. Milligan, *Facing forward: residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

*Prosocial behaviours are types of interaction which favour and foster social relationships. A consensual definition would include those behaviours which show respect, interest and concern for others, and which may be exemplified in helping, caring and sharing.*  
(Warden & Christie, 1997, p. 9)

## **Introduction**

Very often in secure accommodation we can become fixed on anti-social behaviours. This can get in the way of our recognising the more positive aspects of young people's behaviours and considering how we might best promote these. A prosocial modelling approach provides a framework to do so.

The key points in this paper include: antisocial values, prosocial values, prosocial modelling and some pointers as to how such an approach might be applied in practice.

## **Antisocial values**

Many of the children with whom we work may operate to a different set of values from society at large. They may see theft as an acceptable practice and not accept that it has negative consequences for others, their victims. A child who steals a car and damages it may rationalise his action by saying 'the car was insured'. This is a how some young people in secure accommodation might think.

The roots of such thinking are likely to go back a long way in the upbringing of the child. The child may have values that present themselves in many different ways. They may bully others and demand their own way all the time. They may be unusually aggressive or sexually aggressive or may have what seems a total disregard for others' property and sometimes their own. They may well display a number of these attitudes and many other antisocial behaviours.

By 1970 a number of different interventions were being used with antisocial and aggressive children. These ranged from, at one end of the scale, a psychodynamic approach through humanist, and nondirective approaches to behaviour modification. Some of these approaches, especially those described as behaviour modification (see chapter 3) fell out of favour, as the focus on behaviour alone was felt to be too crude. There was a realisation that the presenting antisocial behaviours were

actually learned. Some people felt therefore that appropriate behaviours could be learned to replace unacceptable behaviours. This is the basis of social learning theory.

### Reflective Questions

- *Can you identify behaviours in others that are antisocial?*
- *Can you remember incidents in your life where others have presented antisocial behaviours but have now changed? Why did they change?*

### Prosocial values

There were of course many children who behaved in a socially acceptable way and it was realised that again they had learned this behaviour. Clearly there was interest in finding out whether the children who displayed antisocial behaviour could be taught prosocial values and behaviour.

There are many definitions of prosocial values. At one level one might think of “values and actions that are not criminal”. However, at a more positive level prosocial behaviours might be defined as they are in the introduction to this paper:

*... types of interaction which favour and foster social relationships. A consensual definition would include those behaviours which show respect, interest and concern for others, and which may be exemplified in helping, caring and sharing.*

(Warden & Christie, 1997, p. 9)

Actions and values that support others are extensive and may include many things such as:

- Helping others with difficulties;
- Sharing things with others;
- Non-sexism;
- Non-racism;
- Anti-violence;
- Equally shared responsibilities in a relationship;
- Protecting others from harm.

### Reflective Questions

- *What other Prosocial Behaviours can you add to this list?*

## **What is Prosocial modelling?**

Prosocial modelling is a structured and thoughtful way of working with people in which the objective is to teach the person how to behave in a prosocial way by example and reward. Prosocial modelling aims to accentuate an individual's strengths and tries to eliminate inappropriate or antisocial values and behaviours, replacing them with prosocial ones. The use of appropriate role models and positive reinforcement is key to the way in which any prosocial modelling programme or regime works.

Prosocial modelling comes from social learning theory and was widely pioneered in the United States via the 'skillstreaming' programmes introduced for those young people who had a propensity to aggression. The model was introduced to the United Kingdom in the early seventies and was championed by Leicester University and a few specialist residential units such as Glenthorne Youth Treatment Centre and Aycliffe School.

There are a number of good training programmes that are well documented explaining how prosocial modelling can be accomplished via specific programmes and working practices.

### Reflective Questions

- *Can you think of any situations where you have tried to change the behaviour of others by positive role modelling?*

## **Why Prosocial modelling?**

Previously mentioned interventions such as behaviour modification have been used as a screen for schemes that were sometimes seen as harsh and not particularly child centred. Some establishments used token economy systems where children were rewarded for positive behaviours with tokens so that they could 'purchase' luxuries. There were systems that were so regimented that even the necessities of life had to be earned. This led to professional and political reservations and the use of such schemes fell out of fashion.

Prosocial modelling avoids the pitfalls of previous behaviourally based programmes by building positively on the child's appropriate behaviours and rewarding them. Antisocial behaviours are challenged rather than punitive action being taken against the child.

The literature on prosocial modelling emphasises the attributes of honesty, concern and commitment on the part of the supervisors. Together with a collaborative approach to problem solving and client-defined problems and goals, these personal qualities are as important to effective work with offenders as the need to demonstrate and reinforce alternatives to pro-criminal thoughts (Trotter, 1999).

## **Applying a prosocial approach**

Any prosocial modelling regime requires that all members of staff become 'trainers' (in their everyday interactions with young people) and are positive role models for the children. Language should be used in a positive way, reinforcing appropriate behaviour with praise. The whole lifestyle of the worker should be one that sets a good example to the 'trainee', from manners at the dining table to knocking on doors and saying please and thank you. Appearance (e.g. style of dress) of 'trainers' should be appropriate to the job that is being done so as to show the 'trainee' what is appropriate.

The 'trainers' achieve best success when they work together and are seen by the 'trainees' as a unified team who are there to teach appropriate skills and offer help.

Trotter (1999) outlines a four-part approach in promoting prosocial outcomes:

### **Identify prosocial comments or actions**

This includes clear-cut prosocial comments or behaviours as well as acknowledgement of harm done or remorseful feelings for antisocial words or deeds.

### **Reward those comments and actions wherever possible**

Praise is identified as being the most frequent and powerful of reinforcers available to workers, but is only effective if it is genuine and directed at the prosocial comments and behaviours of the clients. The use of other rewards must be explicitly linked to desired behaviour, and the promise of a reward is less effective than simply providing it as a result of the prosocial act.

### **Model prosocial comments and actions**

This not only includes modelling the behaviours the worker wants to foster in the client, but also coping modelling (the demonstration of coping strategies), or acknowledging vulnerability and difficulty in consistently conducting oneself in a pro-social manner.

### **Challenge antisocial comments and actions**

This includes clear-cut antisocial comments or behaviours, as well as rationalisations for such comments or behaviours. Negative reinforcers include expressions of disapproval, ignoring of behaviour or simply pointing out that a comment is a rationalisation for an unacceptable behaviour. This aspect of the approach, however, must be used with caution, as studies indicate that greater emphasis on positives (with sparing use of negatives) is more effective. Inappropriate behaviours whether physical or expressive should be challenged in a way that suggests an alternative rather than as an unexplained directive.



This approach seems well suited to residential work for a number of reasons. The effectiveness of praise, modelling or disapproval can be directly related to the strength of relationship between worker and young person. The time residential care workers spend with their 'clients' is intense and sometimes prolonged, thus providing fertile ground for deep, strong relationships. It must also be said that this can be a double-edged sword, in that uninformed, unskilled or unscrupulous use of positive or negative reinforcers can hurt or confuse young people and will be counterproductive.

In a residential child care setting, the purposeful use of activities (see paper 4.08) can provide a context within which staff can identify, reward and model prosocial comments and actions while challenging antisocial ones. Praise or disapproval often carries greater weight when it is related to something of value to the recipient, and a well planned and implemented programme of activities can be an excellent avenue for prosocial work.

### Reflective Questions

- *Can you identify pieces of work where a team collaborated?*
- *Can you identify an antisocial behaviour you have challenged in a positive way?*
- *Can you identify a prosocial behaviour that was rewarded?*
- *Can you think of how you might use particular activities to promote prosocial behaviours?*

### Prosocial skills

The following table lists a number of key skills that children require. Situations are identified where children need to be able to use prosocial skills. Programmes should reflect these skills and supervisors should be able competently to demonstrate them as part of their prosocial role modelling.

Beginning Social Skills	Advanced Social Skills
1. Listening	1. Asking for help
2. Starting a conversation	2. Joining in
3. Having a conversation	3. Giving instructions
4. Asking a question	4. Following instructions
5. Saying thank you	5. Apologising
6. Introducing yourself	6. Convincing others
7. Introducing other people	
8. Giving a compliment	

Skills for Dealing with Feelings	Skill Alternatives to Aggression
1. Knowing your feelings	1. Asking permission
2. Expressing your feelings	2. Sharing something
3. Understanding the feelings of others	3. Helping others
4. Dealing with someone else's anger	4. Negotiating
5. Expressing affection	5. Using self-control
6. Dealing with fear	6. Standing up for your rights
7. Rewarding yourself	7. Responding to teasing
	8. Avoiding trouble with others
	9. Keeping out of fights

Skills for Dealing with Stress	Planning Skills
1. Making a complaint	1. Deciding on something to do
2. Answering a complaint	2. Deciding what caused a problem
3. Being a good sport	3. Setting a goal
4. Dealing with embarrassment	4. Deciding on your abilities
5. Dealing with being left out	5. Gathering information
6. Standing up for a friend	6. Arranging problems by importance
7. Responding to persuasion	7. Making a decision
8. Responding to failure	8. Concentrating on a task
9. Dealing with contradictory messages	
10. Dealing with an accusation	
11. Getting ready for a difficult conversation	
12. Dealing with group pressure	

(Goldstein & McGinnis, 1997)

### Reflective Questions

- *Think of a child in your unit. Consider the above lists. Which prosocial skills do they demonstrate?*
- *What areas might you want to work on and can you think of ways that you might do this?*

## **Conclusion**

This paper offers a brief explanation of prosocial modelling. For any prosocial model of practice to be used to best effect all staff in a unit need to buy into it and be trained in this way of working. A number of recognised programmes can be drawn on for this purpose.

## **Training links**

### **SVQ:**

Unit C7 Provide a framework for the management of behaviour (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit NC 11 Contribute to the planning, implementation and evaluation of therapeutic programmes to enable individuals to manage their behaviour (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 327 Model behaviour and relationships with children and young people which recognises the impact of crime on victims and communities (specific optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

Unit HSC 397 Reinforce positive behavioural goals during relationships with individuals (generic optional unit for the revised SVQ level 3 qualification Health and social care: children and young people).

### **HNC in Social Care:**

HN unit Supporting and managing provision in secure care settings: outcome one (optional unit)

HN unit Caring for young people in secure care settings: outcome two (optional unit).

## **Further reading**

Goldstein, A. P. & McGinnis, E. (1997). *Skillstreaming the adolescent: new strategies and perspectives for teaching prosocial skills*. Champaign Illinois: Research Press.

Trotter, C. (1999). *Working with involuntary clients*. London: Sage. This provides a good introduction to Prosocial modelling and is a standard text for those interested in criminal justice work.

Warden, D & Christie, D. (1997). *Teaching social behaviour: classroom activities to foster children's interpersonal behaviour*. London: David Fulton. An emphasis, as the title suggests, on work in the classroom but sets out the general principles of a prosocial approach and provides some practical examples.

*Within these new experiences, young people can experience themselves in a new way, one that begins to weave together a personal story that includes competence, trustworthiness, happiness and, probably most importantly, hope.*

## Introduction

This paper considers the potential therapeutic benefits of appropriate activity programmes in secure accommodation. It goes on to offer some guidelines for the implementation of activity programmes and then provides some resources that might be used to develop a repertoire of activities.

## Overview

Activities have long been an integral component of the therapeutic milieu. They have been regarded on the one hand as time fillers, separate from therapeutic processes and goals, and on the other as vehicles through which young people interact with each other, with staff and with their environment in a manner that promotes change and development. Activities have no rival in terms of encouraging a sense of mastery and self-esteem, and can prevent the all-too-often adversarial climate that can develop between staff and young people. Activities (particularly sports) in residential settings can be important in helping young people develop self-discipline.

*I also think that staff should try and encourage residents to pick up activities, try and spend more time with them to stop them getting into bother and it will keep them preoccupied and make them a lot happier in their placement. It would be a chance to meet other people.*

(female 15, Who Cares? Scotland, 2003, p. 68)

The challenges of sharing and co-operating, contributing to the team, persevering when tired, and controlling (and appropriately channelling) aggressive impulses are more demanding than some youth can manage, especially early in their placement.

Over time, the skilled use of activity planning and implementation within a safe and supportive environment can help young people meet these challenges.

There can also be more subtle benefit from activities. As an adult attempts to guide and advise a young person through an activity, the experience can reveal to the young person, sometimes for the first time, the value of constraints that someone else wants him to accept. While this might be a lengthy process, when it does occur (and is reinforced by success), the value of self-discipline can be experienced by the young person in a powerful manner. Over time, this realisation can transfer to other areas of that young person's attitude and behaviour.

### Reflective Questions

- *How are activities viewed in your unit?*
- *What purposes do you think they serve?*

### Care workers as 'experience arrangers'

Phelan (2001) describes a model of activity planning that is based on the notion that many of the people with whom we work are so stuck in a negative personal story that they have little or no hope of being able to change. Their associated beliefs, based upon past experiences, are reinforced time and again by what has often been referred to as 'self-fulfilling prophecy.' This continually colours their view of the future. With requisite safety and trust, care workers can provide activities that serve to create a *free place*, where young people encounter an *experience gap*, a place where they can be in the present moment with 'minimal interference from these self-defeating messages, so that new experiences can happen and be acknowledged' (p. 2).

Within these new experiences, young people can experience themselves in a new way, one that begins to weave together a personal story that includes competence, trustworthiness, happiness and, probably most importantly, hope. Communication occurs through the senses and through the experience, rather than just through words. Care workers must utilize skills of presence, relationship, doing *with*, understand each young person and his or her personal story, and be aware of activities as a strategy for change in order to be effective 'experience arrangers.'

For activities successfully to create a free place in which young people can encounter an experience gap, a degree of safety and trust must be present, the level of challenge presented must be a manageable fit with how the young person views himself, and there must be an ongoing process of supporting his fledgling beliefs springing from the experience. Win/lose dynamics are unhelpful and particularly hopeless or self-defeating young people are unlikely to benefit from competition, especially if it is emotionally charged.

## Reflective Questions

- *Think of a young person who has recently participated well in an activity.*
- *How might he have experienced himself differently from his normal day to day experience?*

### Resilience

A sense of competence or experience of mastery have long been considered important in promoting positive development and, more recently, resilience. The concept of enhancing and promoting resilience in young people who have encountered adversity seems likely to be one of the most salient and enduring themes in helping further our understanding and effectiveness in working in residential child care (see chapter 3). Resilience has been defined by Gilligan (1997) as:

..qualities which cushion a vulnerable child from the worst effects of adversity...and which may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage.  
(p. 12)

Gilligan points out that activities provide an avenue through which young people can access supportive relationships. The divergence from more clinical approaches (which involve talk), as well as the importance of relationship as a context within which a young person can gain the most benefit from involvement in hobbies/activities, resonates well with Phelan's emphasis on communication occurring through the senses and the experience, rather than through words.

## Reflective Questions

- *Think of a young person who is doing well in your unit.*
- *Does she respond favourably to intervention approaches that rely on talking?*
- *Has her involvement in any of the activities contributed to her development of relationships with any of the staff?*
- *Think of a young person who is struggling to do well in your unit.*
- *Does he respond favourably to intervention approaches that rely on talking?*
- *How might your unit provide different opportunities for him to experience mastery or improve his relationships with staff through an activity?*

### Promotion of prosocial values

Activities may also have a role in re-awakening or nurturing natural prosocial tendencies in children (see paper 4.07). Trotter (1999) points to particular behaviour exhibited by parents or carers associated with prosocial behaviour.

These include clear communication about rules, principles, and expected behaviour, as well as messages about the inherent goodness of the child.

Trotter asserts that skilled use of prosocial modelling and reinforcement (a component of his model) is shown in research to be effective, and in his own study, was the most influential skill of the worker.

Activities can provide a context within which staff can identify, reward and model prosocial comments and actions while challenging antisocial ones. Praise or disapproval often carries greater weight when it is related to something of value to the recipient, and a well planned and implemented programme of activities can be an excellent avenue for prosocial work.

## Reflective Questions

- *Think of a recent activity that you facilitated.*
- *Which behaviours that the young people exhibited could be identified as prosocial?*
- *Can you remember the praise that you gave, and how much of it was for prosocial comments or actions?*
- *What behaviours did you model, and what do you think you communicated to the young people through them?*

### **Guidelines for therapeutic implementation of activities:**

#### **Be prepared**

A lack of preparation, even something as simple as not having the footballs pumped up, can contribute to an activity falling on its face (sometimes even before it starts). Preparation not only involves ensuring the necessary props, equipment or location is available and in working order, but an assessment of the group and the individuals involved in terms of their needs and capabilities (emotional and physical). Part of being prepared will involve ensuring that staff organising an activity have the expertise to do so and that the activity falls within any policies an agency may have on activities.

#### **Be flexible**

Be prepared to alter the plan if you assess the change will better meet the needs of the participants. Also, be on the lookout for opportunities for spontaneous games that satisfy an immediate mood and do not require planning (but do not rely solely on this approach to activity planning).

#### **Be brave**

Breaking out of the familiar to try new things can be difficult for staff and young people. Creative activities, co-operative games and other initiatives can provide opportunities of mastery for those

young people not generally used to being good at something. Just as important, these alternative activities can give young people a chance to relate to each other and to staff in a different way. Non-competitive activities can often be more enjoyable and rewarding, and are worth the effort of overcoming any initial fear or resistance.

### **Be enthusiastic**

Your own enthusiasm and sense of fun can be exceedingly contagious. Young people almost invariably respond favourably to someone who *wants* to be with them and conveys it.

### **Young people should experience a beginning, middle and end**

Begin not only by reviewing the rules, but by negotiating fair expectations for behaviour. Be clear and explicit. A discussion about the purpose of the activity and some perspective work (e.g., this is not the Olympics, it's okay to make mistakes, we're here to have some fun and learn how to work together) can set young people up with a frame of mind more likely to yield a positive experience.

The activity itself represents the middle, and many of the other points give guidance to support successful delivery.

The end should be a review of what happened, how it went, and should provide closure on the event. A discussion of what went well, what they enjoyed, what they wish had been different, and what they hope to do differently next time is an excellent way to end an activity. The ending should also include role modelling on your part and involvement on their part of good upkeep and storage of any props or equipment.

### **Remember your role**

Providing opportunities for young people to experience themselves differently, enhancing their resilience and promoting prosocial values through the use of activities' requires a focus on the process (rather than the outcome). Point out teamwork, sportsmanship, creativity and perseverance (i.e. prosocial comments and actions) more than the score or a final product. Praise for a pass might carry more weight than praise for a goal.

### **Change the rules**

Take a familiar activity and change it in order to serve an aim (e.g., co-operation, experiences of mastery). Three passes before a goal can be scored might involve more players, or using a beach ball instead of a volleyball can help more young people to experience themselves as capable.

### **Do with**

Participating *with* young people in activities will often encourage their involvement, and can strengthen and deepen relationships. It also provides you with an opportunity to model prosocial behaviour.



### **Manage your own competitiveness**

Your own competitiveness can easily replace your focus on the process and the aims of the activity. It is also more difficult to model the behaviour we hope young people will adopt if we are in the midst of our own competitive desires.

### **Stop while it's still going well**

This may be one of the most difficult guidelines to follow, because when everyone is still having a good time (and showing signs of positive development), it is hard to call things to an end. However, letting things go too long will frequently lead to fatigue, conflicts and behavioural breakdowns. In these instances, young people's memory of the activity can often be tainted by anger, shame or guilt and the positive gains are overshadowed.

### **Have fun**

On the one hand, use of activities for therapeutic intervention should be taken seriously in terms of planning and attention to process. Conversely, a light and humorous approach will more likely yield positive results. Be playful, laugh, laugh at yourself and delight in the fun.

### **Play together as staff**

The opportunity to experience self and others differently should not solely be extended to young people. Co-operative initiatives and team building activities that have a component of play in them can often be more powerful in helping teams to function effectively than just meetings alone can. Individual members of staff may become more effective at facilitating therapeutic activities after experiencing organised, purposeful play.

## **Reflective Questions**

- *Think about an activity you might organise.*
- *What would you hope to accomplish through the use of this particular activity?*
- *What do I need to do and consider in preparing for it?*
- *How might a given activity benefit a particular young person(s) and what would I need to do in order to get maximum mileage toward that aim?*

### **Conclusion**

This paper provides a brief outline of the many important facets of using activities in our work with young people. It stresses the need for staff to use do this purposefully. A binder containing a write-up/copy of those activities that have been used, along with notes on necessary preparation, what went well and what might be done

differently is exceedingly useful to have on hand in the unit. A section about activities to try might also be included.

## **Training links**

SVQ: Unit Z13 Enable clients to participate in recreation and leisure activities (optional unit in the SVQ level 3 qualification Caring for children and young people).

Unit HSC 323 Contribute to child care practice in group living (specific optional unit for the revised SVQ qualification Health and social care: children and young people level 3).

Unit HSC 420 Promote leisure opportunities and activities for individuals (generic optional unit in the revised SVQ level 4 qualification Health and social care: children and young people level 4).

HNC in Social Care: HN unit Supporting and managing provision in secure care settings: outcome one (optional unit).

## **Resources**

### **Teamwork and Teampay: A Guide to Cooperative, Challenge, and Adventure Activities That Build Confidence, Cooperation, Teamwork, Creativity, Trust, Decision Making, Conflict Resolution, Resource Management, Communication, Effective Feedback, and Problem Solving Skills.**

James Hallie Cain, Jim Cain, Barry Jolliff  
1998

*This book is filled with ideas, activities and information as well as an extensive bibliography of other books on group games. There is also a well illustrated chapter on making your own equipment. The writing style is easy to follow with graphics and photographs that enhance understanding. It has been referred to as one of the most comprehensive manuals of its kind.*

### **Silver Bullets: A Guide to Initiative Problems, Adventure Games, Stunts and Trust Activities**

Karl Rohnke  
1984

*This book is an excellent source of creative and fun games that involve trust, reasoning, initiative thinking and problem solving skills. The author, Karl Rohnke, has written several games books, and while they are somewhat dated, they are still relevant and worth pursuing.*

### **The Cooperative Sports and Games Book: Challenge Without Competition**

Terry Orlick  
1989

*This book is a follow up to The Cooperative Sports and Games Book, and provides directions for more than one hundred new games based on cooperation rather than competition. These include indoor and outdoor games, games for special-education classes, and games for children and adults.*

## **104 Activities That Build: Self-Esteem, Teamwork, Communication, Anger Management, Self-Discovery, and Coping Skills**

Alanna Jones  
1998

*This book contains 104 games and activities for therapists, counsellors, teachers and group leaders that teach anger management, coping skills, self-discovery, teamwork, self-esteem and communication skills. Every game works as a unique tool to modify behaviour, build relationships, start discussions and address issues. Each activity is simple to follow, requires minimal resources, includes helpful discussion questions and is designed to be interactive and fun.*

### **Further reading**

Some of the material covered in this paper is adapted from a forthcoming book chapter Steckley, L. (forthcoming). Just a game? The therapeutic potential of football. In D. Crimmens & I. Milligan, *Facing the future: residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

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Trotter, C. (1999). *Working with involuntary clients: a guide to practice*. London: Sage.

VanderVen, K. D. (1985). Activity programming: its developmental and therapeutic role in group care. In L. C. Fulcher & F. Ainsworth (Eds.), *Group care practice with children*. London: Tavistock.

*...They encourage you, believe in you  
(views of a boy in a residential school about his teachers, Smith, McKay & Chakrabarti,  
2004, p. 92)*

## **Legislative framework**

The regulations and guidance provided with the Children (Scotland) Act 1995 make clear the requirements for the educational development of children who are looked after.

- They should have the same opportunities as all other children for education, including further and higher education.
- They should, where necessary, receive additional help, encouragement and support to address special needs or compensate for previous deprivation or disadvantage.
- Educational needs should be addressed in the care plan.
- Planning should have regard to continuity of education, take a long term view of education, provide educational and developmental opportunities and support, and promote potential and achievement.

Further statements are made specifically in relation to secure care.

- There is recognition of the disruption that many children and young people may have experienced in their schooling prior to being admitted to secure care and the resistance to education that this may foster.
- Effective planning of individual curriculum packages by educational staff is recognised as a means to challenge this resistance and convince children of the value and possibilities of education.
- The necessity for co-operation between education and care staff is also highlighted if positive educational attainment is to be achieved.

Scotland's Children: The Children (Scotland) Act 1995  
Regulations and Guidance.

## Reflective Questions

- *Consider your workplace. Evaluate it against the seven requirements listed above. Are they consistently being achieved? If not, what changes or developments need to take place to allow this to happen?*

### Education and looked after children

Despite these legislative and policy requirements, evidence from a variety of sources reveals that children and young people looked after away from home are educationally disadvantaged. Research highlights a marked difference in educational outcomes for this population compared to their peers in the community.

- Amongst children living in the community the average number of standard grades achieved is seven. For the looked after population the average number of standard grades achieved is two.
- Amongst children living in the community 30% achieve at least one higher. In the looked after population only 3% achieve at least one higher.

Whilst not minimising the worrying implications of these statistics, they do require to be interpreted in a correct context. Prior to being accommodated children and young people have often experienced interrupted educational provision. This can be characterised by inconsistent attendance, poor attainment and low aspirations from both the children and young people themselves as well as the teachers and educational staff involved with them. The poor educational achievements for these children and young people can reflect existing progression and the outcomes might not have been markedly different had they remained in the community.

Other evidence also indicates that looked after children and young people are more likely to be responded to in a manner that is detrimental to their education.

- Looked after children account for 13% of all exclusions although they represent only 1% of the school population.
- Over 70% of care leavers have been temporarily or permanently excluded from school at some point in their education.

The nature of the types of behaviour that lead children and young people to be placed in secure accommodation means that many or all of these factors will often be present. It then becomes the task of secure accommodation either to reintroduce them to education and its positive possibilities or to build on and develop existing educational attainment and progression.

Aspects of education that require to be considered in order that this may be achieved include:

- Assessing and Planning
- The Curriculum

- Learning and Teaching
- Educationally Rich Environment.

### **Assessing and planning**

Despite legislation dictating that care plans have been a legal requirement since 1997, research associated with *Learning with Care* in 2001 revealed that these were not always in place. The educational component of a care plan is vital. Pupils in secure accommodation often have a wide range of educational needs. Care plan reviews, which are required to occur at least every six months, provide a good forum for making plans to support looked after children's education.

Evidence from *Learning with Care* revealed that discussion regarding education at reviews was more likely to focus on behaviour and attendance than educational attainment and that discussions, and consequently decisions, made at reviews tended to be more detailed and accurate when a teacher was present.

The findings of the Social Work Services Inspectorate in 1996 when undertaking *A Secure Remedy* highlighted that the existence of prior educational assessments were not always identified when children and young people were first admitted to secure accommodation, including cases when a formal record of needs had been opened. The need to use all available assessments and information in order that accurate plans can be developed is vital.

Non-attendance at school is regularly a problem before children and young people enter secure accommodation. Although they will attend school when they are in secure accommodation, this may become an issue again when they leave if appropriate plans are not in place. This may involve the identification of a new school, as many will be without a school placement at the point that they enter secure accommodation.

A recommendation of the *Learning with Care* report was that local authorities carry out a full assessment involving education and social work personnel at the time when a child becomes looked after. Good practice in a secure setting would involve a similar process, planning for education in both the short term, in the secure unit, and in the long term, when placements end.

### Reflective Questions

- *Consider LAC reviews within your setting. Is education discussed in adequate detail?*
- *What receives more focus – educational attainment or management issues such as behaviour and attendance?*
- *Is evidence from prior educational assessments drawn on?*
- *Are educational needs, both short and long term, adequately reflected in care plans?*

## The curriculum

The educational curriculum provided in secure accommodation requires to be carefully considered. It should be broad and help children and young people to progress. Where possible it should reflect the 5-14 curriculum and allow pupils to work towards SQA units, standard grades and highers. The nature and breadth of curriculum available in units will depend on their size and on the flexibility of the arrangements they can make to bring in staff in particular subject areas. However, as identified in *A Secure Remedy* (1996), curriculum structures should not become a restricting factor. Individual needs have to be recognised and planned for.

Flexible learning and teaching approaches are a means to achieving this. Older pupils who are particularly resistant to school education following prior negative experiences may benefit from an introduction to further education or vocational training. The findings of the Quality Assurance in Education in Secure Provision group also emphasised that flexible approaches are required to meet individual needs and identified that personal and social education should be at the heart of the curriculum (Scottish Office Education and Industry Department, 1997). This will ensure a good balance between an academic and a supportive/therapeutic curriculum.

Specific attention has to be paid to the assessment and identification of any learning difficulties that children and young people have. Appropriate levels of learning support have to be available where required – especially in relation to reading, writing and mathematics. Many of the problems experienced in these areas by children and young people entering secure accommodation can be tackled with targeted support and encouragement.

Positive practice should also involve children and young people in using curriculum frameworks to set educational targets. Involvement of care staff in this process, both in planning and implementation, can help to achieve a good balance between the formal curriculum and personal and social education.

### Reflective Questions

- *Consider the educational curriculum followed by residents in your workplace. How involved are care staff in helping residents set and achieve educational targets?*
- *Is there a suitable balance between the formal curriculum and personal and social education?*
- *Evaluate the co-operation between education and care staff in designing and implementing the educational aspect of the care plan.*

## Learning and Teaching

Teaching residents in secure accommodation is a demanding task. The children and young people have different educational needs, different educational experiences (the most common characteristic being an interrupted and/or problematic educational history), they can present challenging behaviour and will spend varying amounts of time in the secure unit.

This variety of circumstances places high demands on the teachers working with children and young people in secure accommodation. A key skill of teaching staff is the ability to be responsive to the needs of individual residents and deliver personalised educational packages within the group setting. Good classroom management and confidence in dealing with challenging behaviour and critical incidents is necessary. Clearly negotiated procedures and roles for both teaching and care staff have to exist in this regard.

Alongside these skills teachers require to claim residents and convince them they are committed to them, their education and the future possibilities it can provide for them. This commitment can be central to challenging some of the resistance to education that they may encounter.

The issue of teaching and care staff co-operating to provide effective learning opportunities is again relevant here. Effective practice by teaching staff can help to deliver the formal curriculum. Many issues related to personal and social education, the informal curriculum, can be introduced in the classroom but require further emphasis and consolidation outside the classroom within the day-to-day activities of the secure unit. This requires a commitment from care staff also. They need to be aware of this informal curriculum and be able to practise and interact with children and young people in a manner that promotes and supports it. Issues covered here may involve values and attitudes, lifestyle choices or health. This is closely linked to the concept of care staff providing positive role models for the children and young people they look after – in this case modelling positive attitudes and expectations of education.

### Reflective Questions

- *Consider the curriculum delivered to residents in your workplace. How personalised are individual educational packages?*
- *Do clearly negotiated roles and procedures exist for teaching and care staff dealing with critical incidents?*
- *Do care staff play an active role in delivering informal educational opportunities to children and young people?*



## **Educationally rich environment**

The *Learning with Care* report recommended that local authorities should undertake an audit of their residential units to assess how far they were educationally rich environments. Characteristics of an educationally rich environment include:

- Staff knowledge and training opportunities in the context of education;
- Practical procedures and arrangements to allow educational progress, including communication with schools;

Practice involved in supporting children and young people with their education, such as homework and private study.

Each area is interlinked and all are important. An abundance of resources is unlikely to contribute if it is not backed up by the values and attitudes of staff. Any number of computers or text books will have no impact unless care staff model and encourage positive attitudes towards participation in education. Positive intentions of staff can be easily undermined however if not supported by policies and procedures that help to deliver effective educational provision.

### **Reflective Questions**

- *Consider your workplace. Using the characteristics listed above, identify the ways in which it can be described as an educationally rich environment.*
- *Are there aspects of practice that require to develop and improve?*

## **Conclusion**

Educational outcomes for accommodated children and young people are worryingly poor. Education has to be assessed and planned for all accommodated children, particularly those in secure accommodation. For much of this population prior school attendance has been poor and educational attainment low. Consequently, many of them will have negative attitudes to education and school. Education should be addressed in their care plan, covering both their short term needs when within secure care and long term needs when they move on. The curriculum delivered has to be flexible, covering both the formal qualification route and the informal curriculum concerning personal and social development. Teaching and care staff require to work together at all stages of this process, particularly in modelling positive attitudes towards education and delivering personal and social development. Teaching and care staff in secure accommodation should strive to create and maintain an educationally rich environment.

## Further tasks

Following the *Learning with Care* report a pack of training materials for carers, social workers and teachers involved in the education of looked after children and young people was produced. The activities and tasks contained within this provide an excellent framework for reviewing and developing positive practice in the area of education with looked after children and young people.

## Further reading

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*... we are concerned not only with prevention of ill health but with actively promoting positive mental, physical and social health.*

(Residential Care Health Project, 2004, p. 43)

## **Introduction**

This section outlines the key health issues that present with young people in secure accommodation and gives an overview of appropriate responses. It takes as its starting point the idea of the health promoting unit. Issues pertaining to mental health are addressed in paper 4.11.

## **Overview**

All people have a range of health needs. In recent years research evidence, such as The Big Step Project (2002a) in Glasgow and the Residential Care Health Project (2004) in Edinburgh, has highlighted the particularly poor health outcomes for children and young people who are accommodated. These poor outcomes can be attributed to a variety of factors. Many children and young people suffer from neglected health whilst living at home and this does not improve when they become accommodated. Some of the issues associated with this include the frequency of placement moves and lack of continuity of carers. Others can be directly related to practice within residential child care, particularly the way in which health issues are viewed and the lack of effective joint working with other agencies.

A common characteristic amongst many children and young people at the time they are placed in secure accommodation is that they are at a point of crisis. Their lifestyles can often be chaotic and include a lot of risk-taking behaviour. Within this scenario their health needs are regularly neglected. This can include failure to attend to routine health maintenance, missed immunisations due to irregular school attendance, smoking, poor diet and sleep patterns, abuse of alcohol and drugs, and problems with sexual health.

At the time of admission to secure accommodation these circumstances can often be at their most extreme. A prime aim at this time is to introduce routine and order to chaotic and out of control lives. Targets in relation to health needs should be in keeping with this philosophy. Children and young people in secure accommodation

require stability in order that they may be encouraged to recognise and prioritise their health needs.

This is not merely an issue of health education. Research undertaken by the Health Education Board for Scotland indicated that much of the behaviour and the poor associated health outcomes are not the result of a lack of knowledge (Shucksmith & Spratt, 2002). Instead many of the young people have accurate knowledge of how to maintain their health but their actions are often shaped and influenced by the social circumstances in which their behaviour occurs.

Accordingly, the focus of work requires to be associated with encouraging the recognition of health needs and how these are to be met. The Big Step Research Report (2002a) identified that many accommodated young people find health a difficult or uninteresting concept and do not view it as a major life concern in the way that many adults do. The challenge for workers caring for accommodated children and young people is to help them to recognise the importance of their health and the direct links between their lifestyle choices and health outcomes, both in the short and long term.

### Reflective Questions

- *Consider a child you are working with. At the point they were admitted to secure care were their health needs being met?*
- *What impact was their lifestyle and behaviour having on their health? How able or willing were they to make connections between their lifestyle choices and their health?*
- *What importance or value did they place on their health?*

### Legal considerations

Staff need to be aware of some of the legal considerations that surround the health of young people. The Age of Legal Capacity (Scotland) Act, 1991 enables those under the age of 16 to consent to medical or dental treatment if a medical practitioner is satisfied they are mature enough to do so and are capable of understanding the nature and possible consequences of treatment. A young person in these circumstances has the same right to confidentiality as an adult has with their doctor, unless the doctor suspects abuse. This legal situation can cause some tensions in residential units (and indeed for anyone in a parental or substitute care role), as young people may be subject to medical diagnosis, treatment or prescription without their carer's knowledge. In most cases this is unlikely to be a major problem and young people will generally be open enough with staff about medical issues. However, staff do need to have an awareness of the legal situation and of the rights young people have in this area.

## **Health promotion: lifestyle and well-being**

To begin to address the challenges involved in encouraging children and young people to recognise the importance of their health and the direct links between their lifestyle choices and their health outcomes, residential care practitioners are required to consider the health of accommodated children and young people in a rounded or holistic manner. This will involve concentrating on areas of lifestyle and well-being and disregarding past models of practice where units would merely provide a functional initial health assessment when a child was admitted and thereafter deal only with emergencies and health problems.

*Therefore we are concerned not only with prevention of ill health but with actively promoting positive mental, physical and social health.*

(Residential Care Health Project, 2004, p. 43)

Likewise, concentrating only on problematic areas of behaviour and associated health risks without placing them within the framework of lifestyle choices and associated well-being is not effective. Placed within a chaotic lifestyle in which more holistic and general health needs are not adequately addressed, the likelihood of achieving longer term lifestyle changes and positive health outcomes is hugely diminished.

This is an important distinction to make as the findings of the Residential Care Health Project indicated that staff in some residential units were still prone to react to what were viewed as 'immediate' health needs and less emphasis was placed on proactive planning in relation to longer-term health needs.

Making the links between lifestyle and wellbeing is an intricate task. Health promotion will be a component of it, as will encouraging the ability of children and young people to recognise and influence their health outcomes through their behaviour and lifestyle choices. To achieve this, a unit's milieu and the routines that accompany this have to reflect these issues. When factors associated with positive lifestyles and well-being are encouraged to become part of the individual child's routines and thinking, they are more likely to be sustained when they leave the secure unit for different living environments.

Diet is of particular importance in any residential unit. There is increasing recognition of the importance of a balanced and healthy diet and of the implication of poor diets in a range of health and indeed behavioural problems. Many residential units will be faced with changing the eating habits of young people who, until that point, may have eaten very poorly and irregularly. Mealtimes are crucial periods in any residential unit and these should be used to introduce new and balanced dietary experiences for young people. The importance of regular meals and of eating as a social experience should also be built into the routines of a centre.

## Reflective Questions

- *Consider the unit you work in. Does work concerning health involve proactive planning or responding to health emergencies?*
- *How are children and young people encouraged to make links between their lifestyle choices and their health?*
- *What is the diet like in your unit? What considerations are taken into account in menu planning?*

### **Secure units**

Secure units provide a unique opportunity to address health issues of accommodated children and young people. An increase in risk taking behaviour will often precede a move to secure accommodation. The following period of stability and removal from the environment where this risk taking behaviour was occurring provides the perfect opportunity for a full and comprehensive inter-agency assessment of the needs of the young people and the opportunity to engage in therapeutic work

The Residential Care Health Project (2004) developed a model of integrated health care for secure units involved in the project. This not only involved residential and social work staff but those from primary care, community child health, mental health and education. This reflected a holistic approach to health and also placed due emphasis on the need for effective inter-agency working to achieve positive health practice.

### **Health promoting units**

Having established that residential child care should consider the health of accommodated children and young people in a rounded or holistic manner, concentrating on areas of lifestyle and wellbeing, practitioners require a framework to plan and assess this. This framework should help to promote a milieu and routines where the importance of health is recognised and promoted.

The model of health-promoting schools is one that can be readily applied to residential child care. This model has already been successfully implemented in various settings and all Scottish schools are required to be working towards health-promoting school status by 2007. This approach considers health in a broad sense and when applied to residential child care can provide a planning and evaluation framework within the care setting.



This diagram illustrates the many aspects to consider when establishing a holistic health promotion approach within a residential unit. These aspects are described below.

### **Ethos and climate**

The ethos and climate achieved within a unit guides much of the learning and development of the young people resident within the unit. A culture where the importance of health is recognised is imperative, where staff act as positive role models for young people and where the young people are encouraged to recognise the holistic nature of their health needs (how behaviour in one regard impacts on other areas of their health), and where the young people are encouraged and allowed to make decisions that develop self-caring skills that can lead on to an ability to meet their own health needs after leaving secure care. Appropriate messages and modelling around issues of smoking, drinking and drug use are particularly important.

## Reflective Questions

- *Think about the unit you work in. What attitudes towards health care are communicated to children and young people by the culture of the unit?*
- *What emphasis do staff place on this issue through their language and behaviour?*
- *Are young people encouraged to recognise and take ownership of their health needs, either formally in a care plan or informally in day-to-day activities?*
- *To what extent do policies (and attitudes) on smoking, drinking and drug taking support a health promoting culture?*

### Environment

The environment of a unit, particularly a secure unit where residents will be spending much time, can be health promoting. Particular attention can be paid to the use of space and availability of facilities. Issues in secure units may often centre on the availability of space and facilities for exercise as well as adequate social space for large groups and individuals.

The living environment of a secure unit will have a large impact on the attitude and demeanour of residents. This is particularly relevant when considering research findings in relation to the mental health needs of accommodated children and young people. There is much evidence to suggest that accommodated children and young people suffer from poor mental health (see paper 4.11). A residential environment that places value on children and young people can do much to contribute to positive self-esteem and positive mental health.

## Reflective Questions

- *Think about the unit you work in. What value is placed on creating a pleasant living environment for the children and young people?*
- *How do staff participate in this process?*
- *How effectively are space and resources utilised to create a pleasant living environment?*
- *Are children and young people able to or encouraged to personalise their living environment?*

### Curriculum and activities

The issue of curriculum can be interpreted in the traditional meaning if thinking about education facilities within secure units, but can also refer to activities residents experience as part of the living environment. The activities and events that young people are offered and encouraged to attend can be used to promote different aspects of health (see paper 4.08). Health requires to be promoted in a holistic and



balanced way. A skills-based approach where young people are offered the opportunity to learn about and maintain their health needs can help to achieve sustainable change.

### Reflective Questions

- *Think about the unit you work in. To what extent do daily life and routines within the unit promote or otherwise those issues associated with health?*
- *Think particularly of activities, diet and exercise. Do these contribute to a health promoting unit?*
- *Are children and young people encouraged to develop skills to meet their health needs?*

### Health and welfare of staff

To achieve positive health outcomes for the children and young people in a residential unit, the staff require healthy and positive attitudes. Without this the required positive role modelling of behaviour and attitudes is unlikely to be achieved. Issues such as good working conditions and a meaningful process of supervision and appraisal that takes account of staff health needs – physical, emotional and mental – require to be addressed.

Positive developments in the other areas of the health promoting unit will also prove beneficial in this regard. A positive and pleasant living environment for children and young people is a positive and pleasant working environment for staff. A culture where health needs are prioritised for children and young people is then able also to take account of the health needs of staff.

### Reflective Questions

- *Think about the unit you work in. What impact does the health and welfare of staff have on the children and young people?*
- *How much emphasis is placed on the health and welfare of staff?*
- *Do processes such as supervision and appraisal act as a supportive tool, aiding development and enabling workers to practice in a positive manner?*

### Role of specialist services

Effective inter-agency working is a vital component of health-promoting practice in a secure environment. Specialist services, such as Looked After Nurses and Children and Adolescent Mental Health Services (CAMHS) teams, have a vital role to play in the health of accommodated young people. To be utilised effectively, appropriate communication and working relationships have to be achieved between the relevant

health professionals and care staff. Some secure units employ or contract their own nurse practitioner and this role can facilitate this link. It can also be instrumental in ensuring effective protocols regarding referrals to more specialist services. The role of these services has to be recognised and promoted by the unit. Again the behaviour and attitudes of staff will be vital in transmitting this to the young people.

### Reflective Questions

- *What specialist services have links with your unit?*
- *How well does the practice of residential staff and of these services complement each other?*
- *What protocols and working agreements are in place in order that effective collaborative work can take place?*

### Links with family and community

Links with family and community have to be promoted and achieved if sustainable health-promoting behaviour, and consequently positive health outcomes, are to be achieved. Continuous parental participation is to be encouraged, particularly in supporting and attending health appointments and a process of regular updates, both formal and informal, has to be set up. Again the attitudes of staff towards family, and their commitment to involving them in the process will play a large part in determining how successfully this is achieved.

Throughcare and aftercare planning should consider the current and future health needs of the young person. Plans are currently in place to develop a new Scottish Health Network to take forward the work of the Scottish Throughcare and Aftercare Forum Health Working Group (see McCluskey, Greaves and Kean, 2004).

### Reflective Questions

- *Think about a child you are working with. How involved are the family in the care-planning process?*
- *Is their role and involvement actively promoted by staff? What advantages or disadvantages to the health of the child does this have?*

### Conclusion

The health needs of accommodated children and young people have to be considered in a holistic manner. Proactive health care planning is required. The model of a health-promoting unit provides a useful framework for planning and assessing health-promoting practice. All areas within this framework are interlinked.

## **Training links**

SVQ: Unit CYP2 Contribute to promoting health and social well-being for children and young people (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 313 *Work with children and young people to promote their own physical and mental health needs* (specific optional unit for the revised SVQ qualification *Health and social care: children and young people level 3*).

## **Further reading**

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*The recent Office of National Statistics survey for Scotland found that overall 45% of looked after children suffer from a mental health disorder.*

## Introduction

Young people in secure care are some of the most troubled and troublesome young people in the country. This chapter provides a mental health perspective on care practice in secure settings. The key points include: a discussion of the nature of mental health, prevalence of mental health disorders, available services, stigma, and care practice.

## Overview

Despite their problematic backgrounds it has often been the case that young people in secure care, in common with young people looked after and accommodated elsewhere, have not been easily able to access specialist mental health services. Similarly, workers in secure accommodation, although working very closely with extremes of behaviour and emotion, have themselves often not had ready access to psychiatrists or psychologists for advice on dealing with specific emotional and behavioural issues.

This is not to say that health issues have not been recognised in residential work with children. The Skinner Report (SWSI, 1992) put 'Health' as one of the eight principles and also emphasised the importance of 'Collaboration among professionals' as key components of good quality care. However, mental health as such was not mentioned in the Skinner Report. Following a period of years in which it has been difficult for young people in care or their carers to access NHS mental health services, the needs of 'looked after children' have begun to receive more attention from NHS policy makers and psychiatric professionals. In recent years the Scottish Executive has also been encouraging greater integration of services for children. Children's mental health is one area in particular in which we could expect to see mutual benefit from closer working relationships between residential staff teams and mental health specialists. The health needs of children in care have become clearer through the publication of a number of recent studies (Residential Care Health Project, 2004).

## **Prevalence of mental disorder**

Studies have shown high rates of mental disorder among looked after and accommodated children and young people. What happens in the care system is a reflection of what is happening in society and there has been concern about the mental health of children and young people more widely. Figures from a comprehensive UK study indicate that about 9% of all children and young people experience a mental health disorder (Meltzer, 2000). Among the emotional and psychological problems reported in recent years are increasing rates of eating disorders, an increase in suicide rates among young men, and considerable increases in hyperactivity among younger children.

### **Terminology**

The terms used in this paper, mental illness, mental disorders and mental health problems, are drawn from the language of psychiatry. From an educational perspective (including residential schools), the same children and young people will be described as having 'emotional and behavioural problems', while within social work the idea of 'children in need' has usually been considered sufficient most of the time. We are often describing the same children, although we may be focusing on the way they come to our attention in different settings. All of these terms can be useful and appropriate and it will be helpful to young people if residential staff can understand the basic meaning of various terms that mental health professionals use.

The term mental health problem refers to a broad range of emotional and behavioural difficulties. These difficulties vary in the extent to which they interfere with everyday living. Studies of representative samples of the population suggest that at any one time between 15 and 20% of children and young people in the UK have mental health problems. Children and young people whose problems are more severe, extreme or distressing, so as to cause serious disturbance with their everyday life, and which persist over weeks and months, can be described as having a mental disorder. Mental disorders have been classified using internationally recognised classification systems, and include conditions or groups of disorders such as 'conduct disorder', 'emotional disorders', including depression, 'obsessive compulsive disorder', and 'attention deficit hyperactivity disorder (ADHD)'. It is this category of mental health that has become more recognised as affecting a large number of children and young people in the care system and which is the focus of much of this paper. In the general population of children under 18 between 9 and 10% may have a mental disorder but in residential care the most recent statistics suggest it may be as high as 66%. (Meltzer, Lader, Corbin, Goodman & Ford, 2004) There is a much smaller group, about 1-2% of the whole population, which has a diagnosed mental illness, such as schizophrenia, anorexia nervosa, or very serious depressive illnesses.

The information in the section above is taken from the training package 'Young Minds: Looking after the mental health of looked after children' (Talbot, 2002)

The recent Office of National Statistics survey for Scotland (Meltzer et al, 2004) found that overall 45% of looked after children suffer from a mental health disorder. This confirms earlier more localised studies such as the one in Glasgow (Dimigen et al., 1999) which found that many of the children aged 12 and under had mental

health disorders at the time of entering care. This study also found that many of them had not received any treatment for these disorders.

The majority of disturbed children seen in secure care will primarily have either emotional or conduct disorders. Emotional disorders include high levels of anxiety and distress resulting from difficult life experiences. Children with conduct disorders are often rather superficial in their relationships with others and anti-social behaviour such as violence and lack of consideration for others is common. Although these two types of presentation can be seen separately, they are often combined.

## Reflective Questions

*Think of young people in your unit who have diagnosed mental health difficulties.*

- *What are those diagnoses?*
- *Might there be others who are not diagnosed?*

### **Developments in mental health services**

This level of unmet need has led to the recent development of a number of specialist mental health services for looked after children in various places in Scotland, such as East Dunbartonshire (The Open Door project), Glasgow (The LACES service), the LEAP Project in Ayrshire, and Edinburgh (Connect) and a number of pilot projects in other health board areas. Some residential schools, including secure units, have also been directly employing or gaining access to more psychologists and psychiatrists. A good example of this is the Promoting Mental Health and Welfare Project, a joint venture between Dundee City Council and Rossie School. The profession of psychology has been undergoing something of an expansion in recent times which has seen the emergence of a number of different specialisms, including forensic psychology.

Within the NHS generally most mental health professionals working with children are grouped into teams called Child and Adolescent Mental Health Services (CAMHS). These multi-disciplinary teams include a psychiatrist and psychologist and one or more mental health nurses. They may well include professionals from other backgrounds such as teaching or social work who have gained qualifications in mental health or specific therapies such as 'psychotherapy' or 'family therapy'. Social workers are also often found in CAMHS teams. Some of these teams are based in hospitals and others are based in community clinics or centres of various kinds. Generally speaking Health Boards in Scotland have not developed their CAMHS teams to the same extent as has happened for example in England. At the present time Boards are being asked by the Executive to increase this provision. This is a welcome development but there is currently a shortage of people to fill the vacancies which exist in many places across Scotland.

CAMHS teams have often tried to develop a non-hierarchical way of working. The whole team will sit down together to look at referrals and then decide which team member's skills are best suited to the particular referral. Teams usually prefer to work with the whole family if they can as it is evident that many children's troubles are very much related to family functioning. This has posed a problem when young people in care have been referred, as CAMHS teams have sometimes not been sure about the value of working with a young person in isolation from others they live with, especially if the placement is short-term or appears likely to break down. It is also true that some teams have felt that they would find it difficult to engage with children in crisis and have wanted to delay treatment until the child is in a 'stable placement'. The recent emergence of dedicated Looked After Children (LAC) mental health services has sought to overcome this problem of access to services for looked after children. The mental health professionals in these teams are keen to show that they can in fact make a contribution to helping stabilise placements which are at risk of breaking down.

It should be noted here that in recent years CAMHS teams in many parts of the country have been understaffed and have worked under pressure of a large number of referrals. This has meant that there have often been very long waiting lists.

## Reflective Questions

- *What are the arrangements in your area to access the local CAMHS team?*

### **Thinking about mental health - Professional biases and stigma**

Until more recently it has seemed that residential workers did not think much about how a mental health perspective might inform their own practice. At times they may have wanted to refer young people to a psychiatric service although, as we have noted, access to services has been difficult. Furthermore, located as they are within social work departments or agencies, residential workers have probably been influenced by the views of social workers who have been very concerned about 'labelling' young people. And in any case, such is the stigma around anything to do with 'mental' health that young people themselves may be reluctant to be referred to such a service. All these things together have meant that young people's needs and behaviours have usually been interpreted in terms of their personal and family problems and residential workers and foster carers have been expected to manage a lot of difficult and disturbed behaviour. They have been expected to rely on basic residential practice, which usually focuses on the need for consistent boundaries and establishing caring relationships to help young people.

This 'policy' of *coping and containing* has usually persisted until a young person's behaviour has become particularly extreme or sometimes bizarre. This has often been when young people display consistently violent and destructive behaviour – in terms of attacking staff or other young people or smashing up their own property (often in the case of boys) or *self-destructive* behaviour such as self-injury or extreme risk-taking (often in the case of girls).

## Reflective Questions

- *Can you think of behaviours that you find difficult to understand?*
- *How can we gain a better understanding of why a young person behaves the way they do and how their previous experience of adults may be influencing their thinking, feeling and acting?*

### Care practice

In this context it is vital that residential staff do not simply react to behaviours but seek to develop their knowledge and understanding so that they can get a deeper and more informed perspective on the emotions and trauma that may underlie the behaviour. Young people in secure accommodation need the relationships of care, the provision of a nurturing and stimulating environment and the careful targeting of problem behaviours, which social care teams at their best can provide. But young people will also need workers who are able to access mental health professionals for advice and who are self-confident enough to work in partnership with mental health specialists on treating emotional and psychological problems. As has been said, we do not need a psychiatrist at the foot of every child's bed and in fact in many places residential workers are best placed to offer truly therapeutic care; but they will need the advice and consultancy of others to confirm their work or to offer other suggestions on how best to understand and respond to the behaviour of each individual young person.

*You know some people in their lives go through a bad time and [now is] maybe my time. You don't really know what's wrong with you. I feel like I'm in this dark dimension and I can't find the light, I can't get out and I'm trying my hardest to find the light. It's like I've got problems with school, problems with my friends, problems with this and that, and I'm trying to be good at school, and it's working, but then just at the wrong time, the wrong place, I do something and I get into trouble for it. It feels like this dimension is holding me back, every time I'm trying to get out of it, it's pulling me back in again.*

(female 16, Who Cares? Scotland, 2003, p. 37)

Both the research literature and the experience of SIRCC staff is that residential workers want more training in mental health issues and that working more closely with mental health specialists can improve practice and build the confidence of residential teams when working with very difficult behaviour (van Beinum, Martin, & Bonnett, 2002). Residential workers have always had to wrestle with the emotional difficulties of young people in their care. In recent years, as units become smaller and care planning more individualised and detailed, they have increasingly relied on their relationships with the young people as the primary tool for helping them overcome their problems. There is no doubt however that young people who have



had traumatic experiences of family life often find it difficult to respond positively to the personal care offered in residential units. Many of the young people in secure settings will have experienced many changes of placement within the care system further undermining their trust in adults to provide them with any stability and also undermining their own sense of self-worth or even self-control. Working with children and young people who have suffered trauma can make the staff feel bad, and having a mental health perspective can sometimes help staff understand their own, and their colleagues', reactions to the young people. In describing what they learned in East Dunbartonshire the Open Door project supervisors write:

*Such children, some of whom had suffered terrible abuse, at times could only communicate inner distress by a primitive process of trying to make a staff member feel, inside them, some of the pain and confusion that the child her or himself suffered but was unable to put into words, and therefore could not work through by thinking and talking about it.*

(van Beinum et al, 2002).

It is important that care staff are able to understand and interpret behaviour and to realise the effects that it may have on them and on their staff team. Secure units can all call on psychological support for consultation and advice on how staff might understand and work with young people. Access to psychiatric support in those cases requiring this type and level of interventions can still be more difficult to access.

## **Conclusion**

While staff in secure accommodation will want to draw on any expertise that mental health specialists may have we should not think that mental health professionals will always be able to achieve a great deal in a short period of time – they have no magic wands either!

In relation to the emotional well-being of young people it is the job of the carer to show that they can contain or 'hold on to' the emotions which the young person themselves find unbearable or 'un-containable' (see chapter 3 and paper 5.03). In a secure setting the young person is physically contained and made safe in a physical sense but the aspiration of care workers must be to transfer that sense of security or containment from the buildings to the people who surround the young person in their daily life.

Our goal is to provide young people with the experience of being understood and cared for so that they can begin to recover from the traumas that have led them into the secure placement in the first place. This is necessary if the young people are to establish a more stable emotional foundation on which to build their own capacity to cope and to re-make relationships with their family and the community to which they will soon return.

## Training links

SVQ: Unit CYP2 *Contribute to promoting health and social well-being for children and young people* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 313 *Work with children and young people to promote their own physical and mental health needs* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

## Further reading

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*What are young men made of?  
What are young men made of?  
Sighs and cheers, and crocodile tears  
And that are young men made of.*

*What are young women made of?  
What are young women made of?  
Ribbons and laces, and sweet pretty faces,  
And that are young women made of.*

## Introduction

This old nursery rhyme suggests that boys and girls are somehow made differently. One of the great debates in psychology is the nature/nurture one. Are people born with particular personality or behavioural traits or do they acquire these through their processes of socialisation? In relation to the focus of this paper, do girls and boys behave in the ways they do as essential attributes of their biological state? Or do repeated parental peer and media images determine for them what it means to be a girl or a boy and accordingly, how they should act? Some discussion of the terminology is provided in paper 4.13

## Overview

Whilst most people who come into contact with boys and girls in any capacity would attest to some differences in the ways they behave and in how they are responded to, the whole area of gender difference is not one that has been developed much in social work thinking. Part of the reason for this is understandable from an ideological standpoint. For much of history girls were seen as less valuable or able than boys. Families would invest in boys' education and development in ways they would rarely consider for girls. Expectations of girls often consigned them to a future of domesticity. Traditionally, education systems and institutions were set up to service the needs of boys and men.

Professions such as social work and education have rightly sought to promote issues of gender equality. Schools, for instance, are much more geared to the needs of girls that they were even 20 or 30 years ago. Girls in fact, over the past decade or so, have outperformed boys academically throughout the English-speaking world. However, in promoting the rights and needs of girls, we have

arguably neglected the particular and different needs of boys. As Steve Biddulph (1997) says:

*For 30 years it has been trendy to deny masculinity and say that boys and girls are really just the same. But as parents and teachers know, this approach isn't working.*

Effective child care requires that practitioners work with the equal but different needs of boys and girls. In this, a balance must be struck between understanding difference (in order to help) and perpetuating stereotypes. Staff need to consider the individual needs and preferences of young people rather than responding to them solely as boys or girls.

### Reflective Questions

- *From your experience as a parent, relative or carer, what would you say are the behavioural and personality differences between boys and girls?*
- *Do you think boys and girls are born different or do these changes emerge? Give some examples why you think this.*
- *To what extent does your unit acknowledge differences between boys and girls and how does it respond to these?*

### Nature or nurture?

To return to the previous question around nature or nurture, the reality is that differences between boys and girls are attributable to the interplay of both. They start in biology and end in culture.

Gender differences are apparent in the ways girls and boys respond and are responded to, from a very early age. Girls generally appear more securely attached. Boys respond less well to being separated from their mothers in particular.

Some psychoanalytic writers (see chapter 3) suggest that girls' identities are more secure because they seek to replicate that of their primary care givers – initially their mother, and then carers outside the home. For boys to be able to attain a secure sense of being a male, they need to separate from their mothers and construct identities around what they perceive to be male ways of being. They begin to do this from the age of about six when they start to identify more with father figures. This process of separation continues into adolescence when the focus is on finding male role models outwith the home that they can identify with.

Other biological influences on development are hormonal, particularly associated with puberty. In boys, testosterone levels increase 800 fold around age 14. This has obvious effects on physical appearance but also on mood and energy levels. Girls are also experiencing changes in their hormones and in the shape of their bodies. This can also have effects on mood and energy levels, as well as increase anxieties

about weight and desired thinness. Just when their bodies are becoming rounder, many girls are becoming more acutely aware of the barrage of messages from family, friends and media surrounding the overriding importance of being slim.

### **The problem with boys**

Boys both experience and present a number of particular difficulties growing up. Their relative educational underachievement has already been noted. In addition to academic difficulties, boys also account for more than 80% of school exclusions. In Scotland, over three quarters of those referred to the Reporter to the Children's Panel on offence grounds are boys. Involvement in crime can be seen by some boys as a way of 'doing masculinity' (see paper 4.16).

Mental health problems are far more prevalent for boys than girls. At the extreme end, suicide among 15 - 24 year olds is three times greater for boys than for girls (see paper 4.11). The number of suicides increased by 18% over the course of the 1990s. Diagnoses such as attention deficit hyperactivity disorder (ADHD) have also risen substantially in recent years, and again, those affected are almost all boys. Some commentators question whether conditions such as ADHD may in fact reflect social situations such as the lack of a father figure, or educational systems that are not geared for the ways boys learn.

### **So what's the problem with boys?**

There are different schools of thought as to why boys experience some of these difficulties. William Pollack in *Real Boys* (1999) suggests that boys are pushed by societal pressures to subscribe to what he calls 'The Boy Code' – a set of expectations which lay down how boys are expected to behave. Features of the boy code require that boys are:

- Sturdy Oaks* - they must be stoic and unemotional in the face of suffering; the big boys don't cry syndrome;
- give 'em hell* - they need to make their presence felt through shows of physical prowess and a 'come ahead' attitude;
- big wheels* - they are interested in power and dominance and in being in control;
- no sissy stuff* - an essential aspect of being a boy is not being a girl and not being seen to engage in 'girly' things. This fits in with other research (Frosh, Phoenix and Pattman, 2002) which found that boys' identities are described and constructed around not being a girl rather than around concrete examples of being a boy.

Pollack argues that having to subscribe to the boy code inhibits boys from expressing their more caring and emotional sides.

Christina Hoff Sommers (2000), however, gives another view. The title of her book, *How Misguided Feminism is Harming our Young Men* says it all. She argues that boys are suffering because Western culture devalues manhood and seeks to feminise boys. Both these writers share a belief, from different ideological positions,

that the problem with boys is that they are not allowed to get in touch with their inner selves.

*One camp wants to reform masculinity, the other to restore it; one seeks to rescue boys from patriarchy, the other from feminism.*

(Young, 2001, p. 1)

## Reflective Questions

- *Think of any specific difficulties faced by boys you work with. To what extent might these be related to gender?*
- *Why do you think boys face problems growing up?*

### The problem with girls

As is the case with boys, the problem with girls often has little to do with girls themselves and more to do with the culture within which they are trying to grow up. The literature on the difficulties faced by girls growing up predates that for boys. A central book is Mary Pipher's *Reviving Ophelia: Saving the Selves of Adolescent Girls* (1994). Pipher identifies some of the characteristics and issues presented by adolescent girls. They can be obsessed with complicated and intense relationships, have confused and contradictory feelings towards the same people at the same time, and get sexuality, romance and intimacy all mixed up.

Girls can be concerned to the point of obsession with their physical appearance, especially their weight. According to Pipher, these concerns, as well as all sorts of mixed messages such as 'be sexy but don't be sexual' are rooted in cultural and media driven expectations about what girls and women should be like. Such expectations split adolescent girls into true and false selves. There are some general ways they can respond to these cultural pressures; they can conform, withdraw, be depressed or get angry.

A more recent UK study (Reay, 2001) picks up on similar themes and places girls into four categories according to their responses to cultural pressures. Girls can present as *spice girls*, *nice girls*, *girlies* or *tomboys*. What was interesting about this study is that while the children (both boys and girls) saw girls as harder working, more mature and more socially skilled, all of the boys and most of the girls believed it was better being a boy.

It is clear that girls also absorb many of our culture's messages to boys about the importance of not being *like a girl*. The *nice girls* and *girlies* conformed to societal expectations of feminism and were viewed by their peers as 'boring' and 'no fun' (*nice girls*) or 'stupid' and 'dumb' (*girlies*). The *spice girls* and *tomboys* resisted traditional definitions of how good girls are supposed to behave, but were seen as 'a bad influence' and 'little cows' by their teachers (*spice girls*), or rejected and scorned their own gender completely (*tomboys*). It seems that these girls and girls in

general, have little if any accepted and valued space for genuine expression of what it is to be a girl.

Girls generally physically develop earlier than boys, and as a result staff may have unrealistic expectations for their behaviour. Their emotional and cognitive development, however, can often be still be at an immature stage despite the fact that they look (and often want to be perceived as) mature. Extreme and changeable emotions, egocentricity, concrete thinking, overreacting and emotional reasoning are often seen as deliberate manipulations or character defects, when in many instances they are a normal and necessary part of the developmental process.

### Reflective Questions

- *What are some media images of girls?*
- *What kind of conflicting pressures might these place upon girls growing up?*
- *How would you categorise the girls in your care? Why might they behave in the ways they do?*
- *How might you support girls' healthy expressions of femininity and challenge damaging ones?*

### Girls and boys in secure accommodation

Around three-quarters of young people admitted to secure accommodation are boys. The numerical imbalance in the gender composition in secure accommodation is compounded by generally different reasons for admission. Boys are generally admitted for behaviour that involves offending, girls on account of their vulnerability or moral danger. There are ongoing concerns around the placement of sexually vulnerable girls in the same unit as boys, some of whom may be placed there for offences involving sexual aggression. On the other hand, the social backgrounds, experiences of adversity and overall welfare needs are common to both sexes.

Nevertheless, girls and boys in secure accommodation do have some distinct patterns of need. Girls are generally more academically able and require counselling or psychiatric help for sexual abuse or self-harming. Boys are more likely to be persistent offenders and absconders and to abuse alcohol and/or drugs. In contrast to the backgrounds of boys, over half of whom had come to the attention of specialist services before the age of eight, most girls had a relatively short history of social work involvement.

Some research (O'Neil, 2001) suggests that young women placed in secure accommodation on welfare grounds do not fare particularly well from the experience, as the regime is geared towards the needs and demands of boys. The planned new all girls unit at The Good Shepherd Centre has been commissioned to take some of these concerns into account (see chapter 1). Indeed, the planned reconfiguration of the secure estate is set to introduce more single sex units than has been the case in recent years.

## Reflective Questions

- *What might be some of the arguments for and against single sex provision in secure accommodation?*

### **Working with boys and girls**

Many secure units might already run or have run groups to seek to address the specific needs of girls. It is less likely that they will have considered the specific needs of boys, perhaps assuming that the overall programme is geared around the needs of boys in any case. However, there are some particular differences in the ways boys and girls respond that might be usefully taken into account in the way any programme operates.

Care has to be taken in any generalisations around gender but, generally speaking, boys tend to respond better to a clear articulation of the rules, whereas girls can be appealed to on a more emotional level. That is not to say that just laying down the law will work for boys. They need to respect whoever is setting the rules otherwise they will drive a coach and horses through them.

The following table suggests some recommendations for staff from youth in custodial settings. (The study is Canadian but the ideas are transferable).

<b>Girls like staff who</b>	<b>Boys like staff who</b>
Are friendly and nice	Talk and joke with them
Provide information that helps them with their problems including counselling and medication	Play sports with them
Listen to them and take time to talk	Try to understand their feelings and be fair
Are consistent and fair	Don't hand out excessive consequences
Cut them some slack and joke around with them	Provide them with positive feedback at the end of a shift
Make it safe for them to show how they feel	
Are sensitive to them when they are experiencing hard times	

From Nicholson and Artz (2003)



While boys and girls need many of the same things, how these things are delivered might be different. Some helpful advice for staff in working across gender issues might be:

- Ask questions that encourage young people to think clearly;
- Congratulate young people on their maturity, insight, or good judgment;
- Validate their autonomous, adult behaviour and support their barely emerging maturity;
- Avoid panicking;
- Watch for trouble and convey the message that we are strong enough to deal with it;
- Avoid taking behaviour personally;
- Reassure;
- Model respect and equality (use inclusive language);
- Give a message that appearance isn't everything.

## Reflective Questions

- *Can you add to these lists as to how best to respond to boys and girls?*

### **Ensuring an appropriate mix of staff**

Around two thirds of residents in residential child care generally are boys, yet only around one third of the staff are male. The gender balance on staff teams is likely to be more even in secure settings. As noted however, the resident population there is also more heavily skewed towards boys.

It is important to look beyond some of the superficial assumptions that can be made about the gender composition of staff teams. Men can be portrayed in some quarters as being employed, especially in secure units, primarily for their physical prowess in restraint situations. Men do have a role in managing behaviour but to be cast only in this role can be very uncomfortable for most men. It also undervalues their potential to model healthy images of masculinity which are not oriented around power and control to both girls and boys in their care.

Adolescent boys in particular need adult mentors outwith the home from whom they can learn how to be a man. As Biddulph (1997) says,

*They (boys) need to download the software from an available male.*

One of the difficulties agencies can face in appointing staff is that equal opportunities legislation may prevent them from developing a gender balance in the workplace that takes into account the particular gender needs of boys and girls in care for suitable role models. The lack of men in residential child care across the board is an area of increasing professional attention and concern. Kibble Education

and Care Centre has recently secured a grant from the European Social Fund which acknowledges men as being under-represented in the social care workforce. The resultant *men can care* project seeks to address this by providing academic and on the job training to a group of trainees. Interest in this project suggests that with relevant recruitment strategies men can be attracted to this area of work.

The whole area of gender is one that should be discussed in staff groups. It is potentially contentious and in the absence of open discussion, myths can grow up around it. It is perhaps especially necessary to address gender in secure accommodation, where issues of control and the gendered assumptions that can go along with this are to the fore. Issues of how staff model particular images of masculinity or femininity are crucial.

### Reflective Questions

- *What is the gender balance in your unit?*
- *Are male and female staff expected to fulfill different roles?*
- *What are the implications of this?*
- *How can you challenge gender stereotyping of staff and/or young people while still tuning into the unique needs of boys and girls?*

### Conclusion

It is increasingly recognised that residential child care needs to respond to the needs of boys and girls differently. This is consistent with wider themes around valuing the individuality of each person. Staff who work in secure accommodation need to be aware of the different (and of course the similar) needs of girls and boys and to respond to these accordingly. The kind of gender relations that exist in staff groups will be important in modelling healthy gender roles.

### Training links

#### SVQ:

Unit O2 *Promote people's equality, diversity and rights* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

#### HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome two (optional unit).

## Further reading

Biddulph, S. (1997). *Raising boys*. London: Thorsons. This is a particularly readable, sensitive and reassuring book about, as the title suggests, raising boys.

Frosh, S., Pheonix, A. & Pattman, R. (2002). *Young masculinities: understanding boys in contemporary society*. Basingstoke: Palgrave.

O'Neill, T. (2001). *Children in secure accommodation: a gendered exploration of locked institutional care for children in trouble*. London: Jessica Kingsley.

Pipher, M. (1994). *Reviving Ophelia: saving the selves of adolescent girls*. New York: Ballantine Books.

Reay, D. (2001). 'Spice Girls', 'Nice Girls', 'Girlies' and 'Tomboys': gender discourses, girls' cultures and femininities in the primary classroom. *Gender and Education*, 13(2), pp. 153-166.

Smith, M. (2003). Boys to men: exploring masculinity in child and youth care. *Relational Child and Youth Care Practice*, 16(4), pp. 12-21.

Young, C. (2001). *Where the Boys Are*. CYC-Online. Posted 21 February 2001.

Retrieved 18 July 2002:

<http://www.cyc-net.org/today2001/today010221.html>.

This article summarises the debate around the problem with boys outlined in this paper

Kibble Education and Care Centre have developed a website to support their *men can care* project. This gives details on the project itself but also contains some useful links

*Despite its fundamental importance in our work, we rarely address sexuality, other than superficially.*

### **Introduction**

This paper outlines some themes around sexuality with the intention of giving practitioners a base from which they might develop their understanding and practice in this area. The key points include: gender and sexuality, adolescent sexuality, working with sexuality and staff support.

### **Overview**

Sexuality is one of the most important but least explored areas of work with children and young people. Its importance can be gauged by a cursory glance at the things which concern us in relation to secure care; we lock up girls very often on account of their sexual vulnerability; we lock up boys primarily on account of violence or increasingly what is termed sexually aggressive behaviour.

At a wider social level, youth sexuality has become big business. It is used, blatantly, for marketing purposes. Children and young people are increasingly constructed as sexual beings. In the specific context of residential child care, sexuality gone wrong is responsible for a series of abuse scandals. Major reports such as the Edinburgh Inquiry stress the need to consider attitudes towards sexuality in the recruitment process (Marshall, Jamieson & Finlayson, 1999).

More than any of this, though, sexuality is integral to 'self.' It is part of who each of us, staff or young person, is as a human being. It encompasses our gender identity, our sexual orientation and much of our social behaviour. When we connect with others in our everyday encounters, our sexualities inevitably enter into that engagement. We need to become aware of this to ensure that the reality of our sexual selves becomes a healthy rather than a damaging force in our work with young people.

## **Sex, gender and sexuality**

Language around these terms can be confusing and can become confused in practice. There is indeed an inevitable crossover between them, reflecting the whole nature/nurture debate. For the purposes of this paper it may help to think about sex as the biological fact of being either male or female, and gender as referring to a more complex notion of how an individual should dress, behave, express oneself, relate to others, etc., based upon his or her sex (i.e. man and woman; feminine and masculine). Sexuality is intimately connected with notions of gender, but represents more of a focus on a person's sexual and romantic attractions. How a person defines their own gender and sexuality is influenced, to a large extent, by social norms and assumptions. So whilst sex is biological, gender and sexuality are largely socially constructed and defined differently in different cultures and periods in history.

### **Reflective Questions**

- *How is the sexuality of children and youth represented in the media?*
- *How is the sexuality of carers represented in the media?*
- *To what extent is the sexuality of the young people you work with implicated in their admission to secure accommodation?*

## **Gender roles over time**

Gender roles are not static. They differ over cultures and history. From Victorian times, gender roles were, on the surface, relatively well-defined and straightforward. Men were cast in the role of breadwinners and women as carers and home-makers. Such gender roles were reflected, too, in residential child care, in family group homes or in the housemother/housemaster system in residential schools.

From the 1960s, the position of man in the breadwinner role became less clear with the decline in traditional industries. In addition, feminists began to question the patriarchal assumptions behind such delineation of gender roles across society. They also began to explore what it meant to be a woman and held out possibilities for them beyond those traditionally defined. Feminism presented a challenge to men around their privileged positions in the workplace and in society more generally. It also forced some men into a deeper exploration of what it meant to be a man. From the early 1990s there has been an increasing body of writing around masculinity and men's issues.

Despite the complex and dynamic nature of sexuality, there are powerful and sincerely held social forces which promote what might be considered to be 'normative' views, which continue to ascribe particular gender roles and assume a moral position on issues such as same sex partnerships. The moral and political dimensions to debates around sexuality make it an area where practitioners need to tread carefully.

## Hegemonic masculinity

Robert Connell, an Australian writer on masculinity coined the term 'hegemonic masculinity' in the 1990s (Connell, 1995). Hegemonic masculinity is the 'taken for granted' state of what we think a man should be: strong, heterosexual, into sport, stoic and undemonstrative. Social power and status are vested in those who demonstrate such qualities. Women and men who do not fit the bill are judged and positioned as being inferior to this ideal. Men who would wish to express their masculinity in different ways can find it hard to assert a place for themselves as 'real men.'

In recent years, understanding and experience of sexuality have become more diffuse. Ideas of the 'new man' may soften images of hegemonic masculinity. Same sex partnerships are accepted to a degree that would have been difficult to imagine 20 years ago. Our understandings of sexuality cannot then be static. As individuals we are all positioned at different points along continua of sexual orientation and expression. It is increasingly difficult to hold on to erstwhile assumptions of what might be thought to be 'normal.'

### Reflective Questions

- *How have your understandings of sexuality changed over the years?*
- *How are gender roles played out in your workplace?*
- *Are there any areas of practice where men or women take a lead role? Why might this be?*
- *What are/might be the implications of a member of staff expressing their sexuality in ways that would not be thought of as 'traditional'?*

## Adolescent sexual identity

The fundamental developmental task of adolescence is to deal with the 'Who am I?' question. Addressing issues of sexual identity is integral to this (see chapter 3).

With ever increasing pressures related to appearance and sexual attractiveness, girls frequently have difficulty defining their sexual selves (or really any sense of self) as anything other than being adequate objects of males' desires. If they do not conform to societal standards of how they should look and relate to members of the opposite sex, they can be attacked by their female peers who are also desperately trying to measure up to unrealistic expectations. Girls' bodies are often developmentally ahead of their ability to manage the subsequent pressures (from outwith and from within) and as a result are ill-equipped to cope with them. Their inability to make self-affirming decisions and recover from poor ones has often been viewed as a failing of strength or character, but has more to do with the exploitative and devaluing climates they are struggling to navigate.

Boys too can find it difficult to assert an appropriate self-identity in adolescence. Much of a boy's identity is constructed around not being a girl. When boys describe themselves it is often in terms of not being 'sissy' or 'girly' in any way, rather than around any more positive picture of emerging masculinity. Their assertions of boyhood are often expressed in sexist or homophobic language and behaviours. Such behaviours might be construed as masking some confusion over their sexual identity. It can be very difficult for any boy who thinks he may be gay or bisexual to express any of these feelings in such a hostile climate, although there is growing evidence that a large proportion of young people question their sexual identity at some point and on some level. Experience tells us that a number of the young people we work with in residential care will go on to experience different types of sexual relationships. Indeed, given the confusion and lack of stability in so many areas of their lives, it is likely that their sexual identities may also lack stability.

Adolescence is also a time of heightened sexual interest and activity as a result of the hormonal impact of puberty. In the confines of a secure unit this means that some powerful sexual energies will be directed in all sorts of directions. Again, the kind of children and young people who are placed in secure accommodation can confuse sexual drive with wider aspects of sexuality such as the desire for intimacy and validation.

### **Working with issues of sexuality**

Working around issues of sexuality involves a number of possible pitfalls for staff. They need to be sensitive to the value conflicts that surround the whole area. In supporting young people in their developing sexuality, they potentially leave themselves open to accusations of promoting one form of sexual expression over another.

Staff need to be clear too about where they stand and where their employing agency and indeed wider society stand on some of the moral tensions that exist around sexuality. They will, for instance, be regularly confronted with questions around what to do on issues pertaining to the age of consent:

Is sexual behaviour necessarily harmful, just because it is deemed to be illegal?  
Might the response of the system be more harmful to the young people involved?  
What scope do I have to make this kind of judgment?

Staff have to work too on the border between what may be considered normal and healthy sexual behaviour and what crosses that line to become possibly more abusive or exploitative. Depending on their own value positions, individual staff members will reach different conclusions about where the line is to be drawn on such matters.

The law and received practice wisdom can be equally contradictory as to where some of the lines lie. There are potentially confusing ages of consent for different actions. For instance, the Age of Legal Capacity Act (1991) (see paper 4.10) allows a GP to prescribe the contraceptive pill to girls under 16 while the law sets the age of consent for sexual activity at 16. Differential laws apply too to boys and girls in the area of sexual activity. Practitioners need to be aware of the legal frameworks and to apply appropriate professional judgment within these.

The challenge for staff working with young people and their sexuality is to assist the young person to develop their own integrated sexuality irrespective of whether that sexuality is heterosexual, homosexual or bisexual.

The challenge of the organisation is to facilitate this process taking place.

### Reflective Questions

- *Can you think of a young person you work with or have worked with who may be gay, lesbian or bisexual?*
- *What messages do/did they get from their experience in the unit that might have supported or suppressed their expression of their sexuality?*
- *How do you deal with issues of sexual attraction in your workplace?*
- *Identify some of the contradictions you are faced with in practice around issues of sexuality.*
- *Think of particular situations that have presented you with dilemmas around sexual matters. How did you resolve them?*

### **Why we don't do sexuality**

Despite its fundamental importance in our work, we rarely address sexuality, other than superficially. It may be reduced to a mechanistic consideration of sexual health and even at this level there can be a tendency to farm it out to 'experts' such as health professionals or specialist agencies. Many workers lack confidence or feel uncomfortable about addressing issues of sexuality in the workplace. There can be good reasons for this. In a climate of heightened anxiety over sexual abuse, workers may be understandably reluctant to enter into areas where their motives could be questioned.

At a deeper level, because sexuality and self are so intertwined, to address issues of sexuality involves examining that aspect of our 'selves.' That can be uncharted territory for many workers. It can also be made particularly difficult when discussions touch on areas from a worker's own or family experience which is personal and raw.

### **Talking about sexuality**

Talking to young people about sexuality is not neutral. It is not like talking to them about the weather or about football. Because we are all sexual beings, when we talk to young people about sexuality, it touches on aspects of our own sexual selves and can trigger a range of emotions. To deal with these safely and comfortably, workers need to reflect on their own sexuality and maybe identify why particular situations may throw up particular responses. This can be a tricky area to get into. As a result, many workers find it easier either to deny these feelings or else not to get involved



in such areas. Yet, because sexuality is such a fundamental part of our developing beings, it might be argued that we fail properly to promote the holistic development of young people if we do not acknowledge them as sexual beings.

### Reflective Questions

- *Consider your own views about what you think is normal or acceptable sexual behaviour. Where do these come from?*
- *How might your views differ from those of colleagues?*
- *Think about a time you tried to engage with a young person over a sexual matter.*
- *How did you feel? Why might you have felt that way?*

### Supporting healthy sexuality

With practise and support, workers can engage in positive ways around issues of sexuality. Perhaps the first step is to open up the area for discussion within staff teams. Once staff have had a chance to talk through their own values and feelings it should become easier to settle on strategies on how to work with young people. Trying to be as open and matter of fact as possible is likely to be the best way to proceed. Using appropriate humour may make it easier for staff and young people to deal with the issue without becoming too embarrassed. However, jokes should not trivialise the subject or be used to hide discomfort altogether. Some reflection is required too as to what assumptions lie behind any humour or behind our use of language more generally and how young people might interpret this.

The most powerful way to encourage healthy attitudes towards sexuality is to ensure that we model appropriate attitudes and behaviours in the lifespace. We should ideally provide different images of both femininity and masculinity that young people might draw upon. Staff should take care not to use sexist or homophobic language. They should treat colleagues and young people respectfully.

### Reflective Questions

- *How is sexuality modelled in your unit?*
- *What opportunities are available to discuss issues of sexuality?*

### Supervision

Because sexuality is such a sensitive yet essential area, staff need to be properly supported to feel confident about working in this area. A suitably open environment where sex can be addressed openly is essential. To protect both young people and

staff from inappropriate practice in this sensitive area, specific work around issues of sexuality should be included in young people's care plans.

Supervision should offer an opportunity for staff to explore some of the feelings and possible value conflicts that working with sexuality can raise for them. This requires supervisors who are themselves confident in working with these issues.

## **Conclusion**

Questions of sexuality are fundamentally linked to who young people (and staff) are and how they behave. It can be an uncomfortable area of practice for staff to become involved in but it is important that they do. To do so safely and positively, issues of sexuality need to be addressed openly in staff meetings and in supervision. Most importantly though, staff should seek in their everyday practice to model and promote non-oppressive sexual attitudes and behaviours.

## **Training links**

SVQ: Unit CYP 4 *Encourage young people to develop and maintain a positive sense of self and identity* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit O2 *Promote people's equality, diversity and rights* (mandatory unit in the SVQ 3 qualification *Caring for children and young people*).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

## **Further reading**

A good website which addresses issues of masculinity from a pro-feminist perspective is [www.xyonline.net](http://www.xyonline.net).

Christie, A. (2001). *Men and social work: theories and practices*. Basingstoke: Palgrave.

Orme, J. (2002). Feminist social work. In R. Adams, L. Dominelli & M. Payne, *Social work: themes, issues and critical debates* (pp. 218-226). Basingstoke: Palgrave.

The Journal of Child and Youth Care 14(4) is on the theme of sexuality.

*....young people in secure accommodation have an even greater risk of deliberate self-harming ..... because of the stress and emotional strain related to admission into secure care....*

### Introduction

This paper considers issues surrounding deliberate self-harm and injury in secure care settings. The key points include: the prevalence and reasons for self-harm, effective staff responses and interventions, providing safe alternatives, and the establishment of clear policies.

### Overview

Across all sectors of society individuals engage in self-harm or self-injury through a variety of behaviours such as smoking, excessive drinking and dangerous driving. Behaviours like these become particularly concerning when they impair daily functioning. This paper is focused on *deliberate self-harming and self-injuring* behaviours that occur in secure care settings among young people, placing them at risk of mental health disturbance (see paper 4.11), scarring, permanent injury and even death. Deliberate self-harm is a complex behaviour that can be effectively addressed through reflection on interventions and theories focused on responding to it.

### Reflective Questions

- *Identify some self-harming behaviours that you or someone close to you engages in. Are any of these behaviours intentionally self-harming?*
- *What distinguishes intentional and unintentional self-harm?*

## **Prevalence, explanations and definitions of intentional self-harm and self-injury**

Intentional self-harming is often a response to severe emotional pain associated with past or current experiences of abuse, grief and loss, neglect, lack of support, stress, abandonment or a sense of meaninglessness. In the general population of young people in Great Britain aged 11-15, a recent survey found that one in 17 had tried intentional self-harm or self-injury (National Statistics, 2001). A recent study by Bywaters & Rolfe (2002) found that these behaviours most commonly begin between ages 12 and 14. With these figures in mind it becomes even more worrying that emotional and psychological challenges to well-being are more common for young people in care systems as opposed to the general population. Moreover, young people in secure accommodation have an even greater risk of deliberate self-harming behaviours than those in other care settings because of the stress and emotional strain related to admission into secure care, harsh custodial regimes (in the case of young people placed in penal settings), and isolation from family and community (O'Neill, 2001; Rose, 2002).

In secure accommodation young people are at greater risk for internalising problems such as depression and other mental health challenges, as well as externalising problems such as aggression and risk behaviours (O'Neill, 2001). In secure care settings intentional self-harm or self-injury behaviours range broadly. A few examples are: biting, burning or cutting themselves; seeking physical restraint; hitting themselves; hitting walls or other hard objects; misuse of alcohol, drugs and other substances; overdosing with drugs; suicide attempts.

These extreme responses to life pressures present complex challenges for staff providing care in secure settings. By understanding underlying factors that lead to self-harming behaviours, and by reflecting on strategies for responding to these challenging behaviours, staff will have the tools more effectively to fulfill the duty to provide a safe and secure care environment (Rose, 2002).

### **Reflective Questions**

- *How might self-harming help young people cope with emotional and psychological pain?*
- *How does it make you feel when someone deliberately self-harms?*
- *What are your instinctive reactions in response to witnessing another person self-harm?*

## **Reasons for intentional self-harm**

As we respond to self-harming behaviours by young people living in secure accommodation, the difficult emotions we feel can give us insight into the intensity of feelings young people are grappling with when engaging in these behaviours. The reasons for self-harming are invariably individual. At the same time common patterns in the meaning of these behaviours can be identified as an underlying

attempt to communicate and as a way of coping. Some of the underlying reasons are as follows:

**Coping with current life stresses such as admission to secure accommodation.**

The stress of being placed in secure accommodation could result in being isolated from community and family and loss of freedom. This breakdown in intimate relationships and regular channels of communication may increase the likelihood of self-injury. Secure accommodation and other care settings may also put young people at greater risk of stigmatisation, bullying, abuse and other stress. Young people may self-harm as a response to admission to secure accommodation and may be at greatest risk in the first 24-48 hours of admission.

**Coping with past trauma.**

Intentional self-harming may be a way to deal with the psychological discomfort and stress associated with the trauma of past emotional, physical or sexual abuse or grief and loss.

**A way to feel alive and to stay alive.**

Although self-harming behaviours have been found to increase the chance of a completed suicide, it is common for individuals to state that deliberate self-harm helps them stay alive and may help them feel alive.

**Release and relief.**

The sensation of physical pain may be a way of relieving emotional pain and feelings of self-hatred. This pain in turn may help the young person dissociate from reality and escape into a dreamlike world. The sight of scars and flowing blood may also be interpreted as healing.

**Self-punishment.**

As a result of guilt and shame felt for requiring secure accommodation, young people might feel they need a further level of punishment for being bad or wrong by hurting and scarring as an act of self-retribution.

**Expression of feelings and form of communication.**

When young people lack the capacity to express their emotions and pain through language or other positive action, intentional self-harming may be a way to illustrate the depth of their emotional anguish. It is important to note that it is not attention seeking behaviour - other easier and less extreme ways to seek attention exist.

**Feeling in control.**

When young people are admitted to secure accommodation they lose personal freedom as external controls are enforced to ensure their safety and the safety of others. Intentional self-harming may help the young person regain a sense of control, as they can

choose when to start and end self-harming behaviours, and these behaviours are often carried out in a secret and private context. Intentional self-harming also forces a response from staff, which could also lead to a sense of greater control. In addition, when individuals feel a lack of emotional control or are experiencing flashbacks to previous traumas, the choice to self-harm may give the young person a sense of control and power over the present moment.

**To receive caring, touch or affection.**

When young people are in secure care they are isolated from familiar sources of affection, support and physical touch such as caregivers, family, and peers. By seeking physical restraint young people may consciously or unconsciously be accessing human contact that is otherwise missing from their daily experience. Also, scars and wounds from self-harm that are bandaged and treated may give young people a sense that others are willing to care for them. Self-harm may also give young people a chance to care for themselves through self-nurturing behaviours that relieve pain and discomfort.

**Bravado, environment and cultural norms.**

Intentional self-harm may be a mechanism to gain acceptance from peers or initiation into a peer group through ritualistic self-injuring behaviours. Young people may also demonstrate bravado and personal power to peers and use self-injury to prove themselves. If self-harming behaviours become part of the culture of the secure environment these challenging behaviours may help the young person gain acceptance in their peer groups through mimicking behaviours. Secure contexts that develop a culture of self-harming are often indicative of a breakdown in communication and relationships between young people and staff.

By reflecting on some of the reasons for intentional self-harming it is possible to see that young people also may experience positive reinforcement to continue these challenging behaviours: self-harming can become a habit, an obsession, a compulsion or an addiction.

### Reflective Questions

- *Think back to the self-harming behaviours that you identified with the first reflective question. What purpose do these behaviours serve?*
- *Do any of these behaviours serve a positive purpose?*

*[[I]] tried [self harming] and got scared of it. If they asked why [I harmed myself], I'd say 'anger, release', that would put them off. They'd leave it to settle down a bit but they don't come back to speak to you and that's when you feel unwanted and low again.*

(Male 14, Who Cares? Scotland, 2003, p. 39)

### **The needs of intentionally self-harming young people**

In order to provide safe and secure accommodation for young people it is essential to consider the motivation and needs of intentionally self-harming young people. The following provides some guidelines for understanding some of these complex needs (see Arnold & Magill, 2000):

- Safe skills for expressing, responding to and coping with emotional pain and distress through an increase in knowledge of the range of emotions and how these are linked to thinking, feeling and being;
- A safe context for the expression of difficult emotions and memories that includes acceptance and respect for the whole young person including their self-harming behaviours;
- Open channels of communication between staff and young people;
- Control, choice and dignity to the greatest extent possible following admission to secure accommodation and in line with the UN Convention of the Rights of the Child 1989;
- Hope that change is possible and that new ways of coping can be developed;
- Practical information and support to understand intentional self-harm, the reality of secure accommodation, external support and access to advocating agencies such as Who Cares? Scotland.

Young people who self-harm need to understand the factors that provoke and sustain these behaviours if they are to stop self-injuring. Communication and understanding are the keys to alleviating these behaviours (Rose, 2002; O'Neill, 2001).

### **Reflective Questions**

- *What system factors in secure accommodation might increase the likelihood that young people will engage in self-harming behaviours?*
- *What could you do in your own working environment and in your own style of working to alleviate some of these factors?*

## **Effective responses and interventions**

Communication always works two ways and it is important that staff are open and sensitive when responding to young people. At the same time staff will need to manage the difficult emotions and instinctive reactions that witnessing such behaviours will inevitably provoke (see Arnold & Magill, 2000):

### **Show caring & clear boundaries:**

It is important to show caring for the well-being of the self-harming individual. At the same time the emotional charge for both the young person and staff can be overwhelming. It is important not to become overwhelmed or lost in the experience of caring - this would lead to ineffective interventions, a lack of a secure base for the young person and escalating personal stress for you as a staff member. Even if you experience a strong reaction it is best to contain this response and present a concerned and curious front that is at the same time in control with a calm straightforward response (e.g., 'I see that you have hurt yourself. I will get some bandages so that you can care for you injury. I am sure it is hurting and I don't want it to get infected'). Moving the young person toward ever increasing safety and security must be the aim of any intervention.

### **Open communication channels and increase insight:**

Convey a tolerant attitude and openness to talk about self-harm, and a willingness to get the young person specialist support. Provide a context for the young person to understand difficult emotions and learn how to express them safely. Help the young person identify the triggers for self-harming and how they feel before, after and during these behaviours.

### **Acknowledge feelings and show respect:**

Acknowledge the young person's capacity to cope with stress, trauma or difficult feelings and to stay alive. Help the young person understand that when the underlying factors leading to self-injury are uncovered, strong and difficult memories and emotions are often found. In this way a young person's impulse to self-injure could become a trigger for seeking help. Normalize strong emotional reactions over the first 24-48 hours of being admitted into secure accommodation and let the young person know that staff are present to support them through this transition.

### **Understand that it takes time to stop:**

Remember that progress will come in small and gradual steps. The magnitude of the difficult emotions/context leading to self-harming behaviours is indicative of the challenge young people face when changing these behaviours. It will take a period of time and personal power to stop self-harming once it begins. This begins with gradually reduced intensity and duration of self-harming over time. It may also begin with better self-care of injuries and increased communication skills.



### **Provide safe alternatives to self-harming:**

Providing a safe alternative to self-harming is a strategy that helps distract from intentional self-harm so that young people can begin to deal with their distress and emotions more safely. Encourage the young person to identify the emotion associated with the urge to self-injure. Here are some suggestions:

*Anger:* focus on physical activities that are safe, like hitting something soft, tearing up paper, hitting a pillow or throwing it against the wall, running, or walking.

*Depression:* encourage the person to self-care: focus on calm and comforting activities like taking a bath or having a hot drink.

*Dissociation from reality, numbness and floating feelings:* focus on here and now objects in the room and have the young person describe what is around them; support them to focus on their breathing and notice the weight on their body as they sit on the chair or floor.

### **Establish clear policies and guidelines:**

Ensure your establishment has clear policies and guidelines for staff to respond to self-harming behaviours which include reporting, recording and monitoring these behaviours. Staff should have access to training and support in order to respond to these behaviours effectively. Information about the risk of hepatitis and AIDS should also be available so that young people understand the additional risks of sharing or using dirty implements to harm themselves.

### **Consider alternative care contexts:**

Self-harming behaviours can increase in contexts that are restrained and controlling such as secure accommodation. It is important to consider alternative care settings for young people who intentionally self-harm, whenever this is possible (see O'Neill, 2001).

## Reflective Questions

- *Think about an incident when a young person in your care engaged in self-harming behaviours.*
- *What emotion was associated with this behaviour for the young person?*
- *What strategies might you use now to respond to this young person's needs?*
- *Can you identify any local resources that might help in working with young people who self-harm?*

## Conclusion

Intentional self-harm is one of the most complex behaviours that staff are called on to respond to in secure accommodation. These challenging behaviours vary broadly and the reasons for young people to self-injure are very individual. It is important to remember that these behaviours are indicators of underlying stress and hurt that need to be cared for. Finally, keeping our duty to provide care and security to young people in the forefront of our work can guide sensitive and effective interventions that reduce the risk for young people to hurt themselves.

## Training links

### SVQ:

Unit Z8 Support individuals when they are distressed (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit SC17 Evaluate risk of abuse, failure to protect and harm to self and others (optional unit in the SVQ level 3 qualification *Caring for children and young people* and mandatory unit in the SVQ level 4 qualification in *Care*).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

## Further reading

Arnold, L. & Magill, A. (2000). *Self-harm: a resource pack*. The Basement Project: Abergavenny, UK.

<http://freespace.virgin.net/basement.project/Publications%20list.htm>

Bywaters, P. & Rolfe, A. (2002). *Look beyond the scars: understanding and responding to self-injury and self-harm*. London: NCH.

Meltzer, H., Corbin, T., Gatward, R., Goodman, R. & Ford, T. (2003). *The mental health of young people looked after by local authorities in England: summary report*. London: Office of National Statistics.

Piggot, J., Williams, C., McLeod, S. & Barton, J. (2004). A qualitative study of support for young people who self-harm in residential care in Glasgow. *Scottish Journal of Residential Child Care*, 3(2), 45-55

## Web Site Links:

**The Basement Project:** The Basement Project provides support groups for those who have been abused as children and people who self-harm. They also provide training, consultation and supervision for workers in community and mental health services, as well as a range of publications offering practical guidance for workers.

Address: PO Box 5, Abergavenny NP7 5XW

Tel: 01873 856524

<http://freespace.virgin.net/basement.project/default.htm>

**Who Cares? Scotland:** Is a national children's charity

<http://whocaresscotland.net>

**NCH:** Is a national children's charity (Tel 0207226 2537)  
[www.nch.org.uk/selfharm](http://www.nch.org.uk/selfharm)

**YoungMinds:** is a national children's charity (Tel 0800 018 2138)  
<http://www.youngminds.org.uk/publications/booklets/selfinjury.php>

**National Self-harm Network:** information for people who self-harm  
[www.helen.ukpet.com](http://www.helen.ukpet.com)

**Mental Health and Growing Up, Second Edition**

Deliberate self-harm in young people - a fact sheet from the Royal College of Psychiatrists (for parents and teachers)  
<http://www.rcpsych.ac.uk/info/mhgu/newmhgu30.htm>

**The Young People & Self-Harm Information**

**Resource** <http://www.selfharm.org.uk>  
Email: [selfharm@ncb.org.uk](mailto:selfharm@ncb.org.uk)

**United Nations Convention on the Rights of the Child (1989):** Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 on 20 November 1989, entry into force 2 September 1990. Available on-line <http://www.uncrc.info>.

*Young people and those responsible for them need to be prepared both to resist drugs and, as necessary, to handle drug related problems. Information, skills and support need to be provided in ways that are sensitive to age and circumstances, .....*

*(Tackling Drugs to Build a Better Britain, 1998, p. 4)*

## Introduction

This paper aims to support the practice of front line residential workers in working with issues of drugs. Chapter 1 and paper 4.16 contain further discussion around the prevalence and impact of drug use among young people. This paper will attempt to further workers' knowledge and understanding of drug use amongst young people in secure accommodation. It considers how workers might use and develop their skills and resources to reduce aspects of harm to young people in their care, relating to drug use.

## Background

Drug use among young people in Scotland has been on the increase for as long as statistics around this issue have been gathered. In particular drug use among young people in local authority care is on the increase. Staff working in a variety of settings feel powerless to make any kind of meaningful impact on what can be a traumatic experience for the young person and the staff member alike.

Practice experience in secure accommodation suggests that when the issue of drug use comes it can elicit uncertainty in the staff group. They may seek to respond in standardised and narrow ways, such as automatically involving the police. Such a response is, in part, due to a concern to 'cover' themselves in relation to the agency by whom they are employed. If staff are to make any kind of impact on this growing problem, then they need a supportive agency culture to do so.

Residential workers have a responsibility if they are aware that young people in their care have drugs on their person.

All residential workers should be actively involved in the communication of values, skills and accurate knowledge to young people in order to aid them in making

informed choices in relation to drugs. This should take place alongside the provision of a safe, secure and drug free environment wherever that may be.

### **What do we mean by drug?**

There is a range of opinion around what constitutes a 'drug.' For the purposes of this document the following definition is used:

*A drug is any substance taken into the body which alters the way the body functions either emotionally, physically or mentally. This includes tobacco, alcohol, solvents, prescribed and over the counter medicines as well as illicit substances.*

Within individual units this could be used as a topic for opening a broader discussion around workers' opinions, as well as their knowledge of drugs and their effects. An appendix to this document covers the main drugs used by young people in Scotland today. This list is far from exhaustive and further information can be obtained from a number of the websites listed.

## Reflective Questions

- *What is your individual perception of what constitutes a drug?*
- *Is your perception the same as the perceptions of your colleagues?*

### **Why young people take drugs**

The cultural context of young people and their drug use is difficult for many adults to comprehend. Young people take drugs for a number of reasons. The first reason can be hard for adults to understand; it is enjoyable, especially in the early stages of usage. However, enjoyment can shift into dependency and this has implications in terms of funding a drug habit. Young people may also take drugs as a release from the pressures in their lives. It can be helpful in some cases to think of drug use as a dis-ease – young people who are not at ease with themselves may turn to drugs. There is also a peer group dimension to usage, both in terms of accessibility and peer culture.

### **Approaches to working with drugs**

In Scotland at the moment there are two main approaches to working with people who have problems with drug use. They are harm reduction and abstinence.

The total abstinence model has been around for quite some time and has proved to have had limited success in tackling what is a growing social and cultural problem.

There is evidence to back up the theory that this form of intervention is more successful with people who are well into their drug taking careers.

Harm reduction attempts to lessen the impact that drug misuse undoubtedly has on the individual and society in general. This is usually facilitated by linking the drug user into specifically designed services around their drug use and lifestyle.

Both approaches have their merits and their downside; abstinence among curious young people is unlikely to be a successful approach. However, being linked into what is fundamentally a legalised cycle of drug use has its own issues and limitations.

### **Practice implications**

It is important that units acknowledge that there will always be the possibility of drugs being brought in and that staff must make it clear to all people that have access to the building that drugs in the unit are not acceptable. Clearly staff members must regularly and in a consistent manner make young people aware that it is not part of the unit culture to allow drug use and at the same time show the young people that there are viable alternatives.

Providing information and education to young people around drug use should happen in a number of different ways. It should be impartial and include information about drugs that all young people need to know. This should include the components of health and safety when things go wrong, along with more targeted information in relation to a young person's drug status.

There must also be scope for the development of educational inputs that transcend young peoples' fears around adult misunderstanding of drug use. This type of approach will facilitate a more open dialogue and remove the feeling that the process is fraught with danger. It is time to create a forum that allows young people to engage in open discussion around their drug use with no fear of being condemned for it.

Having regular and honest discussions in group form that focus on healthy attitudes towards drug taking, smoking, drinking and lifestyle will open up the subject for further discussion (see paper 4.10).

### Good Practice

In order to prevent use or supply of drugs in your unit staff groups should engage with the topic proactively. Here are some examples of how they might do so:

- Organise a regular discussion group for young people in relation to drug use;
- Make drug use a live issue in your unit;
- Ensure the resident group are aware of the units policy around drug use;
- Maintain vigilance, conduct searches when appropriate;
- Ensure staff are well supplied with information that can be passed on to the residents;
- Ensure adequate supervision and lighting;
- Apply graduated sanctions e.g. withdrawal of privileges or non participation;
- Temporarily exclude young people from the group;
- Make connections with the local service provision who's remit involves drug use and young people.

### Reflective Questions

- *Within your unit, how are the issues of drug and alcohol use dealt with in the staff team?*
- *How aware are unit staff of local or national agencies that work with young people around drug issues?*
- *Does your unit have good links with services which work specifically in this area? If not what are you doing about it?*

### Confidentiality in practice

Working with young people in a residential setting is built upon relationships. Developing positive working relationships with young people can depend to a large extent on trust and confidentiality. It is therefore important that workers make young people aware of situations where confidentiality may not be maintained.

Trust based on confidentiality is of paramount importance in a residential worker's relationship with the young people in their care. When a young person discloses that

they are using drugs, there are a number of factors to consider relating to whom to inform:

- The welfare of the young person. Where there is a significant or immediate risk to the young person related to their substance misuse, it is likely that their parents will need to be informed.
- Risk to other people
- The age and developmental maturity of the young person concerned
- The wishes of the young person and the possible consequences of the information being disclosed to other parties
- Likely legal implications
- Consequences for the client/worker relationship.

### **Police involvement**

One of the most frequently asked questions in relation to the discovery of drug use or supply in residential units is, 'should we involve the police?'

There is no legal requirement to report a drugs related offence to the police, although local codes of conduct or practice may impose a duty upon staff in residential units to report an alleged offence to their employer. Consideration should be given to the effect of any decision taken on the welfare of the child and of the implications for the unit concerned.

It would be useful for units to develop a protocol with the local police to consider how they might work together on drugs-related issues.

### **Working with others**

Drug use has different causes, manifestations and implications for different young people. Different professionals might be involved in helping young people with their difficulties. This may include GPs' mental health workers or drugs counsellors. Staff in residential units may think that the issue is beyond their expertise. However, in addition to any specialist services, young people will need supportive and trusting relationships with those around them. It is important then that staff become comfortable in working with drugs issues.

### **Reflective Questions**

- *How would you access information around drug or alcohol dependency?*
- *Can you recall a situation when your unit worked well with another service around drug use?*



## **Training links**

### **SVQ:**

Unit Z17 *Support clients who are substance users* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 342 *Assess and act upon immediate risk of danger to substance users* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*)

HSC 341 *Help individuals address their substance use through an action plan* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*)

## **Further reading**

McIntosh, J., MacDonald, F. & McKeganey, N. (2003). Dealing with the offer of drugs: the experiences of a sample of pre-teenage schoolchildren. *Addiction*, 98, 7, 977-986.

Kandel, D. & Yamaguchi, K. (1993). From beer to crack: developmental patterns of drug involvement. *American Journal of Public Health*, 83(6), 851-855.

Scottish Executive. (2003b). *Getting our priorities right: good practice guidance for working with children and families affected by substance misuse*. Edinburgh: Scottish Executive.

*Misuse of Drugs Act 1971*.

HMSO. (1998). *Tackling drugs to build a better Britain*. London: The Stationery Office.

## **Useful websites**

[www.drugworld.org](http://www.drugworld.org)

[www.sdf.org.uk](http://www.sdf.org.uk)

[www.emcdda.eu.int](http://www.emcdda.eu.int)

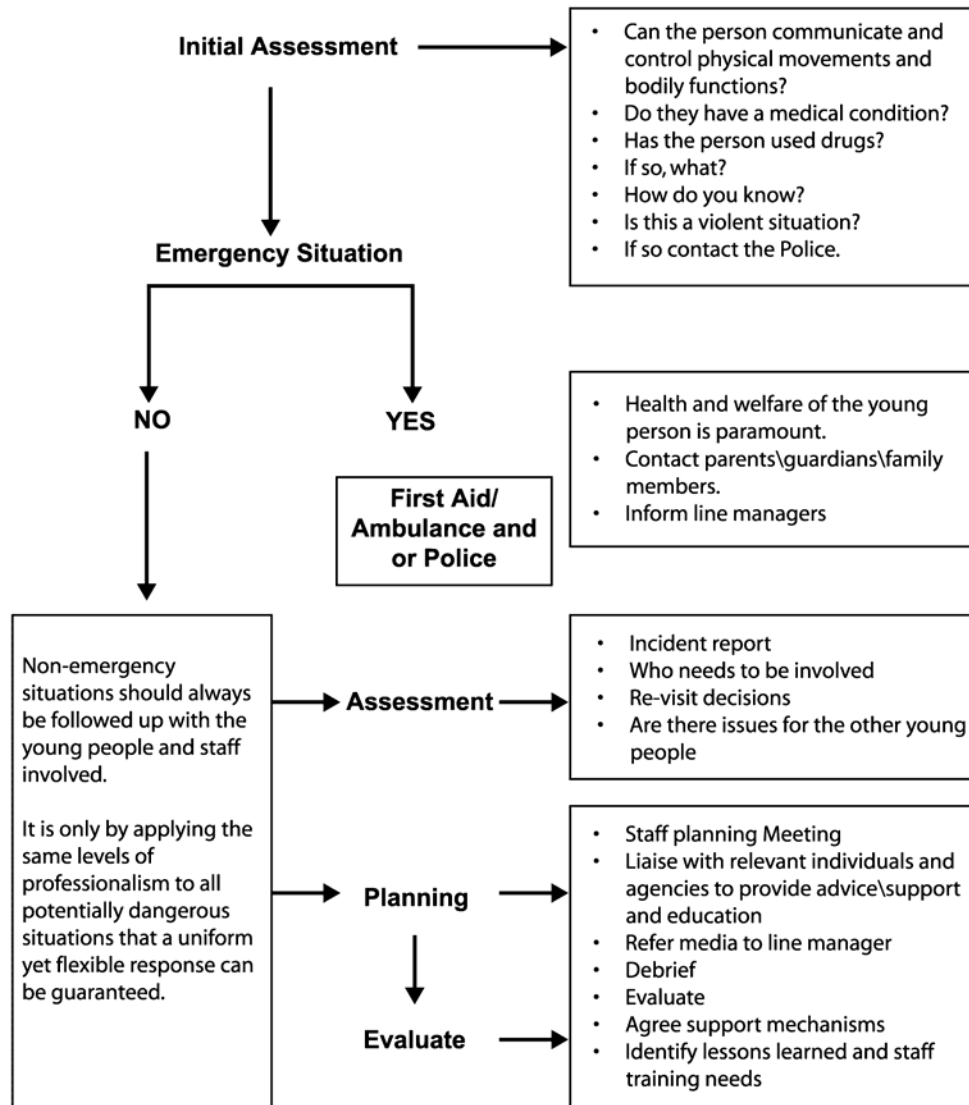
[www.lifeline.org.uk](http://www.lifeline.org.uk)

### Dealing with an Incident

#### At all times

The health and safety of the worker involved, the young person, other young people and workers is of paramount importance when deciding upon appropriate action to be taken.

**This flow chart could form the basis of a training session with staff in the managing of incidents and in testing out unit policy. It is strongly recommended that workers undertake training in first aid procedures.**



### Guidelines for Practice

An emergency exists when a young person:

- Is unconscious
- Displays difficulty in breathing
- Shows signs of overdose
- Is seriously disorientated
- Tells you it is an emergency.

If the above is happening

**Call an ambulance**

**Stay calm – demonstrate you are in control**

**Use first aid procedures**

**Take steps to protect yourself and the young person**

- Assess the situation, ensure you and the young person are not in any danger.
- If first aid qualified, apply first aid.
- Save any substances involved and pass them to the ambulance crew.

**While waiting for the ambulance – DO NOT PANIC**

**Do** collect any substance for medical analysis

**Do** not give anything by mouth

**Do** not induce vomiting

1. If the young person is conscious  
Ask the young person what happened and try to identify any substance used.  
Keep the young person warm and if possible quiet.

Put them in the recovery position and attempt to engage them in order to keep them conscious.

2. If the young person is not conscious

**Do** ensure that the young person is breathing and place in the recovery position.

Make a note of the incident, what time the ambulance was called, along with a brief description of the young person's condition.

**Do not** move the young person unnecessarily; move the rest of the group if need be.

**Do not** leave the young person unattended for any reason.

When the ambulance arrives make sure you ascertain what hospital the young person is going to, and if possible send a staff member along with the young person.

## Reflective Questions

- *What is your knowledge of the effect of different substances?*
- *Does your unit have a policy or the capacity for working with a young person who is withdrawing from any substance?*
- *How have you and your unit dealt with drug-taking episodes in the past?*
- *Did it work? If yes, why? If no, why not?*

## Cocaine

**Description:**

White or creamy in colour, grainy, powder or rock.

**Aliases:**

Coke, Charlie, Ching, Toot, Snow, Posh

**Methods of consumption:**

Cocaine is most usually chopped into a fine powder using a sharp blade or credit type card and then snorted up the nose.

Other methods include smoking it either in a pipe or a joint, swallowing it in a wrap of paper or injecting into the veins.

**Effects:**

Cocaine is a stimulant drug (upper).

The effect is almost instant and is usually short lived.

The user may feel more confident than is usual and may appear talkative and alert.

Coming down from a cocaine high can cause disrupted sleep patterns, loss of appetite and being more irritable than usual.

Cocaine can cause the user to experience quite dramatic episodes of paranoia, panic attacks, arrogance and extreme anxiety.

Regular use of cocaine leads to a buildup of tolerance, so that more of the drug is needed for the same effect. Cocaine is a highly addictive substance, so regular usage could lead to dependency problems.

As with many of the powder-based drugs, cocaine differs in strength from batch to batch. One batch can be ten times stronger than the next, exposing the user to possible overdose.

## **The Law**

Cocaine is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

## Heroin

### **Description:**

Heroin is a powdery substance that varies in colour from white to brown, depending on its country of origin.

### **Aliases:**

H, horse, smack, brown, gear, skag, Roberta flack.

### **Methods of consumption:**

Heroin can be smoked either in a joint or by burning it on tin foil (aka chasing the dragon).

Heroin can also be snorted up the nose.

Heroin can also be injected into the body.

Smoking the drug is less risky than snorting or injecting. It enters the bloodstream more slowly and as such the dosage can be controlled.

Injecting the drug is the most risky method of consumption, exposing the user to possible overdose and a range of transmissible diseases.

### **Effects:**

Consuming heroin can make users feel relaxed and at peace with themselves. It sometimes gives the user a sense of security. Depending on the strength of the drug the effect can last for four to six hours.

Negative side effects are lethargy, nausea, vomiting, loss of sex drive and irritability.

The pupils of the eye shrink to pin size when using heroin.

Regular usage can lead to dependency problems; also more drug is needed for the same effect.

**The Law:**

Heroin is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

## Cannabis

**Description:**

Cannabis is most usually sold as a compressed block of resin in a variety of brown shades. It also comes as dried leaves or the flowers of mature plants.

**Aliases:**

Draw, blow, grass, weed, skunk, ganja, pot, hash, tarry.

**Methods of consumption:**

The drug is usually consumed along with tobacco in a joint, bong or pipe.

It can also be eaten; this method of consumption takes longer for the effect to come on and will be more intense and longer lasting.

**Effects:**

In small amounts and with infrequent use, the drug can make the user feel relaxed, increase creativity, feel more sociable, hungry (the munchies) and giggly.

When used more frequently and in larger doses, the drug can cause feelings of paranoia, panic attacks, anxiety and make the user feel physically sick.

Some of the stronger variations of the drug, e.g. skunk, can have a hallucinogenic component to them.

It is often held that cannabis is not physically addictive; however some people report a psychological dependency.

**The Law:**

Cannabis has recently been reclassified under the Misuse of Drugs Act from a class B to a class C drug.

The maximum sentence for possession is two years and/or an unlimited fine

The maximum sentence for supply is 14 years and/or an unlimited fine

Usage of the drug remains an offence and the police still have licence to arrest users at their discretion.

## Ecstasy

### **Description:**

Most commonly presented in pill form; can also be supplied in capsules and in powder form.

### **Aliases:**

Es, MDMAs, party smarties, eccies.

### **Methods of consumption:**

Ecstasy is most usually consumed orally both in powder and in pill form.

When in powder form it can be snorted, although MDMA is a caustic substance and burns the lining of the nose.

### **Effects:**

Causes user to have euphoric feelings

Feelings of well being and increased sociability

Increases blood pressure and body temperature

Taken regularly the drug causes mood changes; in particular it can cause anxiety and lead to panic attacks.

### **The Law:**

Ecstasy is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.



## Tranquillizers

### **Description:**

The majority of these drugs originate from the medical profession and are legally held with a prescription.

Their primary function is to promote calmness; they are also used to treat different forms of anxiety, depression, insomnia and nervousness.

The word tranquillizer is a generic term for a large number of drugs that have similar properties.

As such the following information is not specific to any one drug. Further information can be found on the websites listed.

### **Aliases:**

Valium, vallies, norries, jellies, nitrazepam, lorazepam, moggies, eggs, benzos, mazzies.

### **Methods of consumption:**

Mainly taken orally in pill or capsule form.

Can be administered anally in suppository form.

Can also be injected; however this is an extremely dangerous practice and can be fatal.

### **Effects:**

Tranquillizers are designed to suppress the central nervous system and therefore have a sedative effect.

Tranquillizers are highly addictive as tolerance increases very quickly.

The symptoms of withdrawal can be witnessed after relatively short periods of regular use. These symptoms range from mild nausea, dizziness and confusion, through to panic attacks and seizures (fits) when usage has been greater and for longer periods.

### **The Law:**

Tranquillizers are controlled under the Misuse of Medicines Act.

They are classified a class C drug.

They can only be prescribed legally by a doctor or a pharmacist.

The maximum sentence for possession is two years and/or an unlimited fine.

The maximum sentence for supply is 14 years and/or an unlimited fine.

## Methadone

### **Description:**

Methadone is a synthetic man-made derivative of the opioid drug such as heroin or morphine.

Methadone is most commonly found in linctus form which is green in colour and is known as methadone mixture. This can vary in strength, 1mg to 1ml is the most common mix and represents, for example, 30ml mixture = 30mg methadone.

It is also available in tablet and ampoule form.

This drug is used widely in the treatment of opiate addiction.

### **Aliases:**

Meth, green, green madness, green juice, phy and turtle.

### **Methods of consumption:**

Usually consumed orally.

Can be injected however this method of consumption is risky and will lead to permanent damage to the vascular system.

### **Effects:**

The initial effect of the drug will take 45-90 minutes to come on.

The user will experience a general feeling of well being.

The drug regularly causes the user to 'speed' during the effect.

There is a real risk of overdose when using this drug as it has a residual or half life that can last up to 24 hours. This causes a gradual buildup of the drug in a regular user's system.

Given that the drug is a member of the opiate family, pinprick pupils are a side effect of usage.

### **The Law:**

Methadone is a class A drug, under schedule 1 of the Misuse of Drugs Act.

Non-prescribed possession and supply are illegal.

Maximum penalty for possession is seven years imprisonment and an unlimited fine.

Maximum penalty for supply is life imprisonment and an unlimited fine.

## Solvents and Gas

**Description:**

Various household and industrial chemicals.

**Aliases:**

Glue, petrol, thinners, aerosols.

**Method of consumption:**

Inhalation directly from the product into the lungs.

Usually involves the use of a plastic bag, with the substance inside.

**Effect:**

Some products similar to alcohol.

Hallucinogenic effect and drowsiness.

Long term heavy usage will cause brain and liver damage.

Short term memory loss and inability to concentrate.

**The Law:**

It is illegal for shopkeepers to sell these product to anyone under the age of 16 if they suspect it will be misused

*...studies suggest that the vast majority of people have committed a crime at some time in their lives...*

## Introduction

This paper provides a brief overview of what we know about young offenders in Scotland. After presenting some basic trends and patterns of offending, we discuss how criminal careers are established and developed, paying particular attention to characteristics associated with young people involved in persistent offending.

## Patterns of youth crime and persistent offending

### The extent of youth offending

It is widely accepted that age is a major indicator of involvement in offending and that young people, in general, are responsible for a disproportionate amount of crime. They constitute a quarter of all known offenders and, depending upon the age and crime types selected, are 'credited' with between 40 and 66 percent of all indictable crime. According to a recent report (Audit Scotland, 2002), approximately £230-240 million of public money is spent on dealing with youth offending in Scotland each year. On top of this financial burden, crime has wider social impacts including, for example, psychological distress to victims and the effects of fear of youth crime and disorder.

### Number of young offenders

There are currently about 915,000 young people aged between 8 and 21 years living in Scotland. A review of offenders' files carried out in 2001 revealed a total of over 76,000 recorded offenders under the age of 21 (Audit Scotland, 2001). This represents one in 12 young people.

In 2003/04 34,266 referrals were made to the Children's Reporter on offence grounds, a 13% rise over the previous year. This rise is roughly in line with an increase across all grounds of referral. 1201 young people were identified as 'persistent young offenders.' (SCRA, 2004b).

Since the mid-1980s referral rates for girls have risen (from 8 to 12 referrals per 1,000 population in 2000/01). That said, young women still constitute a very small proportion of overall offence referrals – it is not surprising that gender is another of the strongest predictors of offending. The peak age for offence referrals in 2000/2001 was 15 for boys and 14 for girls, although a study of the fast-track hearing pilot scheme (SCRA, 2005) indicates that 15 is the peak age for both sexes. According to this same study, girls who offend are more likely to have been in residential child care than are boys.

In the adult system the peak age of conviction was 18. Seven per cent of 18-year-old males were convicted on at least one occasion for a crime, simple assault or breach of the peace, compared with 1% of females

### **'Normal' deviance or criminal careers?**

The vast majority of young people are 'temporary delinquents' for whom offending is 'a transitory phenomenon linked to their social development'. The prevalence of youth offending is demonstrated by self-report research studies involving young people (e.g. Graham & Bowling, 1995; see also the Edinburgh study of Youth Transition and Crime, [www.law.ed.ac.uk/cls/esytc](http://www.law.ed.ac.uk/cls/esytc)). Such studies suggest that the vast majority of people have committed a crime at some time in their lives, albeit of a relatively minor nature such as stealing from school, vandalism, shoplifting and fighting. Lesser offending may therefore be considered a typical rather than abnormal form of behaviour, particularly for young men who offend not only more often but also until an older age.

That said, there are undoubtedly some young people for whom offending is not simply part of 'normal' youth activity, but is more problematic. It is now widely accepted that a comparatively small proportion of 'persistent' offenders account for a high proportion of all offences. In Scotland in 2001 over half of all convictions were accounted for by the 26% of individuals who were convicted on more than one occasion. Those aged under 21 were the most likely to have been convicted more than once (Scottish Executive, 2002b).

The Scottish Executive's 10 point Action Plan on Youth Crime (Scottish Executive, 2002a) defined persistent young offenders as 'young people who have been referred to a Children's Hearing on offence grounds in respect of at least 5 offending episodes in the last 6 months.'

### Reflective Questions

- *Why do you think offending is less prevalent among girls than boys?*
- *Thinking of your own adolescence, can you identify individuals who were involved in criminal behaviour? What happened to them?*

## **Characteristics of young people involved in persistent offending**

Comparisons between persistent young offenders and less frequent offenders do not reveal any striking differences in terms of characteristics and family backgrounds. They do, however, show characteristic risk factors to a much greater degree.

### **Age of onset**

One of the best predictors of persistence is the early onset of offending. Young people who become involved in crime before the age of 14 tend to become the most persistent offenders with longer criminal careers. Evaluations of two projects in Scotland which target persistent young offenders revealed that in one project almost 75% had been charged before their 14<sup>th</sup> birthday and in the other project 66% had been charged by the age of 12 (Lobley & Smith, 1999; Lobley, Smith & Stern, 2001).

### **Patterns of offending**

Most young offenders commit a range of offences rather than concentrate on one type of crime. Various studies suggest:

- the greater the number of offences young people had committed, the more likely they were to have been involved in a wide range of offences (Lobley et al, 2001; Hagell & Newburn, 1994);
- juveniles who remain involved in crime commit more serious offences as they age (Blumstein, Cohen, Roth & Vischer, 1986);
- violent offenders are essentially frequent offenders (Farrington, 1996).

### **Family influences**

The family is central to an understanding of why some people offend and others do not.

Family factors can be usefully grouped into four:

- Parental neglect;
- Parental conflict and discipline;
- Deviant parental behaviour and attitudes;
- Family disruption.

Those involved in persistent offending are more likely to come from families who fit into several of the above groups.

### **History of social work involvement**

In general, persistent young offenders tend to be well known by social work departments and more often have been referred in the first instance on welfare grounds and not on offence grounds. Many young offenders have experienced neglect or physical, sexual or emotional abuse. Another feature that distinguishes persistent offenders is experience of local authority care.

## **Educational experience**

Youth delinquency is strongly associated with not liking school, poor school performance, weak attachments to school and teachers and low educational aspirations. Persistent young offenders tend to have more pronounced educational problems with high rates of disruptive behaviour, truancy and school exclusion.

## **The influence of delinquent peers**

Evidence suggests that relationships with criminal peers are associated with criminal behaviour. However, it is not clear whether membership of a delinquent peer group *leads* to offending or whether delinquents simply gravitate together. Persistent young offenders are more likely to associate with other persistent young offenders (as opposed to re-offenders) whom they usually meet in children's homes, custody or elsewhere in the local area, and with whom they tend to co-offend. They are also more likely to 'hang about' in public places than other offenders/non-offenders.

## **Substance misuse**

A high proportion of young people involved in persistent offending have problems related to misuse of alcohol and drugs. In many cases the use of drugs and alcohol is associated with unstructured and often chaotic lifestyles. Far more young people identified as delinquent have used what might be considered to be more socially acceptable drugs, such as cannabis, alcohol or tobacco than have used hard drugs such as heroin or crack cocaine. Moreover, the use of the former, substances is more strongly related to offending than any other drugs. The drugs-crime connection is complex. No single causal relationship between substance misuse and crime has been established, though it is generally accepted that 'addictive type' drug use (heroin, methadone, crack cocaine and valium) in particular requires a level of involvement in crime to finance the addiction and is frequently related to shoplifting. 'Stimulant and polydrug' use is often related to stealing cars and violence while young people who are 'heavy' or 'binge' drinkers are more likely to be involved in violent crime.

## **Psychological factors**

Studies suggest that persistent offenders may be subject to psychological factors. They are likely to be inclined to aggression, impulsive or risk taking behaviours and tend to have poorer physical health than those who do not offend.

## **Social, economic and environmental factors**

Finally, social and economic deprivation is an important predictor of antisocial behaviour and crime. The risks of becoming involved in persistent offending are higher for young people growing up in poor housing, particularly public housing in deteriorated inner city areas and peripheral housing estates. Other environmental

risk factors include social disintegration, criminal opportunity, the availability of drugs and a high percentage of children and young people living within the community.

## Reflective Questions

- *Can you think of examples of the behaviours or situations that would fit into each of the four groups of factors identified in the paragraph on 'Family influences'?*
- *Think of a young offender in your unit. To what extent does s/he fit the pattern of characteristics identified in this paper?*

## Conclusion

There is a widespread view that a small number of persistent offenders are responsible for a high proportion of crime in Scotland. The difference between offenders and persistent offenders seems to be one of degree.

It is clear that persistent young offenders have very high levels of need. For delinquency in general, risk factors include: poor parenting; association with delinquent peers; poor school performances and persistent truancy; high levels of impulsiveness and aggressiveness; poverty and poor housing. We do know that young people who experience one or more such factors are at greater risk of offending. Within the individual life histories of persistent offenders, these risk factors tend to accumulate and reinforce one another. Early onset of offending is an indication that young people have a range of characteristics that may cause them to behave antisocially throughout their lives.

Though talk about crime and punishment tends to treat victims and offenders as discrete groups, recent evidence from the Edinburgh Study of Youth Transition and Crime suggest that victimisation and delinquency are linked. Indeed, experience of being a victim of crime at the age of 12 is one of the most powerful predictors of offending at the age of 15.

Though persistent offending causes real and serious damage to communities, the evidence in this chapter suggests that it is itself, in part at least, the product of other forms of disadvantage and victimisation.

## Training links

### SVQ:

Unit C7 *Provide a framework for the management of behaviour* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 322 *Prepare, implement and evaluate group activities to address the offending behaviour of children and young people* (specific optional unit for the



revised SVQ level 3 qualification *Health and social care: children and young people*).

Unit HSC 324 *Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings: outcome two* (optional unit).

### **Further reading**

Batchelor, S. & Burman, M. (2004). Working with girls and young women. In G. Mclvor (Ed.), *Research highlights in social work: women who offend*. London: Jessica Kingsley.

Batchelor, S. & McNeill, F. (2005). The young person-worker relationship'. In T. Bateman and J. Pitts (Eds.), *The Russell House Companion to Youth Justice* (pp. 166-171). London: Russell House Publishing.

McNeill, F. & Batchelor, S. (2004). *Persistent offending by young people: developing practice issues in community and criminal justice, Monograph number 3*, London: National Association of Probation Officers.

Scottish Children's Reporter Administration. (2004b). Annual Report 2003/04. *Scottish Children's Reporter Administration*. Retrieved 12<sup>th</sup> December 2004:

[www.scra.gov.uk/AR\\_03\\_04\\_Pack.html](http://www.scra.gov.uk/AR_03_04_Pack.html)

Scottish Children's Reporter Administration. (2005). On the right track: a study of children and young People in the fast track pilot. *Scottish Children's Reporter Administration*. Retrieved 17<sup>th</sup> April 2005:

[www.scra.gov.uk/AR\\_03\\_04\\_Pack.html](http://www.scra.gov.uk/AR_03_04_Pack.html)

*...The key to all of the interventions is helping the young people to learn about respect. They need to learn how to respect themselves, as well as other people.*

(Charles & Collins, 2000b, pp. 2-3)

## **Introduction**

The whole area of sexual offending is subject to intense political, media and public concern. This places considerable pressures on staff who have to work with young people deemed to be sexually aggressive. This paper considers:

- problems of definition;
- the policy context;
- the characteristics of young people identified as sexually aggressive;
- approaches to working with them;
- implications for the regime in secure units.

## **Adolescent sex offending**

It is generally accepted that between a quarter and a third of all sexual abuse is carried out by children and young people. Many adult offenders begin their offending careers in adolescence. That is not to say that this is an inevitable progression. Recidivism rates for young people who sexually offend are in fact significantly lower than that for adult sex offenders. Many, in appropriately supportive environments, simply grow out of such behaviours and can move on to develop appropriate and non-abusive adult relationships. Nevertheless, it is important to respond appropriately to sexually aggressive behaviour in adolescence lest it continue into adulthood, with all the resultant consequences for possible victims and abusers alike.

The first difficulty in this area is one of definition. Some more serious acts are fairly unambiguous. However, adolescence is a time when sexual identities are being developed (see chapter 3) and can involve some crossing of sexual boundaries

which may be inappropriate but not necessarily indicative of ongoing problems with sexual behaviour.

Moreover, because most sexual behaviour is conducted in relative privacy, those cases that come to our attention are likely to be the tip of an iceberg as far as adolescent sexual behaviour is concerned.

Another issue is that many young people identified as sexually aggressive have themselves been subjected to sexual or other forms of abuse. This crossover between the sexually abused and the sexually aggressive is highlighted in secure accommodation, where young people can be placed on account of either or both sexual offending and/or sexual vulnerability.

Despite such difficulties in defining and quantifying sexual aggression, the term itself is heavily value laden and can evoke a range of strong emotional reactions.

Nevertheless, it is important that staff have some definition of sexual offending to work with. As good a working definition as any might be:

*the commission of any sexual act against an individual's will, in an aggressive, exploitative or threatening manner.*

## Reflective Questions

- *What comes to mind when you hear the term sexual aggression?*
- *Can you think of any adolescent behaviour that might be construed as sexually aggressive or offensive?*

### **The policy context**

*A Commitment to Protect* (Social Work Services Inspectorate, 1997) identified that young people's offending must be more effectively addressed at an early stage if their progression to more serious offending in adulthood is to be prevented. A subsequent Expert Panel on Sex Offending, set up by the Executive recommended that all children identified as being at risk of sex offending or who are displaying sexually aggressive behaviour should have access to an appropriate personal change programme.

### **Young people identified as sexually aggressive**

Sexual offenders are rarely the monsters the media portray them to be. The majority are boys. Many are assessed as having learning difficulties and have previously been in special education or other care settings. Many will have traumatic personal histories or traumatic episodes within these. Problems of poor personal and social skills prevail. They are described by Grant Charles and Jennifer Collins (2000a) as:

*extremely needy young people who have not yet learned how to make appropriate connections with other people. They are often victims of abuse who have learned through their own victimization that it is okay to use others to meet their own needs. They are kids who have taken a different path to deal with their own victimization.*  
(p. 2)

While most of those officially identified as sex offenders are boys, practice experience tells us that girls too can be sexually aggressive and exploitative, perhaps as a learned way of responding to males or as a result of confused boundaries between sex and affection. This can lead them to initiate inappropriate sexual contact with males or perhaps other girls. Yet because of received societal norms around the male as sexual aggressor, we can fail to acknowledge or else minimise this dynamic (see paper 4.13). The effects of being pushed towards sexual contact that is unwelcome can have detrimental consequences irrespective of the sex of the aggressor.

Whilst some sexually aggressive youngsters may demonstrate particular sexual preferences, in other cases there may be a more indiscriminate aspect to their behaviours. Commonly understood boundaries between gay and straight expressions of sexuality may well be blurred.

### Reflective Questions

- *Can you think of any young person/people in your unit considered to be sexually aggressive?*
- *What are their backgrounds?*

### Interventions

Vital components of working with sexual offenders include the effective provision of assessment and therapeutic services. There are a number of generally accepted goals in programmes developed for work with sexual offenders. These are identified as:

*..increasing offender accountability; assisting offenders to understand and interrupt the thoughts, feelings and behaviours that maintain sexual offending; reducing deviant sexual arousal, if present; developing healthy attitudes towards sex and relationships; and reducing the offenders' personal trauma, if present.*

(Worling & Curwen, 2000 cited in Kendrick, Mitchell & Smith, 2004, p. 40)

The general consensus of those working in this field to date has favoured personal change programmes based around cognitive behavioural approaches (see chapter 3). Such interventions focus on changing patterns of deviant arousal, correcting

distorted thinking, development of victim empathy and increasing social competence. Participants on such programmes are also encouraged to consider diversionary strategies to prevent relapse into offending patterns.

Whilst cognitive behavioural methods seem to be the preferred clinical approach to this work, other writers stress the need for a more holistic approach when working with young people.

*Holistic treatment means treating the whole person not just a particular problem....When we see the whole person as a person with many facets, many of which are damaged parts, then we are better able to understand the nature of what we must treat and the complexities of doing so.*

*(Longo, 2002, p. 229)*

Currently, a number of secure units and residential schools run units with a particular focus on working with sexually aggressive youngsters. Some locate these within a wider context of the boys themselves (they are almost always boys) having had past experiences which have resulted in them being traumatised. This trauma is thought to contribute to their sexually inappropriate behaviour. Working with personal trauma therefore becomes central to the task of tackling sexual aggression.

An issue of concern in establishing separate units is the possibility of residents in these specialist units becoming stigmatised. There is a risk too that the programme in such units becomes overly focussed on addressing issues of sexual offending at the expense of a more normalising environment. On the other hand, placement in specialist units where there is an openness about the remit can allow boys to realise that they are not alone in their thoughts and behaviours and they may feel freed up to address their difficulties. A clear focus and well articulated programme can also give staff a clear sense of purpose and direction in their work.

Another issue to bear in mind is the question of who does the specific work with boys to address their sexual aggression. Some units use external consultants or specialist agencies which are contracted in, others have developed specific programme teams, and others expect care staff to undertake direct work with youngsters with the support of line managers or external consultants.

Whichever model is preferred there is a need to ensure that staff on the ground are aware of the treatment plans for young people and can reinforce these in everyday practice. As in every area of residential child care, the adoption of a whole person and lifespace based approaches would appear to be particularly appropriate (see paper 4.06). Writers with specific experience in this field note:

*we believe that the most powerful and influential work with these young people occurs in the milieu. Therapy is an adjunct. It provides important education and opportunities for self-awareness but the day-to-day modelling, support and teaching moments that happen within the daily lives of the young people is often where the real change occurs.*

*(Charles & Collins, 2000b, p. 3)*

## Reflective Questions

- *How does your unit work with sexually aggressive young people?*
- *What might be the possible advantages/disadvantages of this approach?*

### The milieu

Working with sexually aggressive youngsters highlights a number of practice issues and dilemmas for staff. When sexual boundaries are absent or distorted, the need for levels of supervision adequate to avoid inappropriate sexual activity becomes a priority. However, this needs to be balanced with human rights principles such as free association, confidentiality and privacy (see paper 4.20).

Another balance to be struck is that between normal adolescent sexuality and sexual behaviour that is problematic. Not all sexual expression should be pathologised. Masturbation among adolescent boys, for instance, is normal and for the most part healthy. Again practice scholars in this field give their views:

*We approached this premise from the stance of encouraging young people to be responsible for their own sexual feelings. Instead of trying to deny and blunt sexual feelings as part of treatment, we wanted to teach the young people to learn how to respond appropriately to their own sexual urges.*

(Charles & Collins, 2000a, p. 2)

In working with sexually aggressive young people, as in any other area of residential child care, an appropriate unit culture is vital. The impact of stress is a significant factor in sex offending. Young people who feel under stress are more likely to relapse into sexual offending. They are also less likely to respond to any interventions. It is essential, then, that young people should feel safe and respected if they are to be able to work on areas of sexual difficulty. Staff, by the nature of their involvement with young people, make legal or moral judgments on their behaviours. They must ensure that they themselves model appropriately respectful behaviours in relationships. They need to avoid language which is sexually stereotyping or demeaning.

A key component of supporting a young person who has sexually offended is to supervise their interactions with others appropriately. In this way the unit can seek to reduce the possibility of reoffending and maximise the modelling of appropriate interactions to the young person.

An important part of developing a supervision/support model is the development of an appropriate risk assessment (see paper 4.18).

## Reflective Questions

- *How does your unit deal with issues of adolescent sexuality?*
- *To what extent does the unit culture promote healthy attitudes towards sexuality?*

### **Supporting staff**

If staff are expected to undertake direct work around areas of sexual aggression, they need to feel confident and sufficiently equipped to do so. Working with specific programmes demands an understanding of their theoretical basis (see chapter 3) and of notions of programme integrity (the need to see programmes through to completion and in a certain order). A pick and mix approach to programmes or a lack of understanding as to how they fit together is likely to be counter-productive.

Working with sexually aggressive youngsters is not emotionally neutral (see paper 4.13). It can elicit a range of strong feelings among staff. Some may adopt a particular moral position on certain sexual behaviours. For others, proximity to youngsters who have committed sexual offences can touch some raw emotions, perhaps relating to past personal abuse, or maybe, relating to feelings around their own children's stage of development or vulnerability. This has the potential to lead to some fairly primitive judgemental positions being taken. Consequently, it is important that staff have a well developed awareness of self and the ways in which work in this area might touch on those aspects of self. It is also essential that appropriate supervision and support structures for staff working in this area are in place.

## Reflective Questions

- *Have you experienced a situation where a young person has caused a particular emotional response in you?*
- *What supports are available in your workplace to address such issues?*

### **Moving on from secure**

A lot of good work can be done in secure accommodation to address inappropriate sexual behaviour. However, research consistently points to the need for any lessons learnt and support offered in security to be continued once a young person moves on. This is why it is important to include relapse prevention in any work done with young people. Essentially, this is about rehearsing with them strategies they might

adopt to sublimate problematic thoughts and impulses once they have moved on from security. Ensuring that there are appropriate family or other community supports in place once a young person moves on is vital. Indeed, involving families in the work done to support young people, where possible and appropriate, is linked to improved outcomes in work with sexually aggressive young people.

The issue of exits and mobility for those who have sexually offended will be at the forefront of plans in relation to leaving secure. The reader is directed to consider the papers on risk assessment (paper 4.18) and exits and mobility (paper 4.26) in conjunction with this paper.

## **Conclusion**

Charles and Collins (2000) provide a good summation of this area:

*Supporting and developing the strengths of a young person and his family are likely to prove significant in reducing risk. Interventions that focus solely on offence related behaviours do not fully address the development of the range of skills and abilities that are generally required to lead an abuse-free lifestyle. Developing a model that incorporates the identification and utilisation of strengths and assets as well as risks is therefore essential.*

## **Training links**

### **SVQ:**

*Unit C15 Contribute to the protection of children from abuse* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

*Unit W5 Support clients with difficult or potentially difficult relationships* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

*Unit HSC 324 Process information relating to children and young people's offending behaviour* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

*Unit HSC 356 Support individuals to deal with relationship problems* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

## **Further reading**

A Scottish perspective on some of the subject area of this paper is offered in both:

Kendrick, A. (2004). Managing children and young people who are sexually aggressive. In H. Kemshall & G. McIvor (Eds.), *Managing sex offender risk* (pp. 165-186). London: Jessica Kingsley



Kendrick, A., Mitchell, R. & Smith, M. (2004). The development of a residential unit working with sexually aggressive young men. In H. G. Eriksson & T. Tjelflaat (Eds.), *Residential care: horizons for the new century* (pp. 38-55). Aldershot: Ashgate.

A series of three brief practice based papers, by Grant Charles and Jennifer Collins, which are referenced through this paper can be found at:

[www.cyc-net.org/cyc-online/cycol-1299-offenders.html](http://www.cyc-net.org/cyc-online/cycol-1299-offenders.html)

[www.cyc-net.org/cyc-online/cycol-0200-offenders3.html](http://www.cyc-net.org/cyc-online/cycol-0200-offenders3.html)

[www.cyc-net.org/cyc-online/cycol-0100-offenders2.html](http://www.cyc-net.org/cyc-online/cycol-0100-offenders2.html)

*To be alive at all involves some risk.*

*(Harold Macmillan)*

### **Introduction**

Risk has become a dominant, some might say an all-consuming, professional and societal concern in recent years. Risk is now increasingly equated with danger. In just about every area of social work practice, the language of risk assessment is prominent. This paper considers the concept of a 'risk society', the development of risk perspectives in the areas of child protection and criminal justice, and some of the specific areas of risk that might concern staff in secure accommodation. Limitations of risk assessment are discussed.

### **The 'risk society'**

Some sociologists suggest that we live in a 'risk society' (Beck, 1992). It is helpful to locate this idea historically. The period in history from the Enlightenment of the eighteenth century, throughout most of the twentieth century has been characterised by belief in scientific explanations of the social world and in the prospect of continual human progress. However, the world has become increasingly complex and recent events such as pension and mortgage crises, concerns over the environment and, most starkly perhaps, the spectre of international terrorism post 9/11, introduce questions to this erstwhile belief in progress. Old belief systems are not as sure as they once seemed. To try to cope with our resultant anxieties we have adopted the notion of risk to help us regain some order in our world. Risk, according to Nigel Parton, a social work writer on the subject, has become a collective state of mind rather than an objective reality (Parton, 1999). Much of this is fuelled by the popular press. However, it may have some basis in reality. Science, which might once have been thought to offer some objective insight into our world, no longer provides the answers. Consider for instance the recent publicity over diagnoses of shaken baby syndrome or Munchausen's syndrome by proxy. Approaches to child protection based upon scientific principles have been opened to question. We need to find new ways of understanding and living in our world in all its complexity.

## Reflective Questions

*Think of some examples from your everyday experience where there is a concern about risk.*

- *What are these risks and how real are they?*
- *Do you feel any safer as a result of attempts to minimise risk?*

### **Risk in child protection**

Until the mid-1980s, the social work approach to child protection was to consider it within a wider welfare framework. Inquiries into high profile child abuse cases have re-framed the social work task to trying to identify only 'high' and 'significant' risk cases.

In England, *Messages from Research* (1995), a Department of Health compendium of research studies, argued that approaches to child protection should be located within a wider, family support context. Current assessment frameworks (DOH) operate from an ecological approach which takes into account a range of systems, as well as individual, considerations (see chapter 3 and paper 4.04). However, because of political, public and media sensitivity, the assessment of risk rather than wider (but invariably related) welfare concerns has become the predominant concern for children and families social workers in recent years. Social workers are often said to be 'damned if they do and damned if they don't' in responding to child protection cases.

In secure accommodation workers may be faced with making decisions in cases where there is a child protection component. Such cases may arise in relation to decisions about home leave, for instance, or about a young person having contact with particular individuals. These decisions are rarely clear-cut. It may be that there are good arguments for promoting and maintaining family contact (see chapter 3 and paper 4.21) even in situations where there are concerns about the level of care in a home or about the presence of a particular individual. The pros and cons of particular courses of action need to be considered and balances have to be struck.

## Reflective Questions

- *Think of a case where you have had to balance risks.*
- *What considerations did you have to take into account and what informed your final decision?*

### **Risk in criminal justice**

Current concerns in youth justice are with *risk of re-offending* (or recidivism) and *risk of serious harm* (to potential victims). However, the above two risks differ in that risk of re-offending is essentially about the *probability* that an offence will occur, whereas

risk of serious harm is about the *impact or consequences* of an offence, should it occur.

During the 1990s, risk of re-offending increasingly came to be seen as pivotal in determining what level or intensity of service should be provided in individual cases. As 'the risk principle' became increasingly well known, researchers worked to develop risk assessment tools that could supplement professional judgement and, perhaps, provide for greater consistency in practice. Risk assessment approaches increasingly emphasise priorities and issues around community safety and public protection. Both issues, re-offending and serious harm, have driven the development of new techniques of risk assessment.

### **Approaches to risk assessment in criminal justice service**

Until recently there have been two main approaches to risk assessment. Clinical approaches (or 'first generation' risk assessment) rely on the professional knowledge, skills and experience of individual practitioners. Actuarial approaches (or 'second generation' risk assessment) seek to apply statistical calculations of probability correlating specific risk factors with reconviction data.

Both approaches have been subject to a number of criticisms. The reliance on professional judgement in clinical approaches has been questioned on grounds of accuracy, personal bias and subjectivity. Actuarial approaches may seem to be more objective. However, conviction is not, in and of itself, a measure of criminal behaviour (see paper 4.16) and therefore predicting reconviction is not the same as predicting re-offending. Furthermore, though actuarial tools assess the likelihood of reconviction, they say nothing about the *type or seriousness* of predicted conviction. Thus, they fail to assess risk of serious harm.

'Third generation' approaches to risk assessment (like both ASSET and YLS/CMI, described below) integrate 'dynamic' (or changeable) risk factors in the process. Dynamic risk factors correspond with 'criminogenic' (or crime-generating) needs. By highlighting specific criminogenic needs, third generation risk/needs assessment tools aim to individualise risk assessment in order to guide practice, but without compromising the predictive validity of such tools. Since such instruments can also capture changes in levels of assessed risk across time, they have important applications in terms of monitoring and evaluation of intervention effectiveness.

However, third generation instruments generate their own set of issues and problems. These include the demands which their increased complexity creates in making demands on workers' time, sometimes leading to 'completion fatigue'; dilemmas in balancing comprehensiveness and predictive accuracy with usefulness and brevity; the re-introduction of elements of professional judgement and related issues of consistency and bias; and concerns about the ability of such tools (derived largely from research involving white males) to accommodate and respect diversity and difference vis-à-vis gender and ethnicity in assessing risk.

## **Risk/needs assessment instruments in youth justice**

The two available instruments designed to inform, supplement and structure 'clinical' or professional assessment in work with young people are ASSET and YLS. These are increasingly used in youth justice services including secure accommodation.

### **ASSET**

The Youth Justice Board in England and Wales has developed ASSET in collaboration with Oxford University's Centre for Criminological Research. The Core ASSET form runs to 12 pages, including sections on personal details, care history, criminal history, offending behaviour, living arrangements, statutory education, employment, training and further education, neighbourhood, lifestyle, substance use, physical health, emotional and mental health, perception of self and others, thinking and behaviour, attitudes to offending, motivation to change, positive factors, indicators of vulnerability and indicators of serious harm to others.

The assessment should be informed by at least one interview with the young person, an interview with his or her caregiver, existing reports and records (including details of previous convictions), and discussion with individuals or agencies currently or recently involved with the young person. In each section of the form, workers are required to enter responses to a range of questions, to arrive at a rating of the association between the issues raised and the risk of further offending, and to state the evidence for this rating. In the conclusion these ratings are aggregated to produce an overall score. A three-page form entitled 'What do YOU think?' aims to facilitate self-assessment by the young person. In cases where the core ASSET indicates a risk of serious harm there is a further four-page form for a full assessment of any such risk.

ASSET can be subject to the concerns about time and resources, especially for lower level offence categories, and the potential for worker bias as noted above. Its structure allows for, and indeed encourages, workers to make professional assessments and professional judgements about needs and risks and to think through the evidence for these judgements.

### **Youth level of service/case management inventory**

The second available instrument is the Youth Level of Service/Case Management Inventory (YLS/CMI). Though this tool was developed in Canada, it is currently in use in a number of Scottish local authorities, through the Cognitive Centre Foundation. It is essentially a junior version of the Level of Service Inventory discussed above, which has become the most widely used risk assessment tool in criminal justice social work in Scotland. YLS/CMI (at 5 pages) is shorter than ASSET, containing 54 items within 8 major 'risk domains'. Part 1 provides an assessment of risk and needs by scoring a variety of factors related to prior and current offences and disposals, family circumstances and parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behaviour and attitudes and orientation. In Part 2, these scores are aggregated to give an overall risk score. Part 3 provides space for assessment of other needs and Part 4 allows the professional to record and explain his or her

assessment of risk and need. This assessment may depart from the score recorded in Part 2. Part 5 sets contact levels and Part 6 details the case management plan.

## Reflective Questions

- *What, if any, formal risk assessment tools are used in your workplace?*
- *What would you say are the advantages and disadvantages of these?*

### **Risk in secure accommodation**

By definition, dealing with risk is central to work in secure accommodation. Young people are admitted on account of risk to themselves or others. It is therefore an essential task of secure accommodation to try to minimise the risks that led to admission. Young people's exit strategies will be linked to the success with which these risks are addressed.

The initial assessment of a young person (see paper 4.04) should identify particular risks, such as violent behaviour, self-harming, drug use, sexual vulnerability, sexual aggression, propensity to need restraint and perhaps other factors such as a history of making allegations against staff. The identification of such behaviours should form the basis of informed strategies and responses to address them, thus matching identified needs with the resources required to meet these. This might involve specific practical measures such as restricting access to glass bottles or aerosols.

Some units may operate a phased introduction to particular areas of their programme, such as education or the use of the gym. As a placement progresses, considerations of risk attach to decisions over mobility programmes, family contact and participation in particular activities.

Like any assessment, risk assessments need to be dynamic and able to be adjusted in light of changing circumstances. Risk assessment and risk awareness ought to be a habit of mind for staff working in secure accommodation. They need to try to anticipate possible risks in situations without over-reacting to them.

Matching needs to resources is particularly important in secure accommodation. In some cases, building design may determine (sometimes inhibit) what can be done to avoid certain risks. In other cases, staff numbers and skill levels will determine how realistic any planned response to risk might be. If, for instance, it is determined that three members of staff are required to restrain a young person, what are the implications for supervising the rest of the group?

## Reflective Questions

- *What areas of practice are subject to risk assessment procedures in your unit?*
- *What are the mechanisms for this?*

### Limitations of risk assessment

Critics of risk assessment and approaches claim that they lead to defensive and risk averse cultures of practice. They induce a concern to do things right (i.e., to follow procedures) rather than to do the right thing. As such they devalue professional judgment. The inclination not to take risks, but to 'play it safe' is particularly apparent in organisational and wider political and media climates where practitioners fear a blaming reaction if anything goes wrong. On the other hand, risk assessments within suitably supportive cultures can also be used to argue and support a case to take particular informed risks in a case.

Robinson (2003) writing about work with offenders makes a point which has a wider applicability:

*'In recognition of the inherent unpredictability of future behaviour, it is generally accepted that 'defensibility' rather than 'certainty' is the goal of risk assessment practice. A 'defensible' risk assessment is one which is judged to be as accurate as possible and which would stand up to scrutiny if the handling of the case were to be investigated...'*

(Robinson, 2003)

Risk should not be allowed to dominate other practice considerations in working with young people. As discussed in the papers on safe care and children's rights (4.19 and 4.20), there are competing rights and developmental requirements that need to be taken into account. Nor should risk assessments (which focus primarily on child protection or offending concerns) be allowed to be substituted for a more holistic ecological assessment (see paper 4.04). Risk assessment needs to be considered within a 'whole child' approach (see chapter 2).

Tuddenham (2000) argues for and outlines a model of 'reflexive risk assessment' within which practitioners recognise that their knowledge is emergent, tenuous and open to revision; that definitions and discussions about risk are contestable and culturally relative; and, that risk assessment functions within certain policy contexts and within a society increasingly pre-occupied with risk and its prediction.

### Worker skills

Risk assessment is not neutral in any area of practice. Decisions that follow on from a risk assessment rely significantly on worker skill. In secure accommodation for instance, young people on mobility programmes may be less likely to abscond from workers they have a strong relationship with, who demonstrate appropriate personal and professional qualities (Trotter, 1999, 2002) (See also chapter 2 and paper 4.07).

## Conclusion

Risk assessment instruments can usefully supplement professional assessment, enhancing its comprehensiveness, consistency and credibility. In terms of service planning and delivery, they offer advantages in allowing for the development of consistent policies and practices around gatekeeping and the prevention of net-widening.

However, risk assessment instruments have some limitations and require judicious and critically informed use by professional staff.

## Training links

### SVQ:

SC17 *Evaluate Risk of Abuse, Failure to Protect and Harm to Self and Others* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 395 *Contribute to assessing, and act upon risk of danger, harm and abuse* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit)

## Further reading

Stalker, K. (2003). Managing risk and uncertainty in social work: a literature review. *Journal of Social Work*, 3(2), 211-233. Provides an overview of the development of risk perspectives in social work.

Nigel Parton has written extensively on risk in child protection. Anything by him in this area is worthwhile reading. The source cited here is Parton, N. (1999). Reconfiguring child welfare practices: risk, advanced liberalism and the governance of freedom. In A. S. Chambon & L. Epstein (Eds.), *Reading Foucault for Social Work*. New York: Columbia University Press.

Department of Health. (1995). *Child protection: messages from research*. London: HMSO. Outlines research on child protection and advocates a family support model of practice.

The sections of this paper relating to criminal justice are abbreviated from a fuller version of a monograph by Fergus McNeill & Susan Batchelor (2004), *Persistent offending by young people: developing practice issues in community and criminal justice*, Monograph number 3. London: National Association of Probation Officers.



*...respecting children's rights is the biggest safeguard against abuse, because children who are listened to and respected will be assertive in their dealings with adults....who they can trust to take their concerns seriously.*

*(Moss & Petrie, 2002, p. 2)*

## Introduction

A feeling of safety is identified in the Skinner Report (SWSI, 1992) as one of the underpinning principles of effective residential child care. This paper considers:

- why children entering secure accommodation may not feel safe;
- how the culture and the nature of relationships in a unit might contribute to safe care;
- the role of policies and procedures;
- how to work with children who have been abused.

Children in secure accommodation are likely to have had a range of experiences that make them feel unsafe. They may have been abused, physically, sexually or emotionally. They may have had abusive experiences at the hands of other young people or adults in previous care placements. They may have been moved from pillar to post in their previous care careers, leading to feelings of instability and impermanence. Many will have encountered combinations of such experiences, all of which will impact on their initial response to secure accommodation. Having been out of control, some will resist adult attempts to put a structure around them. Others may appear over-compliant. Almost all will have, at best, a wary trust of the adults and other young people in the living situation.

Before any meaningful work can be done with young people, they need to feel safe. This calls for an element of containment. By definition, in secure accommodation there will be a physical or buildings dimension to this. However, children also need to know they can be contained emotionally. They need to know that staff can soak up some of their inner turmoil; to help them feel safe from themselves and their own destructive thoughts and impulses. And they need to start to build or re-build trust in adults.

*They don't realise how much they want to be listened to and how much that makes us feel safe.*

(male 16, Who Cares? Scotland, 2003, p. 42).

The first step in making children feel safe is through a unit's rhythms and routines (see paper 4.06). The aim of any secure unit is to establish feelings of predictability and dependability. Young people who have been or who feel unsafe or out of control will benefit from being surrounded by a relatively tight structure, where, as far as possible, they know what will come next.

### Reflective Questions

- *Consider the backgrounds of the children in your unit.*
- *What experiences do you know of that might make them feel unsafe?*
- *To what extent do the rhythms and routines in your unit contribute to children feeling safe?*

### **The development of safe care perspectives**

One of the unsavoury realisations over the past decade or so is that children have been abused in residential child care. This has led agencies to introduce a range of measures to minimise the chance of such situations happening again. All organisations providing residential child care are obliged to operate a range of policies to ensure children are safe. Inquiries and reports on residential child care highlight the need for appropriate personnel policies around areas such as recruitment, selection and responses to allegations.

There is also an expectation that agencies will have in place mechanisms through which staff can raise concerns about the safety of children. Inquiries and reports invariably stress the need for staff to be suitably trained, supervised and supported to be able to perform what is a very complex job. The Kent Report (Kent, 1997) in particular recognises this complexity and argues that the level of qualification required ought to be at least the equivalent of those required for other areas of professional social work. Other safe care initiatives include the development of accessible and child friendly complaints procedures.

### **Complaints**

One of the findings of the various inquiries into abuse in residential child care is that children at times did complain about their treatment but these complaints were either not believed or not acted on. All organisations now need to operate complaints procedures to which young people have easy access. Formal complaints

should be dealt with by someone suitably removed from the source of the complaint, in some cases someone independent of the establishment itself.

In any situation children will have gripes about aspects of their everyday care. Agencies may wish to consider a different level of response to these. A climate that provides for grievances to be resolved at the lowest appropriate level is likely to help young people learn, negotiate and to feel valued and listened to by the adults around them.

Children should have access to children's rights or advocacy services to help them express their views. Many local authorities now employ or commission children's rights officers. Young people also have access to Who Cares? Scotland, who have recently established a specific presence in secure accommodation.

Given the locked physical environment, it is especially important that young people in secure accommodation have access to trusted adults outside the secure environment. There are always balances to be struck in such settings around issues such as the use of the telephone, as identified in the paper on children's rights (4.20). However, there should be a presumption that young people do have reasonably free access to a telephone or other means of making contact with parents, social workers or other possible advocates outwith the unit. Exceptions to this need to be argued on a case by case basis in terms of the safety of a young person or others being compromised by them having such free access to means of communication.

## **Bullying**

The biggest concern of most children in residential settings is not that they will be abused by staff, but that they will be bullied by other young people. This fear may be particularly pronounced in secure accommodation where some of the residents will, rightly or wrongly, have reputations that go before them.

Increasingly, units are expected to have anti-bullying policies or strategies. However, there is no easy answer to bullying. Again, the culture of a unit will be central to how safe residents in it feel. For them to feel safe, staff need to be authoritative and in control. They need to be able to intervene to stop overt bullying. They also need however to be able to differentiate between bullying which is an inappropriate expression of power and normal adolescent jockeying for position in the peer group. The line between the two can be a fine one and may vary from individual to individual. However, to treat every adolescent fall-out as bullying may in fact highlight it and contribute to the continuation of a situation.

Bullying policies need to take care that they do not match power with power or that they do not lead to further victimisation of the bullied child (see Brown, 2004 for a good discussion of this). In secure settings they must also proceed from an understanding that a bully is unlikely to be able to be moved on. Strategies need to attempt to work with both the bully and the bullied to address the problem. In this, the ability of staff to understand and work with group dynamics and to model relationships that are respectful will be vital.

## Reflective Questions

- *What are the policies and procedures in your organisation designed to keep children safe?*
- *How appropriate are they?*

### Regulatory bodies

Government interest in seeking to ensure appropriately safe social care provision is evident in the establishment of two new statutory bodies in recent years. The SSSC has responsibility for regulating the workforce through establishing a qualifications framework setting out minimum qualifications required for work in various areas of social care. All staff will require to hold at least an academic qualification at HNC level and a vocational award at SVQ level 3 or above by 2008/9. The SSSC has also established codes of conduct for workers in social work and social care settings.

The other body, the Scottish Commission for the Regulation of Care (SCRC) is responsible for inspecting all care establishments against sets of national standards.

However, the Kent Report acknowledges that belt and braces do not make good trousers (see chapter 2). Healthy units and cultures are essential to the provision of safe developmental care. It is the feeling of safety that is important, not just the procedural devices put in place to try to ensure this. A holistic understanding of the care task and an awareness of the wider context in which care is provided are essential if young people are to feel truly safe.

### Safety and risk

We live in a society which is increasingly risk conscious and risk averse (see paper 4.18). Whilst it is appropriate that reasonable measures are taken to minimise the risk children face in residential care or any other walk of life, there is a balance to be struck between ensuring a safe environment and one that meets young people's developmental needs. For example:

*The director of a residential establishment was describing his centre's grounds. He spoke of swings, ropes and tree houses. He said that sometimes people asked him if children got hurt. His reply was that yes they did but his view was 'Better a broken arm than a broken psyche'.*

Indeed the need for residential establishments to address the broad range of children's developmental needs is enshrined in Article 6 of the United Nations Convention on the Rights of the Child: the right to survival and development (see paper 4.20). This Article includes the right to developmental approaches which should be ensured 'to the maximum extent possible'. The term 'development' in this context is interpreted in the broadest sense and adds a qualitative dimension – not only physical health, but also mental, emotional, cognitive, spiritual, social and cultural development.

## Cultural safety

Children and young people in secure accommodation are likely to come from a range of different backgrounds. They may come from urban or rural areas, east or west, Catholic or Protestant traditions. Even within cities, particular housing estates may have their own cultural nuances. In the coming years secure units, as with other areas of residential child care, may find themselves admitting increasing numbers of children from different racial backgrounds. In these latter cases, cultural differences may be apparent and may call for particular care arrangements to be made.

However, even in areas where differences are less obvious, there will still be cultural nuances which will affect the ways young people experience care. Children will feel safest when they feel that staff are in tune with their cultural experience. The importance of staff having an awareness of issues of cultural safety is increasingly acknowledged in the child and youth care literature. Cultural safety is defined as:

*the state of being in which the child or young person experiences that her or his personal well-being, as well as social and cultural frames of reference, is acknowledged – even if not fully understood by the worker(s) claiming to help him or her. Furthermore, cultural safety means that each child or young person will be given an active reason to feel hopeful that her or his needs and those of her or his family members and kin will be accorded dignity and respect.*

*(Ramsden, 1997).*

It follows from this that workers in any residential care setting should attempt to find out a bit about the cultural backgrounds of children and their families and to recognise cultural dimensions to particular behaviours and responses. Practice issues such as how workers greet children or family members, for instance, or around matters of privacy, will assume a particular significance.

## Reflective Questions

- *Think of a time that you have felt truly cared for and at ease.*
- *What have been the components of this sense of comfort?*
- *Consider the cultural backgrounds of the children and young people in your unit.*
- *To what extent does practice in the unit take account of these?*

## Staff care

Maier in *The Core of Care* (1979) identifies care for the caregiver as an essential component in the provision of care. Put simply, if staff do not feel safe and valued, they will not be in a position to make young people feel safe. If staff feel under physical or emotional threat in their work environment, or if they feel bullied and

under threat of disciplinary action, they will be unsure and defensive in their interactions with young people.

For any unit to be a healthy and safe environment everyone in it needs to feel safe. There needs to be an appropriate 'fit' between unit culture and that of the wider organisation. If organisational cultures are bullying and unsupportive, this is likely to be reflected in unit cultures which are either similarly bullying or lacking in confidence and unduly passive.

## Reflective Questions

- *Are there aspects of the culture in your workplace which make staff feel unsafe?*
- *How might these impact on the experience of care for the young people?*

## Resilience

As we have seen in Chapter 3, the notion of resilience is increasingly influential in work with young people. In relation to a young person's feeling of safety, it is worthwhile not just confronting the bully, but working on the protective factors that are likely to boost a bullied young person's resilience. Practice experience suggests that young people can be encouraged to feel stronger and better able to stand up for themselves. Staff should actively encourage them to do so through their everyday interactions and lifespace interventions.

Notions of resilience also have relevance to other areas of the safe care agenda. Resilience theory points to the importance of staff and young people sharing activities across a range of sporting, cultural and leisure pursuits (see paper 4.08). It also highlights the importance of strong, appropriate adult-child relationships as a powerful bulwark against abuse. Overly defensive organisational policies and cultures risk preventing the development of the very relationships that are likely to keep children safe.

Resilience theory also tells us that different children will react differently to the same experience. We cannot afford to make assumptions, for instance, that young people who have been abused should not experience physical contact from staff. In certain cases this may be something to bear in mind. In most cases, however, children will need to experience safe physical contact from non-abusive adults if they are to develop realistic and healthy attitudes towards future relationships. This makes it vital that decisions about what is appropriately safe care are located within individual placement plans rather than within a defensive procedural frame.

## Working with children who have been abused

The whole area of child protection can bring about anxiety and uncertainty in residential workers. They may feel that only those with particular training should become involved in work with children and young people who have been abused. The reality is that almost all young people in secure accommodation will have encountered some previous abuse. Their primary needs are for a safe and predictable environment where they can experience trusting adult relationships.

If a young person discloses specific abuse to a member of staff, there are some fairly basic things to bear in mind:

- do not over-react;
- respond to the immediate needs of the young person for comfort and reassurance;
- don't probe too much for information, but conversely, don't run away from the discussion - let the young person set the pace;
- at an appropriate point, advise the young person you may have to pass on what they tell you, in accordance with child protection procedures;
- be aware that some disclosures of abuse may touch on elements of your own past experience. In such cases, you should try to seek support in this from a supervisor or colleague (see paper 4.13);
- discuss the case with a supervisor or designated child protection person.

Child abuse is not a neutral term or concept. Ideas of what constitutes abuse will vary from individual to individual and indeed from professional to professional. In considering what is a child protection matter, some care needs to be taken that the net is not widened too much and that situations which may be inappropriate or which do not sit comfortably within our own particular frame of reference are automatically dealt with through child protection procedures. In low level cases a child protection response may not be in the best interests of a child and may in fact cause them more harm than their original concern. Always consider what is in the best interests of the child in determining what is a child protection matter rather than adopting a defensive procedural response.

### Reflective Questions

- *What are your own views of what constitutes child abuse?*
- *How might these impact on how you respond to young people talking to you about abuse?*
- *What are your organisation's child protection policies?*

## Conclusion

For young people to experience a feeling of safety demands that agencies providing care put in place a range of appropriate procedural safeguards. However, these alone are not enough and if they become the sole or predominant organisational focus they risk detracting from the relational nature of care itself. A holistic consideration of safe care has to be located within an understanding of children's wider developmental needs. It also requires organisational cultures where staff feel sufficiently safe and supported to carry out the care task and are able to discuss and question practice.

## Training links

### SVQ:

Unit C15 *Contribute to the protection of children from abuse* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit SC17 *Evaluate risk of abuse, failure to protect and harm to self and others*.

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

## Further reading

Brown, D. (2004). Beat on the Brat? *Care and Health Magazine*. pp 27-28.

Kendrick, A. & Smith, M. (2002). Close enough? Professional closeness and safe caring. *Scottish Journal of Residential Child Care*, August/September, pp. 46-54.

Kent, R. (1997). *Children's safeguards review*. Edinburgh: Stationery Office.



*Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person.*

*(United Nations Convention on the Rights of the Child, Article 37 (c))*

## Introduction

This chapter outlines the background to, and importance of, applying a human rights perspective in our practice with children in secure accommodation. The key points include:

- Scotland and the United Kingdom have signed up to the United Nations Convention on the Rights of the Child (CRC).
- Practice in secure accommodation needs to take this into account.
- Rights-based perspectives can be incorporated into practice.

Children's *rights* should not be confused with children's *wants*. For example, a child has a right to privacy, but does not necessarily have a right to watch the television or stay up late. This paper looks at the international legal framework for a rights-based approach.

## Background

There is a growing awareness and respect for human rights in Scotland and this is increasingly evident in the development of policies and procedures in relation to children and young people. The rights agenda is perhaps nowhere more important, or more challenging, than with young people placed in secure accommodation. The recognition of a rights dimension to practice is apparent in the provision made for legal representation of children and young people being considered for placement in secure accommodation. The recent appointment of Professor Kathleen Marshall as the first Scottish Commissioner for Children and Young People to safeguard and promote children's rights is an example of this acknowledgment of the importance of children's rights in the Scottish tradition.

The CRC is a legally binding treaty in international law. Scotland signed up to it in 1991. There can however be a lack of even basic information about children's rights, contributing to confusion and suspicion of these in institutional and practice

settings. In one study of Scottish residential care, Heron and Chakrabarti (2002) argue that 'the superficiality of the rights agenda has added to the complexities and tensions permeating residential provision' and has undermined practitioner morale in the process (p. 356). The Convention on the Rights of the Child provides a framework within which children's rights can be upheld and has a number of passages that speak specifically and clearly to care providers in order to ensure that the best interests of young people remain paramount. The following pages provide some direction for interpreting the CRC in the context of Scotland's secure accommodation.

## Reflective Questions

- *What kind of information do you provide for staff, residents, parents and care providers regarding the CRC?*
- *How do you balance the need for young people to participate actively and their need for protection?*

### Core CRC articles and secure accommodation

Article 42 suggests that awareness of the CRC's main principles and provisions will be made 'widely known' through 'appropriate and active means to adults and children alike'. Most importantly, there are many examples of children's rights statutorily embedded throughout The Children (Scotland) Act 1995 and in the scope of The Commissioner for Children and Young People (Scotland) Act 2003.

As with all CRC principles and provisions, the fullest definition of 'the child' is meant to include all young people under 18 years of age, knowing that in different jurisdictions the age of majority may come sooner or it may come later. Generally speaking, care providers should also understand that there are four basic human rights principles meant to help with interpreting the Convention as a whole: Articles 2, 3, 6 and 12.

**Non-discrimination (Art. 2):** States parties must ensure that all children within their jurisdiction enjoy their rights. No child should suffer discrimination. This applies to every child, 'irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status'. The essential message is equality of opportunity. Girls should be given the same opportunities as boys. Refugee children, children of foreign origin, children of indigenous or minority groups should have the same rights as all others. Children with disabilities should be given the same opportunity to enjoy an adequate standard of living.

**Best interests of the child (Art. 3):** When the authorities of a state take decisions which affect children, the best interests of children must be a primary consideration (see chapter 1). This principle relates to

decisions by courts of law, administrative authorities, legislative bodies and both public and private social-welfare institutions. This is, of course, a fundamental message of the Convention, the implementation of which is a major challenge.

**The right to life, survival and development (Art. 6):** This Article includes the right to survival and to development which should be ensured 'to the maximum extent possible'. The term 'development' in this context is interpreted in the broadest sense, and adds a qualitative dimension: not only physical health is intended but also mental, emotional, cognitive, social and cultural development. In this context, this Article also has important implications when looking at the repeated evidence regarding poor educational outcomes and levels of homelessness for Scotland's young people after leaving out-of-home accommodation.

**The views of the child (Art. 12):** Children and young people should be free to have opinions in all matters affecting them, and those views should be given due weight 'in accordance with the age and maturity of the child'. The underlying idea is that children have the right to be heard and to have their views taken seriously, including in any judicial or administrative proceedings affecting them.

The way in which these four principles work together offers a straightforward, rights-based approach for practitioners to apply the central idea of *best interests* in combination with anti-discriminatory practice, respect for physical and cognitive development, and the right of young people freely to express their views. Secure care providers know and understand that children and young people are themselves primary sources for information regarding adult interpretations of their 'best interests', and, in fact, are active partners in the process of case management while being accommodated. While *participation* is also a central concern in all discussions about young people's rights, this principle cannot be practised in isolation or without an holistic appreciation of these other fundamental children's rights principles.

### Reflective Questions

- *How do you facilitate active and informed participation of children and young people in all decisions that affect them?*
- *How do you ensure the fullest development of each resident – intellectually, emotionally, socially, culturally, spiritually?*

### Other CRC provisions and secure accommodation

While the above core principles provide a *minimum* rights-based approach, in terms of secure care and case management, CRC **Articles 37 and 40** also provide clear direction for Scotland's secure facilities. For example, adults in authority are asked to recognise the right of every young person 'having infringed the penal law to be treated in a manner consistent with the promotion of...dignity and worth, which

reinforces the child's respect for human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting reintegration and assuming a constructive role in society' (**Article 40.1**). 'Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the particular needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults...and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances...' (**Article 37c**).

As is the case in all residential care facilities, authorities are required to take such protective measures 'to provide necessary support for the child and for those who have the care of the child...for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment...and, as appropriate, for judicial involvement' (**Article 19.2**). Of additional significance, **Article 20** provides that any young person 'temporarily deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection', and particular regard for the 'ethnic, religious, cultural and linguistic background' shall play a role in decision-making and case management. Furthermore, **Article 25** suggests that authorities 'recognise the right of a child who has been placed by competent authorities for the purposes of care, protection or treatment...to a periodic review of the treatment provided and all other circumstances relevant to his or her placement'. These reviews provide collaborative, democratic opportunities actively to engage a young person as well as parents, family members or care providers, and educational and other concerned professionals.

A frequently thorny issue for providers of secure accommodation is the **Article 16** consideration that no young person 'shall be subjected to arbitrary or unlawful interference with his or her privacy, family...or correspondence' since young people have 'the right to protection of the law against such interference'. This passage is of particular concern with regard to the monitoring of telephone calls, contact with family members and other forms of correspondence. Generally speaking, unless a clear threat to safety can be established because of these contacts, the interpretation of this Article is unambiguous - all young people have a human right to respect for privacy while in secure accommodation.

In some instances a child's right to privacy may have to be subordinated to the right to be safe. This would need to be considered where the issue of potential suicide is present.

### Reflective Questions

- *Do you screen letters and telephone conversations of residents, and what are the protocols/rationales for this?*
- *Is the impact of isolation from family, culture and community taken into account during planning and programming for residents?*

## **Establishing a culture of respect for children's rights in secure accommodation**

One way in which secure units already draw on a children's rights approach is through their involvement with Who Cares? Scotland. Who Cares? has a number of staff who work specifically with young people in secure accommodation. They are able to provide an advocacy service to individual young people and to ensure that a rights perspective informs practice in units.

The following suggestions are made for those who wish to take forward rights-based principles in their care facility. Adopting this approach to practice is not likely to be any easier than any other institutional approach, and indeed, these guidelines are certainly not meant to suggest this will be the case. Often, the complexities may well increase but by having accurate and clear information, along with an understanding of how to apply the CRC in practice, care staff may proceed ethically with the daily challenges that will doubtless continue to multiply in this field. Establishing a culture of respect for human rights also allows for an interdisciplinary, 'joined-up' approach to engagement, support and treatment with and for young people to run parallel with other placement goals.

- Initial and ongoing staff training in basic knowledge of what the Convention on the Rights of the Child says *generally* - and *specifically* to providers of secure accommodation.
- Basic written and video resources provided for all new staff, new residents and their family members and care providers based upon the four core CRC principles. Institutional policy guidelines for practice founded upon CRC principles and provisions.
- Effective internal and external complaint procedures for all residents, and for all staff.
- Regular in-service visits and ongoing communication with the Commissioner for Children and Young People.

The establishment of an appropriate culture of children's rights requires that these be considered within a wider context of human rights and personal responsibilities.

## **Conclusion**

While these pages have offered a brief overview of human rights considerations for providers of secure accommodation. Adopting a rights-based approach to institutional culture goes far beyond ticking off an auditor's checklist. The above framework also offers the opportunity for all practitioners and young people professionally to engage on common ground - clearly a morale booster for any secure facility.

## **Training links**

### **SVQ:**

Unit O2 Promote people's equality, diversity and rights (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 34 *Promote the well being and protection of children and young people* (mandatory unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings*: outcome two (optional unit).

## **Further reading**

Barry, M. (2002). Minor rights and major concerns: the views of young people in care. In B. Franklin (Ed.), *New handbook of children's rights* (pp. 239-253). London: Routledge.

Kearney, B. (2000). Children's rights and children's welfare in Scotland. In N. Baldwin (Ed.), *Protecting children promoting their rights* (pp. 37-50). London: Whiting & Birch Ltd.

Scottish Parliament. (2001). *A Children's Rights Commissioner - Research Notes*. From The Information Centre:

[http://www.scottish.parliament.uk/S1/whats\\_happening/research/pdf\\_res\\_notes/rn00-62.pdf](http://www.scottish.parliament.uk/S1/whats_happening/research/pdf_res_notes/rn00-62.pdf).

*On the day he went into secure care, I cried all day, asking myself over and over again  
"where did I go wrong?"*

(grandparent of a child admitted to secure accommodation)

## Introduction

This chapter is based on two important premises. Firstly, regardless of the child's earlier experiences, the family remains important to the child in care and most children will at some point return to their family of origin. Secondly, family networks are important to children's development, even if the child is unable to live within that network (see chapter 3).

## Families and secure accommodation

Historically links with family were severed for many children coming into care. Admission to secure accommodation might be seen as confirmation of family relationships having broken down or in some cases being implicated in the need for placement in secure accommodation. This way of thinking can lead staff in secure accommodation to view families as problems. They can be identified as dangerous and staff can get caught up in trying to restrict or manage access. This way of working sets workers in opposition to families.

This is not to deny that some families operate in ways that are not in the best interests of children and young people, and staff in secure accommodation do need to be aware of their potential for harm. When it comes down to it however, most families actually want the best for their children. They often just do not know how to provide this or are not in a position, materially or emotionally, to do so. For some, their way of trying to show their care for a child is to pit themselves against those in authority. In attempting to work in partnership with families we need to try and break down some of these barriers. Research has concluded that children perform better socially, emotionally and educationally where family connections are preserved.

Placement in secure accommodation can in many cases take some of the sting out of fractious family relationships. Knowing that their child is safe and no longer the cause of constant angst can allow a breathing space where family members can begin to think more positively about them again. Likewise for young people, just

feeling under control again provides an opportunity to reappraise their feelings for their family.

*Before I moved to (the centre) I never saw my Da'...never saw him since I was four (my mum kicked him out) - last year I saw him again. I stay with my dad at the weekend.*

Young person in residential school, cited in Smith, McKay & Chakrabarti, 2004, p. 92

Many staff in secure accommodation engage well with families on an individual level. The purpose of this chapter is to explore ways in which we can engage with families at a more systematic level. Units should consider how they might involve families at every stage of the care experience, from admission through assessment, ongoing care planning to throughcare and aftercare.

As with all aspects of our care-giving, a degree of self-awareness is needed to identify any issues arising from our own family experiences and their impact on our practice.

## Reflective Questions

- *Think about your own views and experience of family life. How might this affect your approach to work with the families of children in your care?*
- *What is/are your unit's approach/policies in relation to work with families?*

### **What is family?**

There are a number of political, legal and organisational definitions of 'family' but none which manages to encompass the widely diverse family backgrounds from which the children in our care are likely to have come. These may include traditional two-parent nuclear families, single-parent families, re-constituted families with step-parents, same sex partnerships, and extended kinship. Rather than strive for a definition of family, it will be best to view it as whatever the individual child considers it to be regardless of biological relatedness. (That is not to ignore the latter as it is necessary to have an understanding of the biological family composition and its impact on the child as well). Our work therefore has to be in the context of the 'constructed family'.

Irrespective of their actual composition, the families of the children in our care will be characterised, invariably, by a number of the following:

- structural disadvantage including low income, unemployment, poor education, physical or mental ill-health
- drug or alcohol dependency
- unresolved pain from parents' own histories of attachment problems



- breakdown in family communication
- conflict in the marital relationship
- ineffectual parenting throughout parenthood
- disagreement about how to manage behaviour.

And as a member of that family the child might have experienced:

- abuse or neglect
- early attachment problems
- scapegoating
- middle-child syndrome (may not actually be the middle child but position in family may be relevant)
- non-acceptance of/ambivalence in relations with a step-parent.

## Reflective Questions

- *Think about some of the families of the young people you work with. What is the composition of their families?*
- *What are some of the difficulties they face?*

### **Why family work?**

There are legislative, organisational and, most importantly, ethical reasons for engaging in work with the families of children in our care.

The European Convention on Human Rights (ECHR), the United Nations Convention on the Rights of the Child (UNCRC), and the Children (Scotland) Act 1995 all make clear our legal responsibilities to work in partnership with families.

There are also good organisational reasons. Actively involving the family gives a message to the child that staff and family are openly working together, reducing opportunities for situations to be manipulated. Furthermore, it signals to all that problems do not lie exclusively with either the child or the family, but are symptoms of wider dysfunction. It can reduce any uncertainty or conflict about the roles of parents and of substitute carers.

Finally, and most importantly, there are clear ethical reasons for close working with families. For children, their family is the key connection to understanding their identity, their attachments and their heritage.

As with other interventions, care staff in secure units may question who has responsibility for family work. Traditionally, it has been the locus of the statutory field social worker. Several factors, however, challenge this view. Firstly, field social workers are increasingly locked into child protection investigation, assessment and care management, with little time for either preventative or therapeutic work. Secondly, in the minutiae of everyday work with children in their life-space, you will

have developed close and trusting relationships, the foundation for therapeutic work. Finally, you can bring a fresh perspective, possibly after years of social work intervention. Care planning meetings provide a forum for discussion and agreement as to who has the principal role in this and how it is to be achieved.

Family work may be beneficial for a number of reasons:

- to re-establish regular contact between the child and family
- to reaffirm the child's position in the family
- to mend broken relationships with parents and siblings
- to pave the way for the child's eventual return to the family unit
- alternatively to 'free' the child to move on to another situation (see paper 4.22 )
- either way, to assess the longer term options.

## Reflective Questions

- Identify possible purposes of family work with the families of young people in your unit.

### What is family work?

'Family work' can be a difficult concept to define. It incorporates a broad spectrum of interventions. At one end of a continuum, it can be task-centred to address immediate problems and identify simple, achievable yet highly important solutions for the child. At the other end, it can involve complex and intensive family therapy, with a heavy focus on psychotherapy, designed to alter the family's functioning significantly. And along the continuum will be specific interventions such as family group conferencing.

Some knowledge around attachment theory, family functioning, and human development (see Chapter 3) is needed in order to be able to understand and respond appropriately. Skills in active listening, where the emphasis is on the emotional undercurrent rather than the words, observation and non-verbal communication are important. As in all human intervention, relationship is key. Research increasingly points to the importance of the helping relationship as the conduit for change (see Chapter 2). A worker's skill level and confidence will dictate where on the continuum of work with families they can intervene most effectively. Any intervention needs to be thought through and agreed. Ill-conceived or badly executed interventions can be intrusive and unhelpful for everyone concerned.

Residential workers have an important role to play with families. By the time a child reaches secure care, their family is likely to have been 'social-worked' for years. Initially you may be perceived as the next in a line of professionals trying to impose

an order in their lives. By taking a different approach, and indeed without the 'shackles' of the statutory social worker, you can offer something new.

A change in outlook is central to successful work with families. We need to shift our thinking from treatment of a dysfunctional unit to involvement and participation, respecting and trusting families more and judging them less. We need to view families as partners in the care of their children – part of the solution rather than the problem. A child will have arrived accompanied by extensive background reports, detailing the minutiae of his family life, wherein will be contained all sorts of assumptions. This may be a good time for the family to review some of these, to gain family members' own stories of their situations and to become partners towards a common goal.

Whatever the approach taken, in our interventions with families we are modelling parenting, either consciously or unconsciously. We should therefore treat families in the way we wish parents to treat their children, confronting negative behaviours without threatening, moralising or ordering. Fahlberg (2001) explores some messages for positive parenting that we can convey in our interactions with parents:

- emotional nurturing
- a basic sense of acceptance
- times of unconditional giving
- appropriate limit setting
- positive role modelling
- encouragement for growth and change
- teaching responsibility
- teaching appropriate expression of emotions
- encouragement for reciprocal interactions
- a balance between dependency and independence
- discipline rather than punishment
- teaching life-skills
- teaching relationships.

### Reflective Questions

- *Can you think of workers who relate well to families? What qualities do they bring to this work?*

### **Approaches to family work**

As stated earlier, family is whoever the child constructs it to be. Therefore wherever possible, everyone identified by the child as having a role within what they consider to be family should be included in any work we undertake. Traditional social work

interventions in families have often focussed on mothers as the primary carers to the exclusion of fathers. This has served to undermine fathers' rights with regard to their children's care, and indeed their responsibility to be involved in child care. This can have the effect of placing disproportionate responsibility and often blame on to mothers. There is now an increasing body of knowledge and recognition of the role fathers can play in their children's care. This is perhaps especially relevant for children in secure care as they strive to work out their identity (see papers 4.12 and 4.13).

Here are some approaches to family work that could be considered within the group care context, dependent on the knowledge and skill level of individual workers and teams and the needs of the families. Just as there is no single definition of family, there is no standard approach to working with families.

### **A child and youth care approach**

Recent literature on child and youth care (Garfat, 2003) talks about developing the concept of lifespace (see paper 4.06) for family work. It is based on the premise that in the same way as we can engage therapeutically with children in the daily care-giving experience, we can also work positively with families as they live their lives. By getting involved in the rhythms and routines of the family's lifespace we can promote improved relationships. This may involve being with families in their homes, within their community, and in any other place where they live their lives. The advantages of this approach are that you help families to learn new ways of interaction as situations present, rather than hypothetically. The family will experience you as reaching out to them, thereby shifting the inherently unequal power imbalance. Moreover, you are more likely to engage with *all* family members and to come to a better understanding of how they operate together.

Clearly this approach needs to be balanced with a need for confidentiality and privacy, and our own comfort with regard to this degree of intrusion.

### **Solution-focused approach**

Qualified and experienced care staff may feel confident in undertaking a more focussed, therapeutic approach to work with families. This approach requires regular commitment of time and space by all involved and all members should have an opportunity to contribute.

The first stage in this therapy is for the worker and family to agree goals. These may be for more contact with the child, for the child to return home, or for the child to be freed up to move on elsewhere. The aim of the intervention is to achieve change through opening up lines of communication; challenging scape-goating; decreasing guilt and blame; increasing empathy with, and acceptance of, difference; challenging myths; and making new agreements for being together. 'Problems' will emerge, and while they will need to be aired and addressed, the focus should stay on resolution.

This approach is strengths-based, exploring the knowledge and resources within the family. In some situations parents feel so overwhelmed by their child's problem

behaviour that they find it difficult to be positive about any aspect of their relationship or functioning. Re-framing the meaning attaching to events can help to redefine 'problem' behaviour. For example, a young person's negative behaviour is often an acting out of anger or another emotional state.

Check out with families their dreams and wishes for the child in secure care. Usually they are not much different from those of other families. Ultimately they want their child to settle down, get an education, get a good job, meet someone nice and have kids. The focus is on how these wishes can be achieved.

As in all interventions, language is important. Speak the language of the family; identify with the feelings of each member. 'Attach' to the family. The focus is on the family as a unit, not the individual child.

The goals should be regularly revisited, progress reviewed and outcomes evaluated. Care planning meetings can be used to do this.

### **Family group conferencing**

Family group conferences are a relatively new but popular model of working in partnership with families. Most local authorities now have either their own team or have arrangements to buy in the services of voluntary agencies who have specialist family group conferencing teams. The model comes from New Zealand where there was increasing concern about the over-representation of Maori children in care, most of whom were with white carers. A key feature of the model is that it is participatory, with facilities being provided to allow the young person to play an active role. It is kinship-led, involving *all* players in his life. Any family member should only be excluded in exceptional circumstances such as risk of violence or intimidation. Family group conferences are particularly relevant for planning where a young person is going to live long-term.

The 'conference' is facilitated by an independent co-ordinator. This role requires particular skills in negotiation and mediation to ensure that the meeting reflects the language, abilities, diversity and culture of the young person's family. At the meeting, professionals explain their roles and responsibilities, their concerns and available resources. The family then meets in private to agree collectively the best way forward, the resources required, and a system for monitoring. They also agree a contingency plan. Professionals should accept the family's plan unless it is likely to place the young person at significant harm.

Some research has been done on this model. Generally it is perceived as participative by families but is also stressful. A key concern from families has been the failure by professionals to sustain their commitment to the plan. From a secure accommodation perspective, this may require a shift in the way we work. If one outcome from a conference was that a young person should return home with intensive outreach support from care staff, this might present organisational challenges. If this outcome is best for the young person and his family, then this is a worthwhile investment.

## Reflective Questions

- *What approach(es) to family work might be useful in your agency?*
- *What kind of supports would you need to carry them out?*

### Tools

In order to work effectively with families it is important to organise the information already held and that gleaned in the course of your involvement. Visual representation of this can be helpful. A family map or genogram provides the historical context to the young person's life. It allows for fuller exploration of the significant players and its creation provides a forum for discussing relationships, roles, rules and myths in wider family functioning. An eco-map provides information on the family's whole environment. The family is a system, with all parts playing a role in its survival. Finally a family 'life-snake' can help a family see the connectedness of events and behaviours. These are illustrated in paper 4.22.

### Training links

SVQ: Unit P2 *Establish and maintain relationships with parents* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 312 Support the social, emotional and identity development of children and young people (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### Further reading

Daniel, B. & Taylor, V. (2001). *Engaging with fathers: practice issues for health and social care*. London: Jessica Kingsley Publishers. As the title suggests, this book addresses the need to work with fathers. Well grounded in practice experience.

Fahlberg, V. (2001). *A child's journey through placement*. London: British Association for Adoption and Fostering. This is a classic text for anyone working with children and families. It is particularly good on issues of transition and identity. Although grounded in theory it is very accessible.

Garfat, T. (2003). *A child and youth care approach to working with families*. New York: Haworth. This edited volume outlines a conceptual framework for working with families from a child and youth care perspective. It identifies a number of the issues to be taken into account in such work and offers some practical examples.

Garfat, T. & McElwee, N. (2005). *Developing effective interventions with families*. Athenry, Co. Galway: EirCan Consulting. This is the first in a new series of child and youth care texts (see [cyc-net.org](http://cyc-net.org) for details).

Helpful articles on family group conferences can be found on-line at [www.iirp.org/library/fgcseries01.html](http://www.iirp.org/library/fgcseries01.html)

*...someone, cut off from their past and denied their future can only live for the present.*

### Introduction

Every young person has a unique history. For many, that will be a straightforward account of a safe, predictable and protected childhood, and an easy passage into adolescence. Young people in secure accommodation, however, are likely to have suffered several changes in their lives, often involving multiple separations, losses, traumas, and possibly physical, emotional or sexual abuse. Life story work can be a useful tool to help young people make sense of past experience. This paper will:

- describe life story work;
- consider some of the purposes of life story work;
- identify some of the knowledge and skills required to undertake it;
- offer some suggestions as to how to use this approach.

### What is life story work?

Life story or biographical work is a method of direct work with young people that can facilitate and encourage personal growth. It is concerned with how a young person sees, interprets and understands his/her world. Its roots are in 'symbolic interactionism', the belief that we all have an interpretive self which helps us make sense of our worlds and through this to discover our identity (see chapter 3). Importantly, life story work is not just about recording the facts of a child's life, but about the language, meaning and thoughts a young person attaches to them.

As with many therapeutic interventions, life story work with young people is not just for 'the experts'. A long-held misconception is that this is the domain of the qualified field social worker or other therapist. Increasingly however field social workers are involved in assessment, investigation and case management, and are left with little time for direct therapeutic intervention. Therefore the onus is on those providing direct care to engage in this work. Given the central importance of the 'relationship' in all therapeutic work with young people (see chapter 2), workers involved in daily care-giving are in a better position to engage in life story work than those less well known to the child. Conveying a message of care, trust, responsiveness and

genuine interest in their world will elicit facts, thoughts and feelings which give the intervention a therapeutic quality.

### **Purpose of life story work**

There are many reasons why lifestory work with a young person might be appropriate.

#### **It provides a history for the young person.**

Children who remain within their own birth families throughout their childhoods will have evidence of their history all round them, contained not only in photo albums and memory boxes, but in the anecdotes and stories that trundle out on family occasions and are regularly relived. Even as adults, we all enjoy hearing accounts about our early years.

Young people in our care may have experienced several moves during their lives. With each move, some of their history is lost, both the hard, tangible evidence and that which relies on memory. Creating a life story gives the young person a chance to retrieve some of this and record it before it becomes lost forever.

#### **It connects the young person's past, present and future.**

The experience of the survivors of the concentration camps suggests that someone who is cut off from their past and denied their future can only live for the present. Practice experience tells us that the past for many of the young people in secure accommodation is confused, the future uncertain. As a result they only live for the present, and that this can lead them into risky behaviours.

#### **It helps the young person separate fantasy from reality.**

In order to protect them at a young age, children may have been given a less than honest reason for why difficult events occurred. (This should happen less now than in the past as it is generally accepted that children should know the truth from a young age). Alternatively they may have invented their own explanation of events in order to protect themselves emotionally. Life story work provides an opportunity to challenge misconceptions in a supported way. By adolescence, most young people have the cognitive capacity to develop a firmer understanding of the realities of their lives.

#### **It contributes to identity formation.**

Our identity is shaped by a range of experiences and influences which make us distinct from others. If young people are unsure about these experiences, then it is easy to assume an identity ascribed by others e.g. 'ned', and live out the expectations that go with that label. Young people need to develop an understanding of what their gender, culture, class, ability, age, race and sexual identity means for them.



**It builds self-esteem.**

Self-esteem is the collection of beliefs or feelings we have about ourselves. The two main sources of self-esteem are competence and self-worth. The first involves achievement or success, while the latter is our self-belief in those achievements. Engaging in life story work promotes both, through the sharing of responsibilities and the accomplishment of tasks, with lots of opportunity for praise and positive reinforcement.

**It deals with anger and other strong emotions connected to early life events.**

Anger is the most common emotional response we come across in working with young people in secure accommodation. Our task is to help them learn how to express it appropriately. Years of suppressing strong emotions may have resulted in the behaviour that brought them into secure care. Life story work will inevitably involve discussion about the source of a young person's anger. It allows the worker to affirm that anger is a common emotion and there are ways of expressing it appropriately.

**It helps in preparation for another placement.**

Young people in secure accommodation may be moving on either to another placement or to a semi-independent setting. Life story work can help to prepare them for these changes. This may be the first time in many years that the young person truly feels secure and protected emotionally and this positive experience should be translated into longer term advantage.

**It addresses specific problem behaviours.**

Life story work provides an opportunity to examine how the young person became involved in specific behaviours, e.g. drug use, sexual exploitation, self-harm or offending. By adolescence, young people should have developed some logic and insight, enabling them to consider how their behaviour affects other people and how other people's behaviour affects them.

**Knowledge and skills required**

A range of knowledge and skill is required to undertake life story work. An understanding of child and adolescent development will assist in gauging the young person's cognitive, social, and emotional development, while an overview of attachment theory will help in understanding the impact of losses, separations and traumas in their lives (see Chapter 3).

The essential skill required is delicate and sensitive communication. Flexibility and a willingness to try a variety of communication techniques will aid the process. No young person communicates solely through words, and effective communication involves discovering the best way to communicate. If a young person is initially resistant, the use of art, reading, storytelling, photography or other activities, which may feel less threatening, can be used. These are not for interpretation but simply a part of the process.

Some sharing of one's own experience, an element in what is known in social work as 'use of self', will encourage a flow of information. As in all communication, there needs to be a degree of reciprocity. This is not to suggest that workers necessarily disclose personal information about their own experiences, but rather that they convey their humanity, warts and all. Since much of this occurs naturally in our daily experience with young people in care, residential workers are already at that point.

One note of caution is about the need to ensure that events taking place on a daily basis within the lifespace don't get in the way of the work. Between sessions with a young person, workers will be engaged with them in other contexts, and some awareness and possible separating out of roles may be required.

## Reflective Questions

- *Before undertaking life story work for the first time, a good exercise is to think about your own biography.*
- *How easy would it be to share this with someone else?*
- *With whom would I like to share it?*
- *Where might I hold back?*
- *Is it all real or is some of it fantasy?*
- *What do I not know about myself?*
- *Where would I find this out?*

### **Preparing to do life story work**

When preparing to do life story work the following factors should be considered:

#### **Where?**

There is no ideal physical location in which to do life story work. It does not have to be limited to an office setting and, importantly, it has to be comfortable for the young person. Some degree of privacy is required if personal and confidential discussion is taking place.

#### **When?**

Life story work is an intense intervention that requires time and persistence. The young person needs to know that you will be available for them and this will be the first test of whether you are trustworthy. Given the competing demands on your time, it would be useful to schedule a mutually agreed allocated time. In your daily interactions with a young person outwith these planned sessions other opportunities may present themselves and these can also be used.

**Who can do this?**

In addition to having the knowledge and skills discussed above, those engaging in this work must be able to accept a variety of strong emotions without either minimising them or feeling overwhelmed by them. Good self-awareness is also a prerequisite as disclosure of certain events by a young person may evoke strong emotions in the worker. Good supervision to support this work is vital.

**With whom can we do this work?**

There is a tendency to believe that some of the young people in our care are too damaged and chaotic to 'engage' in this work. This is often used as an excuse when we are perhaps feeling daunted by the task. What will become apparent however is that being there consistently over time for a young person, being flexible, and often doing it on their terms, will create the climate in which they will want to engage.

**What do we do?**

There are any number of techniques and 'tools' (see Further reading). The important thing is to be comfortable with what, if any, you are using. Many can be adapted to fit the needs of young people at different ages and stages of development, with different experiences and from different cultural backgrounds.

**Other considerations**

Life story work should only be undertaken within the context of the care plan. The reasons for doing so should be clearly articulated and whoever does such work needs to be sufficiently confident and skillful. In addition the following points should be considered: does the young person give clear permission for access to social work, medical and other records? Who can have access to the life story work – parents, social workers, courts? Under what circumstances will information be shared with a third party? Is the young person fully aware of all these considerations?

## Reflective Questions

- *Are there other considerations that should be taken into account?*

**Content of a life story book**

Before beginning life story work, ascertain what is to the forefront of the young person's mind. The here and now is what matters most to young people. Any current difficulties should be addressed, e.g., home leave/family contact arrangements, before embarking on discussion about the past or future. Equally,

there is a balance to be sought so as not to avoid the work by finding other things to talk about.

There is no obvious place to start. Just as every young person's collection of experiences is unique, so will be his/her life story book. Sometimes his/her own account of his/her history provides the foundation on which to base the work. The use of a questionnaire can prompt the young person if s/he has difficulty knowing where to start or has worries s/he usually chooses not to talk about. (This can also be used later to evaluate progress.) The immediate past might be more relevant than early life for the young person. It may also take the young person time to trust and have confidence in the worker prior to unfolding their history.

Drawing an eco-map (see diagram 1) may help young people who are unable to give a fluid, coherent account. Based on a systems approach (see chapter 3), it helps the young person to see him/herself as part of a bigger system with all parts playing a role. This book is not just about him/her in isolation but about the many facets that have contributed to his/her make-up.

Because information may come at different times, a loose-leaf folder is probably the best way of gathering the book together. There are prepared books available, but while they are useful as a focus, they can restrict the breadth of information the young person may want to include.

The language used in the book is very important and should reflect the young person's own vocabulary and sentence structure. Again, how the information is recorded is open. If the young person has good writing skills and is confident in them, s/he may choose to write much of it him/herself. If s/he has keyboard skills, s/he may choose to type it. Some, however, will rely on the worker recording it. Importantly, it needs to be legible to the young person later on.

Be careful in how you reflect the information back to the young person. It is important to remember that while s/he might criticise parents/carers and others, s/he will seldom tolerate you doing so!

Most life story work will include the following areas:

### **Birth details**

Every life story book should contain details of the young person's parentage and place of birth. Even if these details are unknown, this should be acknowledged in order that the young person can then feel able to talk about it. A genogram (see diagram 2) may help in this. The case files held within the social work department will provide a lot of the information required and access to this can be negotiated with the social worker. Parents and family members and previous carers are an obvious source of information. The young person may know of other sources. In most cases, school medical records and GP files will have details of birth weight, developmental milestones and early childhood illnesses.

In gathering and discussing this information, it is important to help the young person to understand that being successful, moving on,

and achieving is not a rejection of their parents or early life experiences.

### **Attachment history**

Early experiences in relationships shape the quality of later relationships (see chapter 3). If young children have not had their physical and emotional needs met, leading to a secure attachment, adolescence and the transition to adulthood is more difficult as they test out the availability of the adults around them. Young people's earlier attachments will help them understand their current situation. These attachments may have been to significant relatives or other carers rather than to birth parents and this should be recorded. Any letters received over the years may be included, with the young person's permission. In the course of the life story work, it may become important to the young person to reconnect with someone from their past. This would require thoughtful consideration and careful planning.

The very act of engaging in this work with a young person, thus enabling him/her to experience an unconditional relationship with a reliable and available adult, could in itself begin the construction of a secure attachment base.

### **Houses / neighbourhoods**

Life story work requires to be done in the context of the young person's social and physical environment. If s/he has had a number of moves, it would be useful to draw a map with him/her, showing all the addresses where s/he has lived. Photos or pictures might be included here.

### **Schools attended / teachers' names**

Report cards, school photos (class and individual), drawings and project materials should be included. If the child has no access to these, schools will have copies of some.

### **Activities / sports / hobbies**

Since good self-esteem is dependent on achievement, it is important to reflect back on a young person's earlier attainments to re-inforce the positive benefits they brought. This could also have the dual effect of re-igniting their interest in healthy activity (see paper 4.08).

### **Religion/ culture / race**

An understanding of one's history in terms of religious, cultural and racial experiences is necessary for identity formation. The issue of cultural safety is addressed in paper 4.19.

### **Why the young person came into care**

An honest account which does not attach blame to any individual but rather seeks to put the events into a wider context will be beneficial in helping a young person move on. By adolescence, most young people have the cognitive ability to understand all the factors which led to their coming into care. An exploration of these can lead to eventual forgiveness of abusive or neglectful parents

through understanding the parents' own unmet needs. This understanding and forgiveness can be a cornerstone on which the young person develops future secure attachments.

### **Placement history**

The young person may have had several care placements and s/he may be unclear as to why some ended, especially where they seemed to be going well. S/he may feel, at best confused and, at worst responsible for this and clarification will help. It may be appropriate to contact previous carers to get photos, cards, documents and verbal accounts of the young person's time with them.

### **Why the young person came into secure accommodation**

Deprivation of liberty, in addition to separation from family and peers, is a serious intervention which young people may need help to make sense of. Many young people may not fully understand what has led to them being there. Life story work can help set a context to this.

### **Plans for the future**

Although we cannot entirely undo the psychological damage of early life experiences, life story work can help to equip young people with the compensatory skills they will need to manage the future. Most adolescents have the capacity for hypothetical thinking. They can look ahead to the times when some of their earlier difficulties might resurface. Certain events - becoming intimate in a relationship, having children, suffering further loss, or developing an illness - will trigger memories of their own past. How they have addressed this will influence how they deal with future situations. And in this way we can help to break the cycle of abuse and neglect between generations.

Life story work may also assist a young person in developing a 'cover-story' for the future. This is not a lie but rather a method for withholding sensitive and personal information from others. Guidance can be provided about the degree to which information needs to be shared and with whom.

A life snake (see diagram 3), summarising major events in a young person's life, with options for the future branching out, is a useful visual aid to focus this discussion.

*One of the staff who was in a home a few years ago with us is in the same home now with us. It's like old times again. Yes, she was our keyworker for us back then and now she's my keyworker. She knows what [my sister and I] have been doing, she knows our history. Probably because she was there when we were growing up and she still is really. She's a part of my history because I was close to her back then and I'm still close to her now.*

(female 15, Who Cares? Scotland, 2003, p. 17).

## **Ending life story work**

As with all therapeutic interventions, the ending is important and it is essential that it does not constitute another loss in the young person's life. The ending should be formally marked, perhaps with a special treat, and agreement reached as to where the work should be kept. It should be acknowledged that, while the formal recording has ended, the life story may be the basis for ongoing direct work on particular themes.

## **Training links**

### **SVQ:**

Unit CYP4 *Encourage young people to develop and maintain a positive sense of self and identity* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 312 *Support the social, emotional and identity development of children and young people* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### **HNC in Social Care:**

HN unit *Supporting and managing provision in secure care settings*: outcome one (optional unit).

## **Further reading**

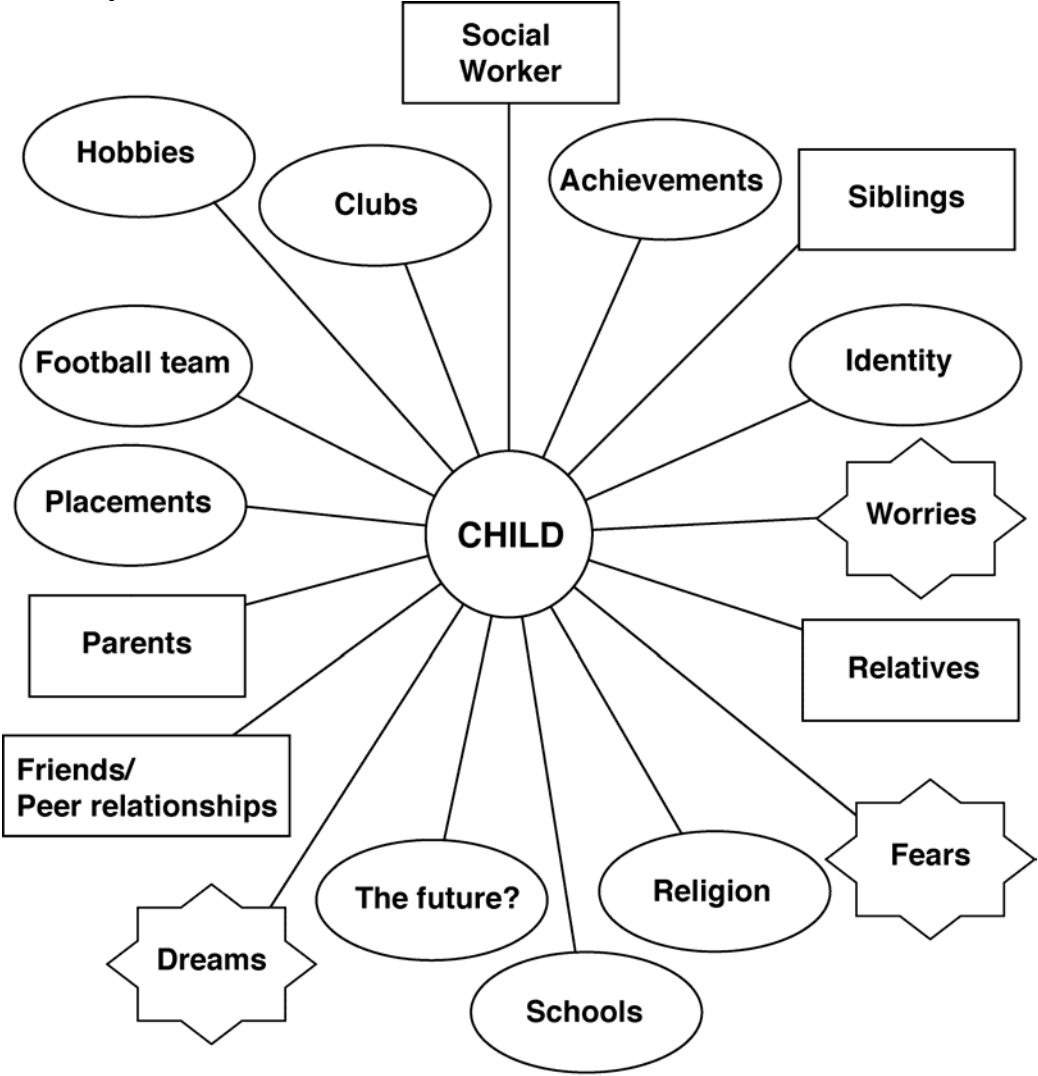
Fahlberg, V. I. (1991). *A child's journey through placement*. London: BAAF.

King, P. (1989). *Talking pictures: trigger pictures to help children talk about themselves*. London: BAAF.

Ryan, T. & Walker, R. (1999). *Life story work*. London: BAAF.

Diagram 1

Eco Map






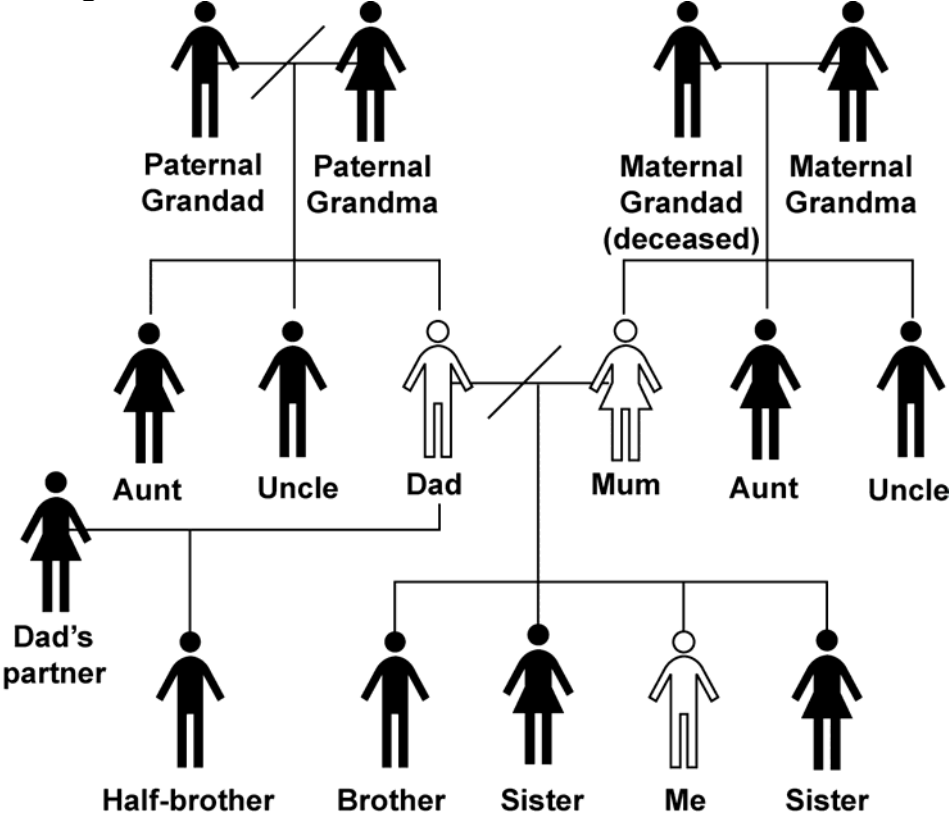


This is a simple example in which people are in  and feelings/thoughts are in  and  represents other parts of the child's system.



Diagram 2

Genogram

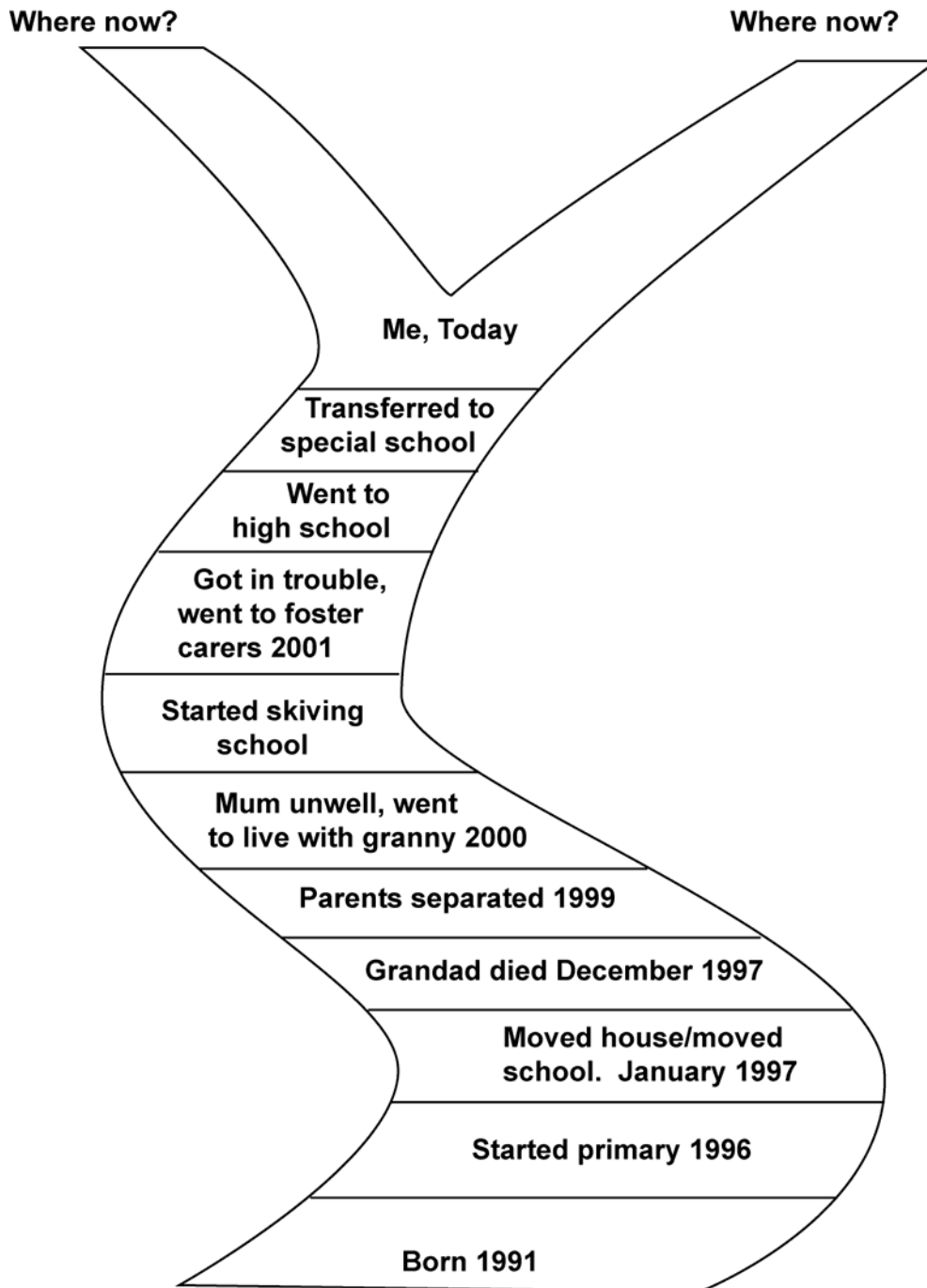


 = Female relative  
 = Male relative

 = Married to/in relationship with

 = Separated/divorced

**Diagram 3**  
**Life Snake**



*Caring work means helping to meet an individual's developmental requirements rather than a focus on working to undo or to correct unwanted behaviours.*

*Henry Maier (1987)*

## Introduction

This section offers some ways of thinking about behaviour, our immediate objective in managing that behaviour, and our primary task in working with young people; these ways of thinking can bring greater clarity and effectiveness. This section also addresses self and relationship as inextricable components of working with challenging behaviour. Physical restraint is briefly discussed as the extreme end of working with challenging behaviour, and finally, some practical advice and further reading are offered.

## Overview

Working with challenging behaviour is an integral part of every shift in direct practice; it is especially pronounced in secure accommodation since many young people are placed there as a result of their behaviour (at least in part). It is also likely to be a key feature in many of the dilemmas, difficulties and frustrations that frontline practitioners encounter in their day-to-day work. Most of us, at one time or another, have been exasperated at being unable to help a young person shift from an aggressive and/or destructive course of action. We also may have experienced an unanticipated positive response from a young person, though we may or may not have had the time or inclination to wonder about why. In order to get to some answers as to how we can continually get better at working with challenging behaviour, it is important to step back and first ask ourselves questions about how we think about the behaviour that challenges us, whose behaviour we should be working with, and why should we work with it in the way that we do.

The way we think about behaviour and misbehaviour affects how we respond to it, how effective our response is to it and whether the young person benefits from our efforts. This is also true of how we view our primary task, or what it is we are trying to accomplish overall in our work with young people. Even if you 'do all the right things', if your thinking behind it is actually coming from a perspective that is not well informed or in the best interests of young people, there is a much greater chance that, over time, one of two things will happen: either young people will respond unfavourably to your efforts, or they will be damaged by them.

## What do we mean by 'working with challenging behaviour'?

For some, thinking about challenging behaviour might conjure up images of physically restraining a young person, and for others it might mean applying a

consequence for misbehaviour. Others still might think about an empathetic response that helps a young person 'talk it out' rather than 'act it out', and even a subtle but deliberate raised eyebrow can be a form of helping a young person manage their own behaviour. For the purposes of this section, the notion of working with challenging behaviour will cover all of these and more, and it is helpful to consider our behavioural interventions along a spectrum from least intrusive (e.g. a raised eyebrow) to most intrusive/restrictive (e.g. a physical restraint). This spectrum can be thought of not only in terms of what you do, but how you do it (e.g. the tone and volume of your voice). Knowing where to pitch your response along this spectrum will depend on many things, including your relationship with the young person, your assessment of the situation and the challenging behaviour you are responding to. Much of this will be discussed throughout this section.

Your immediate goal in working with challenging behaviour will depend on your initial sense of what is going on in a situation, or your initial assessment. Some specifics related to assessment will be reviewed later in this section. Immediate goals in working with challenging behaviour can range from regaining safety to inviting a young person to manage his own behaviour; the immediate goal should be informed by your assessment of the young person and situation, and by your understanding of your establishment's primary task. Your immediate goal should also match up with how intrusive your intervention is.

It is useful to view behaviour as a form of communication. Because young people in our care are often confused and unable to put their feelings or needs into words, our job can be about interpretation, or 'breaking the kid-code'. Behaviour is often referred to as an expression of a need, and more recently research has highlighted that emotional pain is at the root of most of what we describe as 'acting out behaviour' (Anglin, 2002). Often young people are not aware of the thoughts, feelings and issues that underlie their behaviour. Simply by tuning into what might be beneath the behaviour and what that behaviour might communicate, we can be more effective in our responses to young people.

There are many factors that impact the effectiveness of our work with challenging behaviour, both in the moment and, more generally, in how the unit is managing. These include:

- The state of and potential impact of our *self* on situation;
- The culture of the unit;
- Our perception of our primary task;
- The young person's history and current state;
- The young person's likely triggers and habitual reactions;
- The strength of relationships between young people and staff, and between staff with each other;
- The impact of the group on the young person and vice versa;
- The state of and whereabouts of fellow staff;
- The unit's policies and procedures;
- The physical environment;
- The emotional environment;
- All relevant risk factors.

All of these must be considered and assessed in our attempts to respond to challenging behaviour, sometimes in a very short period of time. The first three, self, culture and primary task, will be discussed next.

## Reflective Questions

- *What do you think of when you think about challenging behaviour? Do you always see it negatively?*
- *Do you regularly try to decipher the 'kid code' and understand what the young person is trying to communicate?*

### Self

If relationships are the primary way we help young people to learn, develop and heal, then our *self* can be seen as the primary tool we use. First and foremost, the most important person's behaviour you must work with is your own. When faced with an angry, aggressive young person it is easy to lose sight of this. Effective use of self means more than just resisting the urge to retaliate. Holding onto an awareness of yourself and being able to act usefully on that awareness can be difficult under normal conditions; doing so when also trying to work with the challenging behaviour of a young person or group can sometimes feel impossible. It is not impossible, however, and many practitioners do this amazingly well considering all that is involved. Garfat (1998), in a study of effective interventions in child and youth care, highlights how effective workers showed a highly developed self-awareness and an ability to monitor, control and positively use their *selves* in the process of intervening with a young person.

Knowing and understanding the individual young people you work with, and continually developing your knowledge of young people generally and how to best work with them (e.g., developmental theory, resilience-based practice) can make it easier to maintain a useful perspective in difficult situations. Chapter 3 of this guidance is a good resource towards this end. It is also vital to know and understand yourself. In fact, it has been said that 'without self there is no other' (Ricks, 2001), meaning we only know other people through our own interpretation or experience of them. One way of looking at this is to acknowledge that what we see and feel about someone else often tells us as much or more about ourselves. One person's view of a situation will be anywhere from slightly to extremely different from other people's view because the combination of each person's history, culture, values, beliefs and biology are unique. All of these things shape how we see and make sense of the world. An important challenge in working with young people is sorting out which part of our experience is telling us something important about the young person, and which is more about ourselves.

### *Meaning Making*

A starting point in meeting this challenge is to pay attention to *meaning making*. How people make meaning of their experiences, or meaning making, has become an important focus in guiding good practice (Garfat, 2004). The meaning each of us makes of any event or situation is affected not only by the particular circumstances of that situation but also by our perception of it; this perception is affected by our own personal histories, experiences and values, as well as the overall culture we grew up in and the organisational culture we work in. It is easy to recognise that many of the young people we work with have very different personal histories, experiences and values from our own, and that as a result they can often make a different meaning of a situation from what we do. Yet, it is just as easy to forget this, especially when faced with challenging behaviour. Sometimes, the

misunderstanding that results from unrecognised different meanings made of a situation is the source of the challenging behaviour in the first place.

As we become attuned to how young people make sense of their world, their situation and specific events, we will be more effective in working with them in a way that helps them better to manage their own behaviour. To do this, we must be in touch with how we make meaning of situations and events, striving consistently to be aware that any interpretation is merely *our own* meaning made of a situation or event. A good place to start is by looking at our own experiences of being cared for and caring for others. Cultivate a habit of wondering about how similar or different each young person's experiences have been, and how potential differences might impart very different meaning making around your efforts to help, both generally and in specific situations. For instance, your efforts to help a young person to learn how to behave properly at the meal table may be experienced by that young person as staff trying to change her into someone who will no longer fit into her family or community (even though she may not be able to articulate this clearly in her own mind).

### Reflective Questions

- *How often do you consider your own thoughts, beliefs, feelings, body language, facial expressions and tone of voice when responding to challenging behaviour?*
- *Can you think of a recent or memorable situation in which the meaning you made of what was going on was different from the young person's, and it was the source of the conflict or problem? Were you aware of the difference? If not, how might being aware have helped the situation?*

### *Counter-aggression*

It is also useful to have an understanding of *counter-aggression*. Counter-aggression describes the aggressive thoughts, feelings and sometimes behaviours we have in reaction to someone else's aggression. It is not only normal to feel aggressive when faced with someone else's aggression, but it may even be a biological instinct that has helped our species survive (Long, 1995). Unfortunately, counter-aggression interferes with good practice.

Our counter-aggression can get triggered when we feel physically threatened, when our values or beliefs are violated, when we feel helpless, discouraged or losing control, or when something happens that stimulates unresolved issues or simply memories from our past; often we are not aware of our own counter-aggression or why it has been triggered. We may think that we are calm and fully in control, when actually our body language, tone of voice or facial expression conveys our aggressive feelings.

Counter-aggression also clouds our thinking. For instance, it is difficult to see how our decisions may be punitive and serve our own desire for control or retaliation when we are having a counter-aggressive reaction. It can be even harder to see our own *passive-aggressive behaviour*. Passive-aggressive behaviour can take many different forms. Some examples include being slow to respond to a young person's request, using cutting humour or being unreliable with a young person.

Passive-aggression is often a form of counter-aggression, and people are usually unaware when they are behaving passive-aggressively.

Whatever form it takes, counter-aggression makes us less effective in working with challenging behaviour and is detrimental to building therapeutic relationships with young people. Indeed, it is a key challenge in managing our own behaviour, and the first step in meeting this challenge is to cultivate our self awareness and acknowledge when we are having counter-aggressive thoughts and feelings. This acknowledgement can immediately diffuse some of its power and enable us to put it aside when in the midst of dealing with a young person's challenging behaviour. Later, it will be important to reflect on and talk about these thoughts and feelings, what they tell us about our tendencies and how they impact on our practice.

### *Projection, Transference and Counter-transference*

A basic understanding of ideas from a psychodynamic tradition (see Chapter 3) about *projection, transference and counter-transference* can help us begin to sort out which parts of our feelings are about our own *selves* and which parts might be telling us about the young person. These terms refer to unconscious ways people react to their own feelings. They are normal and sometimes even necessary to get us through difficult situations. Sometimes, however, they can be problematic or even destructive.

*Projection* refers to the process where feelings or characteristics are attributed to another person because they are too uncomfortable or unacceptable to acknowledge in oneself. It is a way of defending against or distancing from pain and anxiety. One way to understand this is to think about the way a film projector *projects* an image onto a blank screen. What we see is coming from the projector, but it appears to be on the screen.

Young people often project feelings onto staff; for instance, a member of staff being accused of hating a young person might actually reflect the young person's pain of hating himself. Staff can also project aspects of their own selves onto the young people in their care. An example of this could be a member of staff who sees a young person's misbehaviour as designed to hurt or humiliate the member of staff, when actually the misbehaviour is triggering the staff member's own desire to hurt or humiliate the young person. While it is normal to experience such feelings when working with challenging behaviour, they are at the same time often viewed as unacceptable. This makes it much more difficult to acknowledge them.

Projection becomes a problem when it continues unrecognized. It is challenging enough to 'break the kid code' and get to the meaning behind the behaviour when we're seeing clearly. It becomes impossible when we are deep in the process of projection. Just as we cannot see the actual screen when a film is being projected onto it, we cannot really see a young person when we are projecting our own unwanted feelings onto him.

*Transference* refers to a process where young people experience feelings towards staff that are really about other significant people in their past or present (often a parent). Most of us experience transference in relationships with caregivers or authority figures. We are generally not aware of it when we are transferring these feelings onto other people in our lives. In secure care, transference can take the form of a young person targeting his rage or distrust at a female practitioner that is much more a result of abuse he experienced at the hands of his mother. Or, it can

take the form of a young person idealizing a male member of staff when actually these idealized feelings are more about an absent, fantasised father. These are some common examples, and transference can take shape in unlimited ways. It would be hard to imagine any residential child care setting where transference was not happening regularly, and when practitioners are the target of transference, they can sometimes experience *counter-transference*.

*Counter-transference* refers to practitioners unconsciously reacting to the young person as a result of the young person's process of transference. A practitioner who is the target of a young person's transference about his mother may become uncharacteristically rigid and punitive when challenged, just like the young person's mother. Another example might be the member of staff who is the recipient of idealised feelings about the young person's father may end up developing a 'blind spot' for the young person's misbehaviour and avoiding saying 'no' as part of his process of counter-transference. When we are experiencing unacknowledged counter-transference, clear sight and judgement become clouded. Again, like the example of the projector screen above, the young person becomes invisible, or at least less visible, behind our own emotional static. Our ability to assess and respond with insight and sensitivity is reduced.

## Reflective Questions

- *Can you think of a time when you experienced counter-aggression, projection or counter-transference when working with a challenging young person? How did it impinge and what did you do? What would you do differently if you could do it over again?*
- *Have you noticed a reaction from a colleague that might be explained by counter-aggression, projection or counter-transference? How might you open up dialogue to help your colleague become aware of and work with these processes?*

Understanding these reactions is relevant to effective use of self in two significant ways: first, practitioners must continually and actively work to recognize when they are engaging in processes of projection and counter-transference and work to see the young people in their care more clearly. Second, the feelings that arise within their *selves* can give them important clues about a young people's experiences of attachment, their relationships with important figures in their past and present, and feelings they are unconsciously struggling with. As we tune into the feelings that are triggered by our work, we can better understand our young people, their struggles and their inner world. As young people feel better understood, they often become more receptive to our efforts to help them. The goal, then, is not to avoid having feelings, but to put them into perspective and make good use of them. This requires *emotional availability*.

### *Emotional Availability*

*Emotional availability* is about a way of being with others, in this case a way of being with the young people in our care. For us to be effective in our work with young people generally, and in helping them learn to manage their behaviour specifically, we must be open, warm, empathetic and accessible. We can create



emotionally safe spaces where young people, over time, can come to trust our genuine care and respect for them even when things become difficult.

Being open, warm, empathetic and accessible means that young people will sometimes 'get to' us. Unfortunately, many of us have been led to believe that if a young person 'gets to' us, we are somehow not competent or professional. However, if we are so armoured that we do not allow ourselves to experience emotional reactions from the work, we will not be able to tune into what our feelings can tell us about what is going on underneath the surface of a young person's behaviour. By the same token, we cannot be 'got to' so much that it disables us from getting beyond our feelings, responding constructively or continuing with the work. Emotional availability, then, requires skill and insight in balancing accessibility with boundaries.

To be able to be emotionally available to others, one must consistently work to develop and maintain self awareness. This involves tuning into your own internal world—your thoughts and feelings, and the values, beliefs and experiences that are beneath them. This can sometimes take a great deal of courage and honesty, which is frequently what is demanded of the young people we work with. Developing an ability to identify and work constructively with the processes of counter-aggression, projection, transference and counter-transference, we also must speak openly and honestly with one another about what we are experiencing and observing. To have clarity, we sometimes need to see ourselves reflected back in the feedback of colleagues and supervisors: just as we are sometimes gentle and honest mirrors for young people, we need to be the same for one another. The degree to which this is possible will be influenced by your unit culture, but do not underestimate the influence you can have in helping to make it happen.

## **Unit Culture**

The culture of a unit is made up of many factors, from concrete aspects such as the physical environment or unit policies, to more abstract aspects like staff attitudes and values. How challenging behaviour is worked with, and in turn how *effectively* it is worked with, is consistently and directly impacted by a unit's culture. How to develop and maintain the kind of culture that supports effective work with challenging behaviour is complicated and is the subject of many books (Ainsworth & Fulcher, 2006; Campling, Davies, & Farquharson, 2004; Ward, et al., 2003). *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People* (Davidson, et al., 2005) offers a chapter (*Creating the Right Conditions*) about creating the kinds of unit cultures that support the reduction, and where possible, elimination of the need for physically restraining young people. While its main focus is related to physical restraint, the guidance in this chapter is as much about working with challenging behaviour as it is about physical restraint. This includes the importance of creating environments where it is safe and expected that people question, challenge and talk through issues. Developing a behaviour management policy also has an important role to play, and *Holding Safely* also offers guidance about how to do this.

Some of the components of a good unit culture are also components of good practice related to working with challenging behaviour. They shape the culture, and they reflect the culture. Research into effectiveness in residential child care points to the importance of a shared sense of purpose (Department of Health, 1998), and this is a key component which affects the culture of a unit. There is potential danger in viewing the effective management of behaviour as the main purpose of a

unit. For example, a unit where the young people rarely misbehave due to fear of physical or emotional harm could be viewed as effectively managing behaviour through abusive practice. Given the many difficulties young people carry, simply keeping a lid on young people's behaviour without abusing them would be an extremely limited use of secure care, and it is questionable whether this is even possible. Therefore, shared values and understanding as to what we are trying to accomplish in our work with young people, how and why we are trying to accomplish it, and how working with challenging behaviour fits into this overall aim, are all necessary for effective work with challenging behaviour truly to serve the young people in our care.

Different units will have different ways of defining their primary aim. If this aim and its underlying values are not clear and collectively owned within each unit, individuals will likely have very different interpretations as to what they are trying to accomplish with young people and how this should be done. This will also be reflected in how behaviour is managed. Just as developing a good unit culture is complicated, there is no easy formula for achieving a clear overall aim with supporting values and practices that everyone shares and demonstrates (albeit in their own unique ways). It takes time, and is more of a process of 'getting there' than an event of 'arriving'. Section 2.5 of this guidance offers some important points to support this process, but it is important to highlight the importance of forums to discuss our aims and our practice in open, honest and searching ways. Robust individual and team supervision is absolutely necessary in promoting good unit culture.

## Reflective Questions

- *How would you describe the culture of your unit?*
- *Would you say that the staff are emotionally available to the young people? Would you say you are?*
- *How would you describe the overall aim of the unit in terms of your work with young people? Would you say that how staff work with young people day to day supports this overall aim?*

## Therapeutic Containment

The notion of containment offers a way of looking at our overall aim in working with young people that can be particularly helpful related to working with challenging behaviour (again see Chapter 3). Often the term is used in a literal way to describe a very basic level of physical care and limits on behaviour. It is even sometimes used in a negative way: for instance, a member of staff might exclaim, 'All we do around here is containment!' when frustrated over a young person's or unit's lack of progress. This type of comment may reflect a sort of *crude containment* where staff merely 'keep a lid on things' without actually helping the young person to grow or develop. As an ongoing approach to the work, crude containment tends to be dissatisfying for most staff; more importantly, it fails the young people we are meant to serve.

Importantly, containment also refers to a way of understanding how staff help young people, over time, to develop the capacity to manage previously unbearable or uncontainable feelings—feelings which they often act out in ways we find challenging. This can be thought of as *therapeutic containment*.

### *Therapeutic Containment*

Therapeutic containment is rooted in the ongoing process of a parent or primary caregiver hearing, absorbing and responding to their infant's distressed cries by comforting it. The unbearable pain, discomfort, fear or confusion is 'taken away' and replaced with something manageable. This experience of containment is part of the process of attachment and bonding between the infant and caregiver. As children grow up, this process also takes on an element of adults helping them to make sense of and learn from painful experiences, again helping the related feelings to become manageable. Uncontainable feelings arise throughout all stages of life, and adults also seek containment, though often they are not aware of it. It is important to remember that the need for containment is normal (Kahn, 2005).

Many (if not all) of the young people in secure care have had poor experiences of containment; this may be the result of abuse, neglect or some other trauma, but it can also be related to parents' own containment needs being unmet and therefore they can be unable to meet the containment needs of their children. As a result, young people can have an underdeveloped ability to manage their feelings. When negative feelings do arise, they can often be more extreme due to the pain of 'un-soothed', unresolved feelings that also get triggered—similar to the pain of prodding an infected wound that has not healed properly. Keeping this in mind can help us to respond better to behaviour that may initially seem like an overreaction or simple immaturity. Consequently, these young people's need for therapeutic containment can be more intense, and providing it is often more complex and difficult than for young people who have had more consistent and healthy experiences of containment. This need is probably most stark in secure accommodation.

Containment is not a single event, but an ongoing process. Providing therapeutic containment requires creating an atmosphere where young people feel accepted, respected and understood. This happens in the context of the many relationships amongst and between staff and young people. When young people experience therapeutic containment, they begin to feel emotionally 'held' in key relationships where they can begin to work through and make sense of their feelings and experiences (Ward, 1995a). In these key relationships, staff will *absorb* the states of mind and feelings of the young person; some of these feelings are observable and consciously absorbed, and some are below the surface and both the young person and practitioner can often be unaware of them. Nonetheless, the young person can act in such a way, with enough frequency, severity or duration, that the member(s) of staff will experience the same unidentified feelings or state of mind that the young person is experiencing. It is then part of the work to help the young person begin to identify, make sense of and learn to manage these thoughts and feelings.

For therapeutic containment to be possible, young people need:

- A safe environment (both physically and emotionally);
- Staff who are empathetic and emotionally available;
- Key relationships with staff in which they can feel emotionally 'held';

- Clear and predictable boundaries, routines and structures that are applied in a child-centred and flexible way;
- Help to make sense of their experiences and feelings;
- Support to, over time, express their thoughts and feelings in a way that brings about a greater sense of personal responsibility;
- A degree of tolerance related to their expression of feelings, and responses to misbehaviour that are predictable, developmentally appropriate, manageable and not punitive;
- Staff who are supported by their organization and have their needs met that are related to their work of therapeutic containment (these are also containment needs);
- A shared understanding of and aim towards therapeutic containment that is practiced by the whole team.

On the one hand, therapeutic containment is not a free-for-all in which any behaviour is accepted because of the pain or issues that might lie beneath it. On the other hand, it is also not about creating a constricting environment in order to keep behaviour under control. In fact, due to the clear literal containment that secure accommodation provides, it is possible that a powerful level of therapeutic containment can be achieved within what, for some, is the safety of being 'held' in a locked environment.

It is a good possibility that there is some level of containment work going on in many units, but how clear and explicit this is as a focus will affect how effectively this work is getting done. At this point it might be useful to step back and consider whether you see your organisation's overall aim as a matter of literal containment where young people are kept secure and have their basic needs met in a physical sense, or whether you see it as striving towards providing therapeutic containment where young people can express, begin to make sense of and learn better to manage their feelings. Is there a general approach to things that aims to suppress and control behaviour, or is it more like one that seeks to work with and even poultice out the issues, thoughts and feelings that are beneath the behaviour?

Looking at our work with challenging behaviour within the context of therapeutic containment might also be useful for shedding light on how we define misbehaviour. It is too often that behaviour is seen as problematic simply because it is a problem for adults. This same behaviour might actually be developmentally appropriate or even reflect resilience on the part of the young person. We will also see it differently when we understand it is part of the process of the young person learning to contain confusion and painful emotions. Conversely, some behaviours that we may not see as problematic might be storing up problems that will affect the young person in the future. Which viewpoint we look at the behaviour from will affect whether and how we respond to it. For instance, a young person who consistently avoids conflict by going along with whatever is asked of him might be seen as doing well in a secure unit, but getting stuck in this way of managing his fear of conflict may cause him serious problems after discharge.

Our viewpoint also affects on how we respond to perceived misbehaviour and how that response is received by the young person. The decision not to allow a young person to join into a group activity, for example, can be delivered in very different ways. The essence of the communication in one instance might be, 'You've been bad and you've made me angry, so you don't get to join the activity'; in another instance it might be, 'I'm concerned about your ability to make good choices around the other kids at the moment, and I'm even more concerned about what's going on

with you. We're holding you back from the activity so we can sort out what happened.' The viewpoint behind the first is punitive and more about the adult's needs; the viewpoint behind the second is more child-centred and relational (both of which will be discussed further in this section). Whether these messages are explicitly stated or are just below the surface, the young person will pick them up just the same.

### *Physical Restraint*

Physical restraint can be seen as the extreme end of providing containment. Sometimes a young person's behaviour can pose such an imminent danger to himself or others that, when all other means of diffusing the situation have failed or are not practicable given an immediate level of danger in the situation, we may have to hold him physically in order to regain an acceptable level of safety. Physically restraining a child or young person involves significant risks of injury, trauma and even death, and the decision to physically restrain should never be taken lightly. When and how physical restraints should be carried out, and more importantly, how they can be avoided, is the topic of many articles and books. A good starting place is the previously mentioned *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People* (Davidson et al., 2005).

Whether a restraint is part of an overall process of therapeutic containment, or is simply a crude (and possibly abusive) form of containment, depends on a number of factors: these include the honest and effective use of self amongst staff, the levels of therapeutic relationships between staff and young people, the degree of support available to young people to make sense of and learn to manage their feelings, and organisational support available to staff teams to do this very complex and demanding work. We do know that some young people have had extremely negative experiences of physical restraint, while others have felt safe and cared-for (Steckley & Kendrick, 2008).

The more effective we become in working with challenging behaviour, the more we can reduce and possibly eliminate physical restraints. Consistently meeting containment needs through boundaries and routines that are predictable and child-centred, through activities that promote development of coping skills, and through relationships that are warm, firm and fair can reduce the need for the extreme end of containment—physical restraint. On the other side of the coin, if containment is provided in an unbalanced way, either with an overriding focus on rules, punishment and control, or with an overly permissive and indulgent approach with no sense of boundaries or responsibility, there can be a greater need for physical restraint. Finally, notions of containment must also never be used to justify use of restraint when less restrictive means of defusing the situation and regaining safety can be practicably used.

## Reflective Questions

- *Can your work be characterised as striving towards therapeutic containment (helping young people to make sense of and contain their own feelings over time), or should it be described as more preoccupied with a sort of crude containment (keeping a lid on things and suppressing misbehaviour)?*
- *How effective is the balance in your unit between the basic, physical components of therapeutic containment (basic needs being met, the quality of the physical environment, predictable structure and routines, satisfying activities) and the more complex aspects of therapeutic containment (absorbing and helping young people make sense of and manage their emotions)? How would you describe the overall aim of the unit in terms of your work with young people? Would you say that how staff work with young people day to day supports this overall aim?*

### Other Themes

It is probably becoming clear that there will be no clear formula offered in this section for how to work with challenging behaviour. Each situation a practitioner faces is unique and has too many factors for it to be possible to offer such a concrete approach. There are, however, some themes related to good residential child care practice generally, and to working with challenging behaviour specifically, that most practitioners can start with when they seek to explore, challenge and develop practice. These themes can be considered as factors affecting a unit's culture: an explicit focus on related exploration, challenge and development will likely have a positive impact on the overall culture of the unit.

#### *Child-centred Practice*

One is about being *child-centred*. This means consistently putting the needs of the young people first, and always putting them before our own convenience. It involves recognizing the worth of each young person regardless of behaviour. To be child-centred, we must continually ask ourselves and each other whose needs are being met by a certain response or decision: is it the needs of the adult, the needs of the unit or the needs of the child? Being child-centred is about consistently acting out of the young person's best interest, and striving to see things from the young person's point of view. This can help us become good at breaking the kid-code and tune in to what a young person's behaviour tells us about their pain, needs and wants. Being child-centred is also about a commitment continually to progress our own knowledge and understanding of what young people need to develop and thrive. Chapter Three of this guidance is an excellent starting point.

#### *Co-construction*

Any situation of challenging behaviour is *co-constructed* by all of those involved in it; this is just a way of saying that everyone involved has some part in how that situation happened. This is not about blaming young people or staff, but about beginning to see one's own part in creating that situation. The kind of self awareness necessary for this requires a good deal of courage and honesty.

Much of the previous discussion above about self-awareness and use of self can help in beginning to see the subtle ways we may actually 'add fuel to the fire' rather than really helping to diffuse situations. This may be a result of our own counter-aggression, projection, counter-transference or other baggage, or it may simply be a part of our learning curve. We will not get to the point where we respond perfectly to every instance of challenging behaviour every time. It is therefore important to create the kind of organisational cultures that understand and support staff in candidly and honestly exploring their part in co-constructing difficult situations, as it will be impossible for most in a climate of blame and defensiveness. While every individual has responsibility in promoting such a culture, it is up to those in leadership roles actively to pursue it.

An appreciation of how we co-construct situations can provide important role-modelling for young people. Many young people see themselves as powerless victims of circumstance and are too fragile and defensive to take responsibility for their attitudes, words and deeds. Yet we know until they are strong enough to do this, they will have great difficulty leading happy and productive lives. When we role-model a habit of always seeing our own part in everything, we can normalise and make safe this way of relating for young people.

### *Developing and Maintaining Therapeutic Relationships*

Another theme has to do with relationship. Section 2.4 of this guidance talks about the central importance of relationships in our work with young people. Most frontline workers are aware *that* relationships are important, and this section offers insights about *why* they are so important and *how* therapeutic relationships can be developed. Understanding the *how* and *why* improves our effectiveness in building therapeutic relationships with young people, and section 2.4 offers some important things to consider in dealing with this very challenging aspect of our work.

Specific to behaviour management, it can be difficult to know how to work with challenging behaviour in the moment or hold a young person accountable for behaviour without damaging the relationship. We do know that punishment is not effective in bringing about positive behavioural change in the long term (Garfat, 2003; see also chapter 3 of this guidance). We also know that young people will not be safe or grow in an environment that has no limits or accountability.

Over time, young people are more likely to experience lasting change that positively affects their behaviour when they experience boundaries in the context of caring, warm relationships (Mann, 2003). Behavioural controls without warmth of relationship cause as many problems as an absence of boundaries. Getting the balance right between firm, fair and warm, all in the face of difficult behaviour, is difficult but absolutely necessary for working effectively with challenging behaviour.

### *Patience*

Patience is also required. It has been said that the antidote to aggression is patience (Chodron, 2005). Patience does not mean sitting passively by, not addressing behaviour that should be addressed. It does mean realising that the behaviour, and all the issues beneath it, have probably been around for a long time and/or are the result of serious trauma. Having gentle humour and humility in recognizing that positive behavioural change takes time and is not a straight line of improvement, no matter how good our practice is, will help us to keep going with warmth and firmness.

## Reflective Questions

- *How would you characterise the culture of your unit in relation to child-centredness and the quality of relationships between staff and young people? Can you think of a time when a child's needs did not come first? Are there times when this is the right thing?*
- *How often do you consider your part in the creation of any difficult or for that matter positive situation? How might it affect your practice to make a habit of thinking and speaking about this with fellow colleagues and young people?*
- *In your unit, is patience considered a weakness or a strength?*

### Opportunity-led Work

So far this chapter has focused on knowledge, understanding and the way we think about working with challenging behaviour. The focus will now shift to a more concrete framework for good practice when working with challenging behaviour. This framework is called *Opportunity-led Work* and was developed by Adrian Ward (Ward, 1995b, 1996) to help workers respond more productively to unplanned events that occur throughout the day (many of which might be instances of challenging behaviour). Even when things happen very quickly, there is a process of four stages that should occur when working with challenging behaviour:

- Observation and Assessment
- Decision Making
- Action
- Closure and Evaluation.

Skilled workers might effectively fulfill what is required at each stage naturally and without conscious awareness. However, understanding this process can increase the likelihood of a greater consistency of helpfully responding to challenging behaviour, and can also help to make sense of when things go poorly.

#### *Observation and Assessment*

It is important to weigh up all of the possible factors that are affecting what is happening in a given situation. Questions you might ask yourself at this stage include:

- Who is involved? How are they affecting one another? Are there others involved who are not currently on the scene?
- Is this about the surface issue or about something unseen or unspoken? (For instance, a tantrum about something seemingly trivial might really be about brewing anger/fear/disappointment over something that happened earlier in the day.)
- Why is this happening now? Why not yesterday or tomorrow?
- What is going on in the young person's world outside of the unit (e.g. family and community)?
- How is the group affecting the young person and how is the young person affecting the group? What is the current feel of the group/unit at the



moment? Are there any group issues going on that might be affecting this situation?

- What is my relationship like with the young person/group? How am I feeling at the moment? What might this be telling me about the situation? How will this affect my efforts?
- How will this situation likely develop if I do nothing?

We instinctively observe and assess. How thoroughly we weigh up all the relevant factors, and whether we pick up on or miss the subtle keys that might unlock our understanding of what is going on, comes down to practice and reflection.

### *Decision Making*

Our observations and assessments also instinctively inform our course of action. A more informed assessment will more likely yield a more helpful decision. Two other key considerations in deciding what to do are your priorities and aims. In thinking about these, you should ask yourself:

- How urgent is the situation and what can I feasibly and ethically do to respond?
- What are my short-term aims (e.g. calming a young person down, keeping an activity going)? What are my long-term aims (e.g. connecting feelings to behaviour, learning an alternative way of responding to a situation)?
- How does my proposed course of action fit in with all the day-to-day and long term tasks of the unit?

### *Action*

The range of possible actions is, of course, infinite. The following considerations also will inform how you choose to act:

- Whether the situation would be better handled one-to-one, or whether there would be more benefit to dealing with it within the group of young people.
- When to intervene, given the realities of the situation.
- Where to intervene, again given the realities of the situation.
- Who would be best to do the intervening.
- Policies or procedures that should be considered.
- Any agreed plans within the team for how to respond to certain behaviour or a certain young person.

Whenever possible, touching base with a colleague about your assessment of a situation and intended course of action is a good idea.

### *Closure and Evaluation*

It is important that the situation be brought to an agreed and clear ending so that young people can move on with some sense of normalcy. This has a practical benefit, but can also be seen as part of therapeutic containment; for many young people, it is difficult to put an end to a difficult event and the subsequent anxiety, confusion, pain or anger that goes with it. By facilitating a sense of closure, the feelings related to the situation may become more manageable to the young person.

Whenever possible, seek mutually to agree upon when and how to put things to rest (even if temporarily) and ensure any decisions are clearly understood by all parties involved. This can often be achieved by sharing your interpretation of the young person's point of view, and asking the young person for her understanding of yours and of what has been decided. Sometimes you will have to agree to disagree, but it is helpful to have mutual clarity as to where exactly you disagree and where (if possible) you agree.

Once you have acted, it will also be important to consider any follow up that might be necessary. On a mundane but important level, this will involve written communication in the form of daily logs, staff communication logs or books, and possibly incident forms or behaviour management plans. It may also include communicating to colleagues in handover, or revisiting the issue with the young person to provide follow-up support. Many young people have coped with life's difficulties by putting each difficult event in a separate compartment in their minds. Part of our work is helping them to begin to make connections between these events, and simply following up a previous event in a gentle and supportive way can help with this process.

Finally, continually reflecting on your efforts at working with challenging behaviour (both individually and as a team) is an important part of the process. Without highlighting the successes and understanding why they were successful, as well as understanding where we missed important information or made an unhelpful decision, our progress will be slowed or stopped.

The key to understanding Opportunity-led Work is that it is aimed at opening up productive communication and utilising unplanned, day-to-day events to do good work with young people. To do this we must have well informed responses rather than poorly thought-out, knee-jerk reactions. The reading, reflecting and talking that you do individually and as a team will serve you to be able to do this in the heat of the moment when you have to make decisions very quickly. (For more about Opportunity-led Work, please see Recommended Further Reading at the end of this section.

## Reflective Questions

- *Think back on a recent situation in which you worked with challenging behaviour. Can you identify what your observations and assessment were? How did they inform your decision? Did you forget any important considerations (listed above) in your action, and if so, how did that affect on the outcome? How did you end the situation and what follow up did you do or miss?*
- *In thinking about this situation, do you remember going through each stage (and question within each stage) linearly (one by one), or did it all sort of come together in a much faster, more synthesized way? In your unit, is patience considered a weakness or a strength?*

## Dos and Don'ts

Finally, concrete 'dos' and 'don'ts' are offered here. Some are intended to consolidate some of the discussion above, and others are new to the discussion. Each will depend heavily on the particulars of each situation, but generally they can be seen as things that will help or hinder good practice in working with challenging behaviour.

### Do

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- Tune into your own thoughts and feelings about a young person's misbehaviour.
- Listen to what your feelings might be telling you about the young person and about yourself.
- Set aside your feelings when they get in the way of constructively responding, and make the young person's needs the highest priority.
- Always remove yourself from a situation if you feel you are losing control of yourself. Remove yourself, when possible, if you become unable to set aside your feelings and they are getting in the way of putting the young person first.
- Be aware of your tone of voice and body language and how they might be affecting the situation.
- Consistently reflect on situations after they happen. Talk with colleagues and in supervision about the thoughts and feelings evoked when dealing with misbehaviour, about the needs or wants the young person may have been communicating, whether your response was child-centred and needs-meeting, and how you would like to handle it differently if you could do it over again.
- Strive to be ever more honest—with yourself, your colleagues and with young people.
- Invite feedback and genuinely work with it. It is impossible to see our own blind spots, and we need people to act as mirrors for what we cannot see in ourselves. Do not believe and take to heart everything everyone feeds back to you, but do not immediately discount feedback that makes you uncomfortable. Sit with it, mull it over, and seek the views of others who are likely to be honest with you.
- Acknowledge when you have been reactive, explore why that might have happened, plan how you will attempt to repair the situation, and make a strategy for how you will do better next time. Doing so can have a powerful effect on the culture of the unit.
- Acknowledge and apologise to young people when you have been reactive and have not put their needs first. This models how to honestly take responsibility and will likely build trust and respect. Sometimes, saying sorry (and what you are sorry for) is one of the most powerful things you can do in a relationship with a young person.
- Listen. Feeling heard has a powerful effect. Listen before there is behaviour to be managed, listen harder when things get difficult, listen (and ask questions) after the situation is over.
- Strive to understand what the young person is communicating with her behaviour. Young people are more likely to accept our efforts to help them manage their own behaviour when they feel understood, even when that involves decisions they may not like.

- Convey firmness and genuine warmth or concern.
- Notice how the young person responds to how close you sit or stand, and use this to his benefit when he is struggling (for some closeness helps and for others a bit more distance helps).
- Notice how the young person responds to touch, and also use this to his benefit when he is struggling.
- Interrupt behaviour early, when possible, to avoid it building up to a more difficult level. This can involve a direct statement to stop a behaviour, or it might be a more subtle use of distraction (e.g. changing the subject or asking the young person to pass a message to a staff member in another part of the room).
- Consciously use a 'matter of fact' tone of voice and body posture. This will help you to stay calm and avoid unknowingly mirroring the young person's increasing hostility or aggression.
  - This 'matter of fact' posture should wordlessly convey an underlying message that you can deal with what comes and still help the young person.
- Explicitly identify and, when appropriate, validate feelings (e.g. 'I can see that you are really angry and I can understand why. Let's go talk about this').
- When possible, in the heat of the moment allow the young person to 'save face'. This sometimes means walking away, but be sure to revisit the issue later when things are more calm.
- Plan and structure the day for young people, keeping boredom and down time to a minimum for those young people who cannot manage it.
- Assess what various activities demand of young people's coping skills, and plan so that the demands of the day do not greatly exceed the young people's ability to cope; help them to stretch, not break.
- Help young people with transitions. This includes helping them know what to expect (and what is expected of them) when starting the next activity, sometimes helping them get started when they find it difficult, letting them know in advance of the activity coming to an end, and reminding them of what is next (this can apply to whatever they are doing, not just recreational activities).
- Know your young people. This includes finding out relevant information about their past and what is going on in their present so that you can better assess what their behaviour is communicating. It also involves building the relationship so that you come better to understand their world as they see and experience it.
- Intervene at a level that matches the behaviour. This means using a gentle prompt or humour, if warranted, rather than a more stern approach.
- Avoid shouting or using harsh responses; use these as a last resort and when safety is an issue.
- Create and continually update individualised plans that help the team be on top of what types of things help and what types of things make it worse when the young person is struggling to manage his behaviour.
- Involve the young person in creating and updating the plan.
- Be on the look out for progress, however small. A small step for someone else might be an immense step for the young person.
- Give praise for progress, and highlight when young people are doing well.
- Cultivate patience.

## Don't

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- Forget to be aware of yourself—your own feelings and behaviour and how these are impacting on the situation.
- Underestimate the powerful impact of your body language, tone of voice and facial expressions on the situation.
- Remain in a situation if you are losing control of yourself.
- Blame or condemn—yourself, your colleagues or the young person. Reducing our habit to blame makes room for taking responsibility, which is much more productive.
- Threaten or use undesirable consequences in the heat of the moment.
- Use humour in a cutting or hurtful way.
- Use patience as an excuse not to act.
- Ignore behaviour that is likely to become harmful or dangerous.
- Be afraid to convey a sense of control or authority in a firm and fair way (this should always have an underlying sense of genuine concern and respect for the young person).
- Say things you are not prepared to follow up on. For example, you tell a group of young people that the next time someone swears, the activity will be ended. When someone inevitably swears, if you keep the activity going anyway, you are communicating to the group that you do not always mean what you say.
- Assume your interpretation of a situation or event is the same or even similar to the young person's interpretation.
- Expect the young person suddenly to become more mature or cope better when deep in a power struggle or situation of very difficult behaviour. This rarely, if ever, happens in the heat of very difficult moments, but rather in the work that is done round about these difficult moments. In the heat of the moment, it is up to the adult to be adult, professional, and even 'lose face' if this situation calls for it.
- Rely too heavily on complex, talking communication when young people are experiencing extreme levels of emotion (fear, agitation, anger), as they will be much less able to process verbal language in this state. Keep verbal communication as short and simple as possible. Depending on the strength of the relationship and other factors, use eye contact, facial expression, tone of voice, body language, closeness and possibly touch to make a connection.

## Conclusion

You might notice that most of this section is about how we think and the things we should do well before or after we are actually in the heat of the moment in managing challenging behaviour. As discussed previously, how we think affects how effectively we work with challenging behaviour; techniques will not help if our thinking does not serve the best interests of young people who struggle behaviourally. Hopefully this section has made clear that the way we think about ourselves, our own behaviour, the behaviour of young people and our primary task in working with young people actually has the stronger impact on our effectiveness than what we do in the heat of the moment; this is because our thinking strongly affects what we do in that moment and how well we do it. Continually becoming

more and more honest with ourselves and each other about our practice and our thoughts and feelings that are beneath that practice takes time and courage.

Working with challenging behaviour takes its toll over time, and it is important to take good care of ourselves and each other if we are going to do this work well. Equipping ourselves with necessary skills and knowledge helps, and cultivating a useful perspective about the work is invaluable in managing the stress that comes from it. It is also important for organisations to provide the necessary support, structures and processes to care for the staff who are caring for sometimes very challenging young people.

### **Recommended Further Reading**

Reading reminds us and keeps fresh important things to remember about the work; it also provides new information and ideas to help us continually develop our practice. You may find the following helpful, and all are available either in the SIRCC Library or online.

Ward, W. (2007). *Working in group care: Social work and social care in residential and day care settings. 2nd ed.* Bristol: The Policy Press.

This book goes into further depth in explaining Opportunity-led Work, but also makes sense of many of the complexities of group care. It is important reading for anyone in this line of work.

Redl, F., & Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child.* New York: The Free Press.

While some of the language may seem strange or outdated, much of the guidance and ideas in this book has withstood the test of time.

Garfat, T. (2003). Four parts magic: The anatomy of a child and youth care intervention. *CYC Online* on URL: <http://www.cyc-net.org/cyc-online/cycol-0303-thom.html>

This article is available online and discusses the sometimes 'magical moments' in working with challenging young people. It also offers a framework for understanding good practice related to intervention.

Mann, V. (2003). Attachment and discipline. *Relational Child and Youth Care Practice*, 16(3), 10-14.

This article makes clear the importance of both attachment and discipline in working with children and young people and offers advice for balancing the two.

Long, N. J. (2004). Why adults strike back: Learned behavior or genetic code? *CYC Online* on URL: <http://www.cyc-net.org/cyc-online/cycol-0104-long.html>

This is a good resource for understanding counter-aggression, and is available online.

Ward, A. (1995a). The impact of parental suicide on children and staff in residential care: A case study in the function of containment. *Journal of Social Work Practice*, 9(1), 23-32.

While a bit dated, this is a good article to start reading further about the work of therapeutic containment. Because it is specific to residential child care and describes an actual situation, it is very accessible.

Kahn, W. A. (2005). *Holding fast: The struggle to create resilient caregiving organizations*. Hove, East Sussex: Brunner-Routledge.

This book provides a much more in depth discussion of containment as part of creating 'holding environments'.

Davidson, J., McCullough, D., Steckley, L., & Warren, T. (2005). *Holding safely: A guide for residential child care practitioners and managers about physically restraining children and young people*. Glasgow: Scottish Institute of Residential Child Care.

This document has helpful guidance not only related to physical restraint, but also to working to prevent it. It is available online at URL: [http://www.sircc.org.uk/library/practicepapers/holding\\_safely\\_complete.html](http://www.sircc.org.uk/library/practicepapers/holding_safely_complete.html)

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*..it is society's attitude which disables the child, and not the impairment itself.*

### **Introduction**

This chapter provides an introduction to issues surrounding working with young people with learning disabilities in a secure setting. The key points include: establishing a value base, the prevalence of learning disabilities, challenging behaviour, a cognitive model and autistic spectrum disorders.

### **Establishing a value base: understanding and using the social model of disability**

Work with children and young people with learning disabilities requires staff to operate from a perspective which allows them to challenge the discrimination that is so obvious in this group. It also requires workers to be self-aware and to have examined their own attitudes closely. Middleton (1996) discussed how children with learning disabilities are impaired by the way in which society views them.

Some children are born with a disability, or may develop one in the course of their younger life. This makes them different from other children. They are then subject to discrimination within society and are therefore doubly impaired because they are disabled by their condition and also by society's attitude toward them.

Middleton argues that disability is a social construct and that it is never value-free. The term often provokes negative reactions in people. As a society, we do not really want children with disabilities. Attitudes and structures in society tend to exclude children with learning disabilities and can deny their gender, sexuality, race and even their rights as human beings.

Within our society, we see the disability as the problem. It is individualised and viewed within the context of a 'medical model' which sees it in terms of therapy and treatment. This saves people within society from examining themselves and their attitudes closely. Children with learning disabilities are expected to ask for charity and pity, and to demonstrate their need for help, not to invoke their right to equality of opportunity. This unhelpful attitude extends to children and young people with learning disabilities in secure care by fostering a paternalistic approach, not one

which accepts that the young person may have the ability to learn and take responsibility. The myth of the Eternal Child can take over (see Sinason, 1993).

A social model of disability holds that it is society's attitude which disables the child, and not the impairment itself. Professionals often talk about a child with special needs. Middleton would argue that a child or young person with learning disabilities does not have special needs. They have the same needs as every other child, but their needs might have to be met in different ways. What is needed is a conceptual shift from seeing children with learning disabilities as problems for others, to a child-centred perspective.

### Reflective Questions

- *Think about a situation when you have met or worked with a child or a young person with a learning disability. Reflect on your own feelings toward them. Also, think about other adults' attitudes toward them. Now think how you would feel if these same attitudes were applied to you. How might that make you feel?*

### Prevalence

Children and young people with learning disabilities feature in all sectors of society. Hence it is likely that they will also feature in the secure care system. The Scottish Executive report *The Same as You* (2001b) indicated that 20 out of 1000 people have a mild or moderate learning disability. Using these figures, the report estimated that there were around 120,000 people in Scotland with a learning disability. However, only around 30,000 are in regular contact with local authorities, and these tend to be people with more severe and complex needs.

There are therefore, around 90,000 people who are not coming to the attention of local authorities and health services which are charged with their care. A closer examination of the research however, indicates that some of these young people may be coming to the attention of the authorities in different ways – as young offenders who have an undiagnosed or poorly understood learning disability (see paper 4.16). Research by McGrother & Thorp (1999) suggests that the incidence of people with learning disabilities will rise over the next ten years. Given that a proportion of this number is children and young people, it is reasonable to assume that some of them will find their way into secure care settings.

Myers (2004) carried out an extensive study for the Scottish Executive on people with learning disabilities and/or autistic spectrum disorders (ASD) in secure, forensic or other specialist settings. She found that although there was only a small number of children and adults with learning disabilities or ASD in secure care, it was the clear perception of prison staff that those identified represented only a proportion of a larger number of prisoners with learning disabilities or ASD who had not been identified, assessed or diagnosed. This is supported by the findings of Kewley (2002) in his discussion on attention deficit hyperactivity disorder (ADHD). He said that if ADHD is not diagnosed by the age of ten, a pattern follows of poor social skills, learning delay and challenging behaviour (see paper 4.11). This often leads, in adolescence, to school exclusion, lack of motivation and more complex learning

difficulties, all of which increase the risk of offending and a poor outcome for the young person by increasing the likelihood of placement in a secure setting, or a prison sentence.

In recent years, secure units have become better resourced and can now access psychological services, often on-site, for help in diagnosis and advice on intervention.

### Reflective Questions

- *Think about the secure setting/s you have worked in.*
- *Have you ever suspected that a child or young person may have a learning difficulty?*
- *What resources are available in your organisation to support you in work with young people with learning disabilities*

### Challenging behaviour and learning disabilities

One of the main areas of concern for staff when working with children and young people with learning disabilities is when they display challenging behaviour. This behaviour can range from self-harm to physical aggression. However, behaviour cannot be labelled independently of the values of the person making the judgement. The use of the word 'challenging' behaviour instead of words such as 'aggressive' behaviour or 'violent' behaviour is meant to reflect this. The behaviour is perhaps best understood as a challenge to the organisation or system within which the young person is living. For the child or young person who has a difficulty with communication, this may be their only means of getting their message across.

The language of challenging behaviour requires residential child care workers to be self-aware and to understand to what degree any particular behaviour is challenging, and why.

A useful way to look at this is to try to define challenging behaviour in a personal sense and in a professional sense, and to look at the similarities and differences between these definitions.

Leadbetter and Trewartha (1996) illustrated this in the following description:

I am	The Service User is
Angry	Behaviourally disturbed
Upset	Emotionally disturbed
Frightened	Paranoid
Sociable	Attention seeking
Assertive	Obstructive
Non-conformist	Disruptive
Unhappy	Depressed

The examples given above show how the ways in which you think of your own behaviour can be radically different from similar types of behaviour exhibited by the young people you work with. If a young person has difficulty in communicating for whatever reason, then you should work to try to increase their communicative repertoire (e.g. using art, signs or symbols, physical play/activity, etc.).

## Reflective Questions

- *Think of a time when you dealt with challenging behaviour in a child or young person with learning disabilities which ended up in the child or young person being held safely. Having looked at the above, try to redefine the behaviour as a communicative act. How might you have dealt with it differently?*

### **A cognitive model of working with learning disabilities**

Piaget was one of the most influential developmental theorists. As a child psychologist, he was mostly interested in cognitive development. He said that the child had to develop mental structures to be able to develop cognitively. There are two sets of mental structures which the child develops. One of these mental structures was called operations. He posited the existence of four distinct stages of cognitive development, based on the development of operations:

#### **Sensorimotor: (birth to two years)**

At this stage the baby is unable to separate itself from its main carer. It is characterised by egocentrism. Gradually, the baby adopts a picture of itself as a separate being and this is one of the main tasks of this stage.

#### **Preoperational: (two to six years)**

At this stage the toddler is beginning to explore their world in a more independent way but is still quite egocentric in their thinking. Their thoughts are characterised by animism and magical thinking. They have not yet developed the mental structures to allow them to indulge in what we would think of as reasoned thought.

#### **Concrete operational: (six to twelve years)**

At this stage, the child is developing the basis for logical thinking. They understand rule-bound games and can apply rules to relationships. They understand the world insofar as they can link what is happening to concrete reality.

#### **Formal operational: (twelve to nineteen years)**

At this stage, the child is moving into adolescence and is starting to develop the ability to think abstractly and to consider actions and consequences. They are now developing the ability to consider “the bigger picture” and move into holding reasoned ideas and beliefs.

Schemas are frameworks within which the child comes to understand his world. Piaget said that the child needs the correct type of stimulation to allow the schemas to reach their potential. If a child does not have the correct type of experiences, then their development will be hampered.

His model emphasises the importance of early experience. It is also quite appealing from the point of view that it clearly points out adolescence as an important stage in development. Piaget said that in adolescence, the developing person acquires the ability to think systematically about all logical relations within a problem. Adolescents display keen interest in abstract ideas and begin to question long-held assumptions.

If however, the young person has not had access to the right kind of experiences, then they may be operating at a level of thought which is much younger than their years. The same applies to the young person with a learning disability. For example, although they may be 14 years old, they may still be operating at the concrete level, or even at the pre-operational level. They may, quite literally, not understand what is being asked of them. This has implications for workers in secure accommodation in their dealings with young people where there has possibly been a disruption of attachment and a poverty of early learning experiences. This does not mean treating them like a young child, but places a responsibility on you to adjust your communication to take account of their level of understanding.

## Reflective Questions

- *Think of a way in which you might communicate to a young person in a concrete way, that they cause disruption to their classroom by being late. Then look at the results of the following piece of research by Duan and O'Brien.*

The need for rehearsal in skills and the role of motivation was identified. Duan and O'Brien (1998) looked at peer-mediated social skills training in a group home for people with learning disabilities. They found that although skills were learned, these were not generalised until the first participant was trained as a peer-tutor for other participants. This increased motivation and provided opportunities for skill rehearsal. This study also noted the importance of pre-training assessment to target appropriate behaviours.

### **A Rights-based approach to working with learning disability**

The Children (Scotland) Act 1995 lays a responsibility on all Councils that the voices of children and young people should be heard and this is also stated in the United Nations Convention on the Rights of the Child under Article 23, which states:

1. *States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.*

2. *States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.*

Other pieces of legislation such as the Disability Discrimination Act and the Human Rights Act which place a responsibility on everyone to ensure that people are not discriminated against unfairly. Young people in your care may be subject to secure accommodation orders or may have committed serious crimes; however, they may also be young people with disabilities.

For a fuller discussion of Children's Rights see paper 4.20.

### Reflective Question

- *Think about the young people you work with. Do you think your service helps to uphold the rights of children and young people with learning disabilities?*

### **Autistic spectrum disorders**

Recently, professionals in fields that work with autism have tended to speak not of autism as such but of "autistic spectrum disorder." The notion of a continuum of autistic characteristics has been discussed by Wing (1988). Indeed, the work of Wing and her associates has been very influential in recent times within the professional field. This led to the development of a diagnostic aid in autism called the "Triad of Impairments." Wing indicated that a diagnosis of autism could be made if the person met three criteria:

- Impairment in communication;
- Impairment in social relationships;
- Impairment in imagination.

Young people with ASD find it difficult to either understand or to make themselves understood in terms of communication. They find it difficult to make friends. They are inflexible in their thinking and behaviour and react badly to change, which creates huge anxiety for them. The world is a very frightening place for the young person with ASD. However, given Myers's report (2004) it appears that there may be a number of young people in secure accommodation who have undiagnosed ASD. As staff, it is your responsibility to find out as much as you can about ASD, as you may be the first person to notice that the young person meets the criteria for these conditions.

## Reflective Question

- Look at the “Triad of Impairments” above. Now think if you can identify any child or young person within your experience who may have met these three criteria. If you suspected that a child or young person had ASD, what would you do?

### Conclusion

Working with children and young people with learning disabilities presents real challenges to secure care staff. However, by treating these young people as human beings with potential, by affording them the same rights, and by expecting them to be able to understand and accept responsibility, you will be carrying out tasks which will be of lasting benefit for them.

### Training links

#### SVQ: Unit

C17 Promote the care and education of children with special needs (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 316 *Support the needs of children and young people with additional requirements* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### Further reading

It is helpful for staff working in this area to be acquainted with the arguments around the social and medical models of disability. With reference to this area Middleton’s book (1996) *Making a Difference* is very readable and engaging. In terms of the Scottish context, the Scottish executive reports *The Same as You?* (2001b) and *On the Borderline* (Myers, 2004) are particularly helpful, as these review the evidence in the area and set out principles and approaches.

Middleton, L. (1996). *Making a Difference*. Birmingham: Venture Press.

Myers, F. (2004). *On the Borderline? People with learning difficulties and/or autistic spectrum disorders in secure, forensic and other specialist settings*. Edinburgh: Scottish Executive Social Research.

Jackson, R. (2004). Residential special schooling: the inclusive option. *Scottish Journal of Residential Child Care*, 3(2), 17-33. Provides an interesting perspective on concepts of inclusion, normalisation and arguments for special residential schooling.

Scottish Executive. (2001b). *The same as you? A review of services for people with learning disabilities*. Edinburgh: Scottish Executive.



*The Scottish research confirms other findings that the demand for security reflects the requirements of inadequate, open institutions and community services rather than the needs of difficult children.*

(Kendrick & Fraser, 1992, p. 105)

## Introduction

One of the biggest challenges facing staff in secure accommodation is to remember that there is life beyond its four walls – not just for them, but for the young people they work with. This paper considers the place of secure accommodation in the wider continuum of services. It addresses the need to work across boundaries and some of the difficulties in this. It identifies a core and cluster model for the delivery of secure accommodation within the newly developing secure estate.

## Background

Research on secure accommodation (Petrie, 1980; Harris & Timms, 1993; Bullock, Little & Millham, 1998) all points to the fact that secure accommodation can be understood only in terms of its relationship with the wider child care system. Deficiencies in preventative services or in other care settings generate demand for secure accommodation. Children's homes that are badly run, badly resourced or badly supported are likely to fuel demand to lock up young people. Recent research on the fast-track hearings pilot (Scottish Executive, 2003a) indicates that many of those labelled 'persistent young offenders' achieve that status while in care. At the other end of the spectrum, failure to put adequate supports in place for young people leaving secure accommodation can undo any progress they might make there.

## Reflective Questions

- *Chart previous social work interventions and care placements of a young person in your unit.*
- *Are there any points at which more appropriate interventions might have averted placement in secure accommodation?*

## **The care plan**

Paper 4.04 identifies secure accommodation as a specific component in the wider care plan for young people. The Looked After Child care planning process should provide the bridge between previous placements and interventions and admission to secure accommodation. The placement plan should identify appropriate links and resources that can be utilised in the course of a placement. The care plan should also incorporate the throughcare and aftercare arrangements necessary to move a young person on. Appropriate care planning should locate secure accommodation within the wider continuum of care.

## **The needs of young people**

*When I looked into the backgrounds of young offenders, I could hardly believe the facts about their lives. Eighty per cent were below the educational standard expected on entry to secondary school; 80 per cent had been unemployed; nine out of 10 were misusing substances; three out of 10 were already parents; and 34 percent were living rough or alone at the time of their arrest, often having been evicted from the home before they were 15.*

*The social neglect and gratuitous violence they experienced at home was breathtaking. Feeling disconnected from society, their attitude towards the general public was: 'You don't take any interest in me, so why should I take any interest in you?' Any civilised country would surely challenge this situation?*

(Sir David Ramsbottom, HM Chief Inspector Of Prisons, 1995-2001)

Inevitably in a secure unit great attention needs to be given to the 'here and now' – looking after young people, ensuring a good education and maintaining a high level of security. But it is not enough that these are done to a high standard. The above quotation highlights the extent of the difficulties faced by the kind of young person we work with. Research in this field has consistently shown that the majority of young people in both residential and secure care have long-established, multiple and complex problems and have 'dropped through' a wide range of other services. Most will have first been referred for specialist help between the ages of 5-7 and will have lived in numerous settings. Most will have disrupted backgrounds. Their placement in a secure setting usually means all alternative placements have been exhausted. If these young people are to be successfully reintegrated into mainstream society many bridges need built or rebuilt. Individual staff in secure accommodation cannot hope to address all of these. The challenge is to establish and maintain good links with family and other social networks and with other services.

## Reflective Questions

- *Think about a young person in your unit.*
- *What are their range of difficulties and what types of support may be required to address these?*

Traditionally one of the biggest criticisms of secure settings is the lack of preparation for, and contact with, these other services. This paper focuses on what services can be linked to the secure centre and how these can be 'joined-up' to ensure an integrated service to young people and the wider community.

As well as considering some of the services that child and youth care workers can access to support their clients this paper will constantly emphasise the crucial role of the keyworker. The secure centre may have links to a wide range of other services but if the worker is not accessing these then they are useless. And remember, a young person is even more dependent on the worker for information, support and practical assistance than they would be if placed in an open setting.

### **Some terms and ideas**

Holistic is a phrase in common use. Here is the definition:

*Looking at the whole system rather than just concentrating on individual components. The overall sum can be greater than a simple totalling of the individual parts, because the "system" adds something in addition. Another term is "systems thinking".*

Another important concept to consider is the idea of 'joined-up work'. Although this is a common phrase it is worth remembering why it was developed.

'Joined-Up Working' is the term used to describe collaborative working across organisational boundaries to tackle shared issues. Workers need to establish links both within and between organisations. In public sector, 'joined-up working' is becoming increasingly common where:

organisations need to work closely together and exchange information in order to address problems which cannot be resolved by any single organisation;

organisations need to join together in order to deliver services to the public which are customer-focused and organised for the convenience of the consumer, not the provider.

Increasingly young people in secure accommodation are involved with a variety of agencies. They may be involved with specialist medical or counseling services; an increasing range of projects work with young people who offend; those leaving care should have support from through and aftercare workers. This is over and above the ongoing role of social workers and the need to work with families (see paper 4.21).

## Difficulties of 'joined up' working

While most people subscribe to the principle of 'joined up' working it is not always easy. There may be:

Practical difficulties - geographical difficulties may be particularly apparent when working across local authorities. Shift requirements and patterns can also get in the way.

Cultural differences - there can be a mutual suspicion between staff in secure units and those in other residential settings or in other agencies. These may come down to divergent views on how best to work with young people or with particular areas of behaviour.

Labelling - often the reputation of young people in secure accommodation precedes them and that stigma can make placement in another setting difficult to negotiate. In such circumstances staff need to take on an advocacy role.

## Reflective Questions

- *Identify resources in a young person's home community that might be used to support their return there.*
- *How might you work with another care setting to support the transition of a young person to there from secure accommodation?*

## Supporting 'joined up working' – the keyworker role

'Joined up working' makes particular demands of keyworkers. It is all about coordination, collaboration and communication. No room here for empire building, isolation or 'professional' feuding.

What is clear from the definitions above is that working beyond the 'boundaries' of the secure centre will not just happen – the keyworker will need carefully to plan and deliver an ongoing series of actions linking to other agencies and individuals. A North American phrase is 'intentionality' – *a way of acting and behaving in a deliberate, purposeful, planned, intended, premeditated and calculated manner.*

One of the key advocates of this way of working is William Purkey who has developed 'Invitational theory'. Purkey emphasises the importance of consciously making our people, programmes, places, policies and processes 'inviting'.

Invitational theory also emphasises the importance of consciously choosing *to do* certain things – crucial for the keyworker negotiating external links for young people in their care. Purkey describes this 'intentionality' as one of the four pillars of successful work. The three other pillars are closely linked – they are optimism, respect and trust. So the successful secure centre worker will embed these

features into their work as they begin to negotiate links with external individuals and agencies on behalf of the young people they are working with.

There cannot be a 'one size fits all' approach – a spread of easily accessed services will be essential. A criticism of secure units has been the 'mix' of young people they have to work with – those with mental health problems, serious offenders, those involved in prostitution, and so on. The new secure services coming on stream in the coming years will allow a greater degree of specialisation and differentiation. Everyone working in secure services knows that often these labels are arbitrary – young people usually have a complex mix of serious problems requiring a variety of specialist support. The competent keyworker will have knowledge of these various services *and* know how to access them.

### **A core and cluster model**

Core and cluster models involve groups of linked services with a common purpose. Each individual element can draw on a range of central services. Thus, a residential school or secure unit might have a range of residential units, possibly with differentiated roles. There will also be a common education service and possibly programme teams, psychological support and health professionals.

The current round of secure developments being supported by the Scottish Executive aims to ensure that 'throughcare' work is paramount. The new secure units are located within larger residential schools, thus facilitating the crossover of young people and of services between open and secure settings in core and cluster type arrangements.

'On campus' services are able to respond rapidly and effectively when a young person is leaving the secure unit. This statement makes a few important assumptions however. Firstly, it assumes planning for a young person leaving secure care needs to take place not just early on in a placement but indeed before the young person is even placed in the facility. An exit plan must be in place. Secondly it assumes that the non-secure services are fully geared up to accepting young people from the secure service. And thirdly, it assumes staff across the entire organisation are consistently looking for the least restrictive and most effective placement for the young people in their care.

So what are the possibilities offered by a 'core and cluster' approach work with young people in secure care? In May 2004 staff from a number of secure settings in Scotland and Ireland met to consider this. Some of the key findings are listed below.

### **Advantages of a core and cluster approach**

- Works because it is built on stability, consistency, continuity and a common culture
- Systems theory helps us understand why it works
- Is dependent on accurate assessment
- Can be 'preventative' by stopping further disruption/displacement

- Allows and enables the flow and exchange of skills, experience and practice
- Challenges outmoded ideas of isolated institutions and the negative features of institutionalization
- Its focus is the individual, not the organization
- Enables a 'menu' of services to be developed and improves the decision making
- Makes planning for alternatives to secure placements easier
- Encourages the development of social networks and resilience
- Some success in thinking outside traditional boxes of social work and education, for example, health and leisure and recreation
- Works best when there are many more open than secure places.

### **Developing the model**

Here are some features of a core and cluster approach that are already available in some units or could usefully be developed:

- Parental/family support
- Wraparound home-based support
- Emergency admissions
- Specialised fostering
- Intensive Support and Supervision – residential and non-residential
- Improved research and evaluation
- Post-custody supervision
- Mental health services
- Diversionary services
- Wider educational services
- Youth training and employment
- Comprehensive aftercare
- Specialist day services
- Respite services
- Young parent services
- Improved wider community access
- Outreach
- Closer working with local authorities
- Outdoor pursuits
- Increased use of specialists
- Specialist residential services.

## Reflective Questions

- *What range of services are available on your campus?*
- *What others can you access?*
- *How well does the exchange of services and/or expertise happen in your workplace? What can get in the way of this?*

### **Staff as transition workers**

As secure accommodation ought to be an interlude in a young person's life, it is important that staff are skilled in supporting young people in their transitions between different settings and services. Essentially they might be thought of as 'transition' or 'boundary' workers. This calls for skills in building relationships between different contexts in a young person's life.

## Reflective Questions

- *How do you support young people in maintaining important relationships and connections when they move into or on from secure accommodation?*

### **Conclusion**

Working in secure accommodation requires that staff understand its place in the wider child care system and can work effectively across boundaries to support the range of young people's needs and to help them move.

### **Training links**

#### **SVQ:**

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 382 *Support individuals to prepare for, adapt to and manage change* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

#### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

## Further reading

Bullock, R., Little, M. & Millham, S. (1998). *Secure treatment outcomes: the care careers of very difficult adolescents*. Aldershot: Ashgate. Charts the care careers of very difficult adolescents from their point of entry to secure accommodation until two years after they left and compares their experiences with those of other adolescents dealt with outwith secure accommodation

Goldson, B. (2002). *Vulnerable inside: children in secure and penal settings*. London: The Children's Society. Identifies the lack of structured work in many secure units.

Harris, R. & Timms, N. (1993). *Secure accommodation in child care: between hospital and prison or thereabouts*. London: Routledge. Interesting discussion of the complexities of work in secure accommodation.

Purkey, W. W. (n.d.). Corollaries of invitational theory. *International Alliance for Invitational Education*. Retrieved 12 April 2005:

<http://www.invitationaleducation.net/ie/PDFs/Corollaries%20of%20Invitational%20Theory.pdf>

A succinct account of Purkey's ideas on invitational theory.



*The programme formulated should be designed for the gradual reintegration of the child into the community, and should include the range of experiences normally available in an open setting...*

(Code of practice, 4.10)

### **Introduction**

This chapter outlines rationales behind exits and mobility and factors that need to be considered when operating such programmes. The key points include: legislative framework, referral behaviour, supervision, and police liaison.

### **The purpose of exits and mobility**

The aim of exits and mobility from secure care should be to reintegrate the young person into society, ensuring that the young person eventually uses appropriate internal controls, rather than controls having to be externally applied by those who are in the supervisory position. Mobility programmes should be rooted within a young person's care plan and decisions about mobility should include all relevant authorities (see paper 4.04).

*I have been in here too long. I have not been in the world enough. I don't know what it will be like. I need to be in the world more.*

(male 16, Goldson, 2002, p. 124)

Mobility is important in order to maintain appropriate family and community links; to access appropriate constructive leisure and recreational pursuits; to attend relevant medical and legal services e.g. court appearances, and to access specific community resources which will assist the young person's reintegration into the community. In addition, the supervision of mobility will identify the degree to which the young person is able to cope with open settings.

## **Risk assessment**

Although risk assessment is dealt with separately (see paper 4.18) it should be noted that any decision to start a programme of exits and mobility should only commence after a risk assessment has been completed. Some units may undertake risk assessments before access to education or particular areas of the building.

## **Referral behaviour considerations**

Some of the factors that will affect the mobility programme and which must be taken into consideration will be identified from the young person's referral behaviour. The young person may have special needs or a learning disability, may be a danger to themselves or to others, may be at risk from others in the community, or there may be mental health issues (see paper 4.11). When the young person has committed a serious offence the issue of public opinion may have to be taken into account. This is not an exhaustive list and other factors may be identified in individual cases.

## **Reflective Questions**

- *Can you think of other examples of factors that could be added to this list?*

## **Legislative framework**

The young person will be placed in secure accommodation via the courts or the Children's Hearing system. There are different constraints placed on the mobility of the young person depending on the legislation used to place the young person. A young person remanded by the court under Part V section 51 (1) (a) (i) of the Criminal Procedure (Scotland) Act 1995 cannot start on a mobility programme. Mobility may only occur for emergency medical or dental treatment, appearances at a court or Panel, or, if agreed by the court, compassionate leave may be granted, for instance to attend a parent's funeral.

Where the young person has been sentenced under Part XI sections 205 or 208 of the Criminal Procedures (Scotland) Act 1995 the young person may only commence a mobility programme when agreed by the Parole Division of the Scottish Executive. Emergency medical treatment can be attended outwith security, but the Parole Division must be notified immediately.

Young people placed by the Hearing system and those sentenced by the Court under Part V section 44 of the Criminal Procedures (Scotland) Act 1995 can be dealt with differently.

The decision to start a mobility programme lies with the secure establishment and the local authority, having regard for all the circumstances. Should the young person be placed on a Warrant under Part II section 66 of the Children (Scotland) Act 1995 then the young person may not commence a mobility programme that

allows them to be unaccompanied at any time. This therefore precludes the secure establishment and the local authority from granting periods of leave or unescorted home visits. Guidelines from the Scottish Executive also preclude young people from travelling abroad whilst subject to any of the above orders.

## Reflective Questions

- *Can you identify which young people in your unit cannot leave the unit, which young people can only do so with the agreement of the parole division, and which young people can leave with the agreement of the head of establishment in accordance with the care plan?*

## Supervision

Careful thought should be given to the arrangement of any mobility programme. Again risk assessment is important. Factors that need to be taken into consideration include destination and purpose of the trip, the form of transport to be used, the number of staff required and their 'suitability', for example, in terms of gender, experience or seniority.

It is not just unit staff who are involved in mobility programmes. Young people may also leave the unit with parents and other relatives, previous carers, social workers or workers from other agencies. Those who do not have experience of working in a secure setting may have less appreciation of the need to maintain an awareness of issues of proximity and supervision levels. Similar considerations to those above should also be taken into account in these circumstances.

Any mobility programme should have a sequential build up which leads to the fulfilment of the programme's aims. Programmes should usually start with a well supervised walk around the grounds to allow the young person to orient himself having usually spent some time with restricted liberty. The young person should not necessarily immediately visit the parent or carer's home. Any early recreational trips should avoid the environs of the young person's home in order to lessen the temptation for the young person to abscond. The mobility programme should go hand in hand with any other programmes of intervention and should work toward equipping the young person with sufficient internal controls to cope without supervision.

Mobility should build from being escorted by two or sometimes three people through to one person and then eventually to escorting the young person to the community and leaving them alone to be picked up at a pre-arranged time. This can then be built upon further so that the young person makes their own way and workers collect them to bring them back relieving the young person of the need to make the decision to return. When successfully established in this pattern, the young person may be able to travel to their destination and back independently.

## Reflective Questions

- *Draw up a plan of mobility for a young person in your unit and detail the time scale that it covers.*

### **Rehabilitation vs education**

There is a need to balance any mobility programme with the educational needs of the young person. This can lead to some conflicts for workers whose aim is to rehabilitate the young person yet recognise that the young person may have missed much schooling and needs the tuition provided by their education centre. Thought should be given as to how the mobility programme can be educationally orientated. Her Majesty's Inspectors of Schools will expect young people of school age to spend some 27 or so hours a week in formal education. However, Care Commission Inspectors may see different priorities for young people whose liberty has been restricted.

### **Parent/carer issues**

Parents and Carers must be involved with any programme of mobility. There will be times when rejection has taken place and it is important to recognise that a young person in this position will be disadvantaged compared with those that have progressed to having time at home. Thought should be given as to how this imbalance can be addressed. Parents and carers should be involved in all decisions made at reviews regarding mobility, and regular contact with them should be maintained in order to get feedback at the stage where the young person is spending time in the community alone.

### **Police liaison**

The importance of good links between any establishment providing secure care and the local police authority cannot be overemphasised. Thought should be given to having periodic meetings at a local level to ensure that any procedures for dealing with absconding or dangerous situations are agreed and reviewed.

### **Missing person notifications**

Establishments providing secure care have procedures for notifying the police about young people who have absconded or failed to return from leave. These procedures should afford maximum protection to the young person and to the general populace. The procedures should enable you to pass on 'soft information' to the Police who are responsible for finding missing young people.

The procedures should also include how the escape of a serious offender who may be a danger should be dealt with. There should also be agreed procedures for dealing with a mass escape from the unit.

## Reflective Questions

- *What are your unit's procedures for reporting missing persons?*

### Conclusion

Whilst this paper has offered a fairly brief summary of issues that need to be addressed when pursuing exit and mobility programmes, it is evident that a well planned and executed programme is essential to the successful reintegration of a young person into the community.

## Reflective Questions

- *What are your unit's procedures for reporting missing persons?*

### Training links

#### SVQ:

Unit SC8 *Contribute to the development, provision and review of care programmes* (mandatory unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 36 *Contribute to the assessment of children and young people's needs and the development of care plans* (specific optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

#### HNC in Social Care:

HN unit *Caring for young people in secure care settings*: outcome three (optional unit).

### Further reading

Scottish Office. (1997). *Scotland's children: the Children (Scotland) Act 1995 Regulations and Guidance: volume 2: Children looked after by local authorities*. Edinburgh: Stationery Office.

*Planning ahead is vital to support successful transitions from secure care.*

## Introduction

Preparation for the time when a young person will no longer be looked after in secure accommodation is a significant responsibility for service providers. This takes time and involves a range of areas that need to be considered and addressed with the young person before they move on. Key points considered in this paper include legislation and policy, research findings, assessment and planning, and support for moving on.

## Legislation and policy context

The Children (Scotland) Act 1995 outlines the duties and powers to provide throughcare and aftercare support for young people who are looked after by local authorities. Legal duties as the name suggests place an obligation on authorities to undertake particular actions, powers give them discretion to do so. Section 17 of the Act states that a local authority must ensure that any child or young person is adequately prepared for the time when they will no longer be looked after. Section 29 of the Act sets out the duty for providing on-going aftercare, until at least a young person's 19th birthday, and the power to continue to provide support until 21 if their welfare requires it. Section 30 also states that assistance may also be given to support a young person in education and training until such a course is completed.

In April 2004, new Regulations and Guidance were published by the Scottish Executive to extend responsibilities for supporting young people leaving care. This included a new duty to assess a young person's aftercare needs and to establish clear plans for aftercare support. Certain 16 and 17-years-olds will also receive financial assistance from the local authority instead of claiming benefits.

The youth justice national standards (see chapter 1) introduce specific requirements for throughcare and aftercare in respect of young people in secure accommodation. Standard 5 states that;

- *Every young person will have an aftercare plan covering a period of at least 3 months following the day of departure from secure accommodation.*
- *The young person's caseworker must discuss the aftercare plan with the young person at least 21 days before their planned*

*departure and agree this with the young person at least 5 days before their date of departure.*

- *The young person's caseworker will meet the young person within 1 working day of their release from secure and meet at least weekly following this.*
- *The aftercare plan will be reviewed by the young persons caseworker and the young person after 3 months and regularly after that whilst the young person is under a supervision requirement.*
- *The young person's aftercare plan should include reintroduction into education or training, as appropriate.*

Given the level of throughcare and aftercare policy and practice developments, it is vital that workers have knowledge of what support a young person is likely to be entitled to as they are leaving secure care.

## Reflective Questions

- *Do you know which young people are eligible for support under sections 17, 29 and 30 of the Children (Scotland) Act 1995?*
- *Are you aware of all the responsibilities under the Regulations and Guidance for supporting young people leaving care in Scotland?*
- *Do you know where to find more information on this?*

### **What does research tell us?**

Until recently, most of the research on the outcomes for young people leaving care was published in England. In 2002, the University of York and the Scottish Executive published the findings of the first piece of major research on throughcare and aftercare services in Scotland (Dixon & Stein, 2002a).

Some of the key findings from this research included:

- Most authorities (77%) offered a planned throughcare programme but less than half (39%) of young people in the survey had received one. Also, 40% had not had a formal leaving care review;
- The survey provided evidence of significant variation in throughcare and aftercare arrangements across Scotland. Many authorities were carrying out developments to extend and improve services;
- The need to develop stronger links with corporate and external agencies was evident;
- Almost two thirds of young people in the survey had no standard grade qualifications and most had experiences of truancy (83%) and exclusion (71%);

- Almost three quarters of young people left care at 15 (21%) or 16 (51.9%) years of age.
- A third of young people who had been looked after away from home had experienced four or more placement moves during their last care episode. Only 7% had remained in the same placement;
- Reliable support, whether formal or informal, was paramount to positive outcomes in most life areas and the ability to access and return to services when in need was crucial for young people finding their way through the challenges of post-care living.

### Reflective Questions

- *How does your knowledge of the situation for young people leaving secure accommodation compare with some of the above research findings?*
- *Can you give any examples of other leaving care studies that help to illustrate what young people leaving care can face?*

*If I hadn't come in here I could be dead now. I have future ahead of me now. I had no future when I got in here. I have to think ahead now but before I just worked from day-to-day. That's the big difference – I've got a future now.*

(girl 15, Goldson, 2002, p. 123)

### Throughcare preparation and life skills development

Throughcare preparation is a shared responsibility, which works best when key people involved in a young person's life can work together to support a young person, well in advance of any subsequent move from care.

What does it mean in practice?

Ideally, throughcare preparation should cover a range of areas including: life skills development, planning for the future, seeking suitable information on resources, and establishing young people's and carers' views in order to plan for and support the young person's move from secure care.

Throughcare preparation can be challenging when a young person is in secure accommodation as workers may not be able to facilitate the range of opportunities that are available to young people living in other forms of residential or foster care. Imagination and ideas may therefore be needed in order to create an environment which promotes the development of skills and maturity that is required for more independent, adult living. Even when certain young people may actually be moving on to penal institutions, it is still vitally important for them to develop adult living skills.



If a young person is in secure accommodation, then it may be necessary to ensure that key information is brought into the secure unit and discussions and focussed work can still take place.

## Reflective Questions

- *When should throughcare preparation begin? Who should be involved and how?*
- *Can you identify the wide range of areas that young people need to develop or know about as they approach more independent, adult living?*
- *Do you know any practical resources that promote the development of life skills, particularly using interactive and young-person friendly approaches?*

### **Planning and supporting the transition**

Young people can face many transitions and changes as they approach adulthood, such as leaving school, starting work, leaving home. For young people leaving care, we know that the transitions that they face are often accelerated and compressed in comparison to their peers who are not in care. Most young people in secure accommodation have probably faced more moves and instability in a relatively short time as compared to many other young people in care.

Planning ahead is vital to support successful transitions from secure accommodation. Providing 'stepping stones' to more independent living can also mean that young people gain suitable support and develop skills at a pace that they can manage. Unfortunately, not all young people have access to a range of options as it can depend on where they are moving to, funding being made available or suitable referrals being made.

Emotional support for young people in advance of and during the period of transition is as important as focussing on practical issues and accessing suitable resources. If a planned move is taking place, young people may regress to immature behaviour or refuse to co-operate. This may be due to fears of the unknown and having to live independently after long periods of group care. Throughout the throughcare process it is important actively to seek young people's views in order to gauge where they see themselves.

## Reflective Questions

- *Think about some of the young people you have worked with in secure accommodation. Consider how many moves in and out of care they have experienced. How do you think this has affected the young person?*
- *What do you think the impact will be when they move from secure care?*
- *What has been your experience of ensuring that the local authority fulfils its duties and provides resources to support a young person's move from secure accommodation?*
- *How does this vary between different parts of Scotland?*

### **Assessment and planning: working in partnership**

Local authorities have a duty to assess a young person's aftercare needs, ensure throughcare preparation and planning takes place, and regularly review the plans and the outcomes of a young person's aftercare support. When this is done effectively in practice, it requires a significant degree of partnership working as young people may be accessing support from a range of people.

A Scottish framework for throughcare and aftercare assessment and planning was produced in 2004. This approach is called 'Pathways' and local authorities are developing practice to ensure that they fulfil their assessment and planning duties. Increasingly, local authorities are working in partnership with other agencies in order to carry out a full assessment of a young person's throughcare and aftercare needs, which includes seeking the views of the young person and possibly any relevant carers.

Providers of secure accommodation may therefore be asked to participate in this process, as the staff working with the young person may be better placed to help paint a clearer picture of the young person's needs.

## Reflective Questions

- *What kind of assessment and planning processes do you currently participate in?*
- *Are young people willing to share their views and thoughts? How can you help to ensure that they are part of planning for their future?*

### **Leaving secure care: steps to more independent, adult living**

Under the Regulations and Guidance for young people leaving care, local authorities have a duty to ensure that a young person is provided with or supported in suitable accommodation. The Guidance states that local authorities will want to make sure that the levels of support they provide meet the needs of each individual.

Some young people will need more support than others and authorities should have a range of services which address these differences.

Again the availability of suitable accommodation can vary greatly between areas. Some examples of steps that can promote more of a gradual move to more independent living can include:

- The young person moves initially from secure accommodation to an open unit or residential school setting;
- A specialist foster care service or supported lodgings may be appropriate to re-introduce a young person to a closely supported family environment;
- Semi-independent group living may then also result in accessing a 'scatter flat' where significant outreach support is received, before a young person moves to their own tenancy.

### Reflective Questions

- *Think about some of the different kinds of accommodation that young people have moved on to. Which types of accommodation seem to work best for young people?*
- *Which areas or organisations have developed a range of resources for young people?*

### **Aftercare: on-going support for young people**

For most secure care providers, the provision of aftercare support usually means linking in with the relevant local authority team or workers. Increasingly, secure care providers are also developing and providing their own outreach or aftercare workers for young people who have been in their care. Experience has shown that many young people prefer to maintain supportive relationships with the people who supported them whilst in care. The first three to six months after a young person's move from care can often be the most vulnerable period, where intensive aftercare support is often required. When on-going aftercare support is provided at a suitable level, young people can often experience more stable outcomes in the future.

### Reflective Questions

- *Have you had any experience of providing support to young people after they have left care? What challenges did this present?*
- *How long do you think aftercare support should continue for? What kind of aftercare support do young people say they would like?*

## Reviewing progress and keeping in touch

An important element in providing on-going aftercare is keeping in touch with the young person and knowing how they are doing. The Pathways framework includes a requirement to review a young person's progress after they have left care. This should be done in a positive way and should recognise a young person's achievements, however big or small.

Increasingly, local authorities have to record details of the outcomes for young people when they are leaving their care. This includes details of where a young person moves on to, if they have been homeless, and if they are in education, training or employment.

Some young people may prefer to maintain contact with individuals or organisations outwith the local authority. Often young people keep informal contact with their previous carers, which can be supportive or help to encourage a young person to access support when needed.

### Reflective Questions

- *Is it possible or suitable to welcome young people back to where they have previously stayed? Do young people keep in touch with any staff in your place of work?*
- *How could keeping in touch be facilitated appropriately? How could this be helpful for the young person and the care provider?*

## Conclusion

It is clear from this paper and the research that a key element in the success of a young person's transition from secure care is a well planned and executed transition programme.

## Suggested reading

The summary of the University of York's Scottish research (Research Findings No.3, 2002) highlights key areas that should be addressed by service providers. It also indicates the importance of placement stability, throughcare preparation, informal support networks and access to education, training & employment opportunities for young people leaving care

It is clear from this paper and the research described in it that a key element in the success of a young person's transition from secure care is a well planned and executed programme.

The Pathways Handbook (see below) explains the various steps to the assessment and planning process for young people leaving care. It illustrates how the Pathways materials can be used and also highlights key areas and step-by-step questions to consider.

## **Training links**

### **SVQ:**

Unit W3 *Support individuals experiencing a change to their care requirements and provision* (optional unit in the SVQ level 3 qualification *Caring for children and young people*).

Unit HSC 382 *Support individuals to prepare for, adapt to and manage change* (generic optional unit for the revised SVQ level 3 qualification *Health and social care: children and young people*).

### **HNC in Social Care:**

HN unit *Caring for young people in secure care settings: outcome three* (optional unit).

## **Further reading**

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Pathways Materials and Handbook: A framework for throughcare & aftercare assessment and planning. [Scottish Executive. (2004b). *Pathways handbook*. Edinburgh: Scottish Executive.]

Umbrella programme. (2000). *Looking to the future with skills for life: a throughcare preparation pack*. Umbrella programme.

[www.scottishthroughcare.org.uk](http://www.scottishthroughcare.org.uk)

Scottish Throughcare & Aftercare Forum:

A wide range of relevant throughcare & aftercare information, including policy and practice developments, training opportunities and interactive web-based features and discussion.

[www.nwacf.com](http://www.nwacf.com)

North West After Care Forum:

Information on leaving care services, publications and developments in England.

# Glossary

**Approved school** The term used following the 1937 Children and Young Person's Act, which brought together reform and industrial schools.

**Child and Adolescent Mental Health Services (CAMHS)** Service providing a specialist and multi-disciplinary diagnostic assessment, treatment, advisory and consultant service for children and adolescents suffering psychiatric disorders, or where behaviour, emotional state or development is causing serious concern to themselves or those caring for them. ([www.careline.org.uk](http://www.careline.org.uk))

**Children's Hearing** A lay tribunal of three members, with both male and female representation, drawn from the local children's panel. Hearings consider the full circumstances of a case and make decisions based on the needs of the child or young person referred to them.

**Children's Hearing System** Scotland's system of juvenile justice, established in 1971 following passage of Social Work Scotland Act (1968), to address the needs and behaviour of children and young people who offend and/or are considered to be in need of care and protection.

**Children's Panel** A group of trained lay volunteers from which children's hearings are convened.

**Children's Reporter, The** The administrative officer who decides on the basis of reports whether a child may be in need of compulsory measures of care. If so they call a children's hearing. The Reporter also ensures that the hearings system operates within its legal remit.

**Children's Safeguards Review (Kent 1997)** Report pertaining to residential child care which made a number of recommendations for improvements to children's safety, and for staff recruitment and training, and carried out a major literature review.

**Clyde Committee, the (1946)** A government report into children's services which recommended a move towards smaller units based around the model of the family.

**Code of Practice on Secure Accommodation (1984)** Guidance on the use of secure accommodation, drawn up by a group including heads of establishment and Scottish Office civil servants following the introduction of the HASSASSAA legislation 1983, which introduced legal criteria to the use of secure accommodation.

**Department of Health (DOH)** Government department responsible for health and social care policy in England.

**Director of Social Work** Local authority official in charge of social work services. Has statutory responsibility in relation to secure accommodation to agree with head of establishment that legal criteria are met. Since reorganisation of local government in 1996, local authorities have not been required by law to have a director of social work, but must have a nominated chief social work officer, who has the same statutory duty in relation to secure accommodation.

**European Convention on Human Rights (1950)** An assertion of a range of civil and political rights based on the United Nations Universal Declaration of Human Rights (1948).

**For Scotland's Children (2001)** A policy initiative, which sets an agenda for education and social work services to work more closely together to meet children's needs.

**Head of Establishment** The head of a secure unit. Has statutory responsibility, along with the chief social work officer, to agree that legal criteria for placement in secure accommodation are met.

**Her Majesty's Inspectors of Education (HMIE)** Branch of the civil service with responsibility for inspecting a range of education provision. HMIE work with the Care Commission jointly to inspect secure accommodation.

**Joint Future** A policy initiative, bringing together health and social services.

**Kilbrandon Report (1964)** Royal commission into youth justice in Scotland. Proposed a welfare approach with emphasis on needs rather than deeds. Many of Kilbrandon's recommendations were incorporated in the Social Work (Scotland) Act 1968.

**List D Schools** The name given to approved schools following the passage of the Social Work (Scotland) Act, for no other reason than that they were listed D in the Scottish Office's range of special education provision.

**Office of National Statistics** UK department dealing, as the name suggests, with a whole range of statistical information, some of which is of relevance to residential child care. The Scottish Executive also compiles statistics of more specific relevance to secure accommodation.

**Regulations and Guidance** When an act of parliament is passed it is accompanied by legal regulations. These are further developed in volume(s) of guidance. Guidance pertaining to the Children (Scotland) Act, for example, is important in guiding practice.

**Residential Care Health Project** A project which has been encouraging and developing a multi-agency approach to improving the situation for one group of children and young people. The RCHP works collaboratively with social work, health and other support agencies

to address these issues as they affect local authority residential units for young people in Edinburgh, East Lothian and Midlothian.

**Scottish Cabinet** Group of Scottish Parliament ministers with particular policy responsibilities.

**Scottish Children's Reporters Administration (SCRA)** The national body responsible for the administration of the Children's Hearing System.

**Scottish Commission for the Regulation of Care (the Care Commission)** Body responsible for registering and inspecting all residential child care units against sets of national standards. Remit covers local authorities or other agencies.

**Scottish Executive's Intensive Support and Management Service (ISMS)** Scottish Executive initiative to provide intensive interventions to young people who offend. Funds particular residential and community projects, including electronic monitoring (tagging).

**Scottish Institute for Residential Child Care (SIRCC)** A partnership of educational institutions, a young people's advocacy organisation and an international children's rights organisation. Primarily funded by the Scottish Executive, it offers specialised, professional development training, certificate and degree courses, consultancy services and undertakes a wide range of research projects.

**Scottish Office** Administrative branch of government in Scotland, prior to Devolution in 1999.

**Scottish Social Services Council (SSSC)** Body responsible for the registration of individual child care workers and the development of professional codes of practice.

**Secure Remedy, A** A review of the role, availability and quality of secure Accommodation for children in Scotland conducted by the Chief Social Work Inspector in 1996.

**Secure Unit** A form of residential accommodation for young people who are a danger to themselves or others in buildings they cannot freely leave.

**Skinner Report, The (Another Kind of Home) (1992)** A wide ranging review of residential child care discussing the purpose and role of residential child care in Scotland. Proposed eight fundamental principles to provide a framework within which relevant standards for evaluating the quality of care could be developed.

**Social Work Services Group (SWSG)** Government department under the Scottish Office with responsibility for inspecting and registering secure accommodation. Became Social Work Services Inspectorate (SWSI) in 2005.



**Social Work Services Inspectorate (SWSI)** Scottish Executive department whose main task is to evaluate the quality of social work services in Scotland.

**United Nations Convention on the Rights of the Child** An international treaty ratified by 192 countries, including the UK. Reflects a global consensus and has become the most widely accepted human rights treaty. Broad ranging statement of rights including social, cultural and economic as well as political and civil.

**Youth Justice Strategy Groups** A policy initiative, set up in every local Authority, bringing together social work, housing, the police and the Reporter to the Children's Panel amongst others to address issues of youth crime and disorder.

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## Resources on secure accommodation

The following is a list of relevant books, training packs and other materials on secure accommodation which are available from SIRCC Library and Information Service, 76 Southbrae Drive, Glasgow.

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SCOTTISH EXECUTIVE

**Secure Accommodation  
in Scotland:  
its role and relationship  
with 'alternative' services**

Education



social  
research

# **SECURE ACCOMMODATION IN SCOTLAND: ITS ROLE AND RELATIONSHIP WITH 'ALTERNATIVE' SERVICES**

## **Report of Research for the Scottish Executive Education Department**

by

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**November 2005**

*The views expressed in the report are those of the author(s) and do not necessarily reflect those of the Scottish Executive or any other organisation(s) by which the author(s) is/are employed.*

*The Scottish Executive is making this research report available on-line in order to provide access to its contents for those interested in the subject. The Executive commissioned the research but has not exercised editorial control over the report.*

*This web only report is accompanied by the Insight report 33 'Secure Accommodation in Scotland: Its Role and Relationship with Alternative Services', available both on-line and in printed form.*

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## TABLE OF CONTENTS

CHAPTER 1: BACKGROUND AND CONTEXT.....	10
PART 1 FINDINGS: PERSPECTIVES ON SECURE ACCOMMODATION .....	19
CHAPTER 2: PERSPECTIVES ON THE NATURE AND USE OF SECURE ACCOMMODATION .....	19
CHAPTER 3: PERSPECTIVES ON THE NATURE AND USES OF ALTERNATIVES TO SECURE ACCOMMODATION.....	29
CHAPTER 4: DECISION MAKING AND PLACEMENT AVAILABILITY .....	35
PART 2 FINDINGS : THE YOUNG PEOPLE'S EXPERIENCES .....	55
CHAPTER 5:.....	56
THE SECURE SAMPLE: WHO THE YOUNG PEOPLE WERE AND THEIR ROUTES TO THE SECURE PLACEMENT.....	56
CHAPTER 6: THE SECURE ACCOMMODATION PLACEMENT.....	67
CHAPTER 7: LIFE AFTER THE SECURE PLACEMENT.....	78
CHAPTER 8: CHARACTERISTICS AND EXPERIENCES OF YOUNG PEOPLE WHO FORMED THE ALTERNATIVE SAMPLE.....	91
CHAPTER 9 : COMPARING ROUTES THROUGH AND AROUND SECURE ACCOMMODATION.....	100
CHAPTER 10: IMPLICATIONS FOR POLICY AND PRACTICE.....	110
References: .....	116
APPENDIX ONE: TRANSITION THROUGH CARE DIAGRAM .....	118
APPENDIX TWO: VIGNETTES FOR SOCIAL WORK MANAGERS AND PANEL MEMBERS	119

# EXECUTIVE SUMMARY

## INTRODUCTION

### Background and Context

This Scottish Executive funded study of secure accommodation and services which offer an alternative was carried out between November 2002 and 2005, by a research team from the universities of Stirling, Strathclyde and Glasgow. The research focussed on the use and effectiveness of secure accommodation in relation to young people placed on the authority of a children's hearing.

The study was completed almost ten years from the publication of *A Secure Remedy*<sup>1</sup>, a joint inspection report which had advocated the development of community-based alternatives and the more targeted use of secure provision. This prompted the development of a range of alternatives including intensive community-based support, specialist fostering and close support residential provision. Different kinds of 'alternative' services continued to come on stream as the research was underway, with intensive support/monitoring and electronic tagging (ISMS) being introduced shortly before the research ended. During the same period, plans to increase secure provision were approved and building began on three new sites. There were also changes in practice within existing units, with an increased focus on mental and physical health assessments and the use of standard cognitive behavioural programmes.

These developments and the commissioning of this research show that developing the most effective use of secure accommodation and alternatives remains a priority in both policy and practice terms. Though not its explicit aim, in some respects this study provided an opportunity to assess the extent to which the developments and ideals proposed in *A Secure Remedy*<sup>2</sup> had been realised.

### Aims and Nature of the Research

The aims of the research were to provide:

- a) clearer understanding of the purpose and effectiveness of secure accommodation in meeting the needs of young people, their families and communities;
- b) a framework to assist the decision-making process on the use of secure accommodation by children's hearings and social work departments.

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<sup>1</sup> SWSI (1996). *A Secure Remedy*. Edinburgh, Social Work Services Inspectorate for Scotland.

<sup>2</sup> *A Secure Remedy* proposed the ideal situation as one in which a secure place is available for each child who requires it, but no child is admitted who can be accommodated safely in an open setting.

More specific objectives included obtaining information about a sample of young people admitted to secure accommodation, including their characteristics, background and current circumstances, reasons for admission and how they fared during the secure placement and after they moved on. Similar information was to be obtained on a group of young people considered for secure accommodation, but sustained in an open residential or community setting. On this basis the aim was to identify which interventions/combinations of interventions within secure care promote the most effective outcomes for children and young people and assess to what extent the 'containment' aspect is crucial to the success of these.

Alongside examining and comparing the experiences of and outcomes for young people, the study was to develop better understanding of decision-making in relation to secure accommodation, with particular attention to decision makers' expectations of the secure placement. Cost implications and benefits were also to be assessed.

The research addressed each of these aims and objectives, but in different ways from what was anticipated in the study's initial design. The main change was to shift from a primarily comparative design which focussed on outcomes for two distinct samples, to a predominant concern with decision-making process and how these influenced pathways through services. This shift was prompted by a recognition that secure accommodation and 'alternatives' were typically offered as complementary services at different points in a young person's care career and that the relationship between the use of secure accommodation and 'alternatives' differed across local authorities.

Taking these considerations into account, key elements of the research were as follows:

1. Relevant information was obtained on 53 young people shortly after their admission to secure accommodation between October 2002 and 2003. Across units recruitment rates varied from 20-60%, resulting in over representation of young people from one authority. Girls and young people under the age of 15 are slightly over-represented, reflecting their greater willingness to take part in the research. Initial data were obtained from records and from interviews held with social workers, key workers and some young people. Updates on their progress were obtained from social workers at two points, approximately 12 and 24 months after admission;
2. Similar information was collated on 23 young people considered for secure accommodation but sustained in an open setting for at least 6 months. This was obtained from records and in one interview with a key worker or social worker and, in some cases, the young person. Young people were recruited from community-based services offering an 'alternative to secure accommodation' and from residential schools;
3. Information was gathered on costs of typical packages of care for key sub-groups within both secure and alternative samples. Sub-groups were formed according to the placement from which the young person had been admitted to secure accommodation or living in when considered for secure placement;

4. Interviews took place with senior and first-line social work managers, panel chairs and reporters on decision-making in relation to secure accommodation and views about its function and effectiveness. These were semi-structured interviews which also incorporated the use of vignettes through which informants were asked to discuss case scenarios and the likely responses. Respondents were drawn from eight local authorities, selected to give a geographical mix and reflect different patterns of use of secure accommodation.
5. Two rounds of interviews were held with a senior manager in each secure unit. In addition key 'other professionals' were interviewed including the head teacher, psychologist, Looked After Children (LAC) nurse and children's rights officer.
6. A review was conducted of subsequent placements for all young people made subject to secure authorisation by a children's hearing between 1<sup>st</sup> July and 31<sup>st</sup> December 2003. Information from SCRA<sup>3</sup> and local authorities indicated that this applied to 104 young people, 59 boys and 45 girls, of whom 79 (76%) had been placed in secure accommodation by the time the survey was completed.

## **KEY FINDINGS AND IMPLICATIONS**

The research set out to provide clearer understanding of the purpose and effectiveness of secure accommodation, alongside a framework which would assist decision making about its use. One of the key study findings was that the use of secure accommodation and how effective it could be was highly context specific. Secure accommodation was required when the current level of risk could not be safely managed in an open setting, so the point at which an admission was necessary and appropriate depended to a considerable extent on the capacity of local resources to manage young people in crisis. Correspondingly its effectiveness was dependent not just on what was offered within the secure setting, but on appropriate services being available when young people moved on.

The study reported that so called 'alternatives' to secure accommodation were seldom introduced at the point when secure authorisation was being seriously considered. More usually projects offering an 'alternative' were introduced at an earlier stage, thus preventing the need for secure accommodation from arising, or they provided after care support. So secure provision and 'alternatives' were complementary services rather than directly alternative options. The ways in which they complemented each other varied across local authorities, depending on both the availability of secure accommodation and other resources and prevailing attitudes about their use.

This recognition of the interconnections between secure accommodation and other services and the extent of local variation has implications for strategic planning at a national and local level. Several research findings lent support to the view that three key resources would reduce the need for secure accommodation: residential provision which could manage young people in crisis; intensive community-based support and social work and project staff who were able to effectively gauge and manage risk.

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<sup>3</sup> Scottish Children's Reporters Administration

Each of these three resources were key in preventing admissions and in producing better outcomes for young people after leaving. Thus boosting them can be expected to reduce the time young people need to spend in secure accommodation, whilst also making placements more effective.

In addition to what alternative resources are available, the use of secure accommodation reflects the level of risk decision makers' are willing to tolerate. This study indicated that panel members were willing to tolerate a lower level of risk than social work professionals and could be sceptical about the protection offered by individual packages built round an individual child. These arrangements were sometimes developed out of necessity, when no secure place was available, but whereas some social work managers viewed this as an opportunity to extend the capacity to provide security without locking young people away, some panel members viewed them as a poor substitute. In light of this, giving panel members more authority to enforce the implementation of secure authorisations may stifle the development of innovative practice. However, it is also important that social workers have a high enough level of training, experience and contact with young people and their families to be able to safely assess and manage risk.

Findings in relation to current capacity highlighted that there can never be a straightforward answer to how many secure beds are required. The influence of availability of other services on the need for secure placement has already been considered. Two other sets of findings were relevant. First there was a discrepancy between the widely held view that it was difficult to find a bed when needed and the results of a survey of placements following secure authorisations which indicated that almost three quarters of young people admitted had been placed on the day of the authorisation and that most young people who could not be placed no longer required the bed when one became available or they returned to a children's hearing. Had a place been available, these young people would have been admitted, suggesting that if capacity is increased, so will the number of admissions. Whether this is to be welcomed or not depends on what a secure placement can offer.

The second set of relevant findings point to the fact that secure placements currently offer very different experiences. All offer security, so if the role of secure accommodation is defined simply in terms of keeping a young person or the community physically safe, it makes sense to talk of what 'a secure placement' can offer. However they are also expected to assess and start addressing the difficulties which resulted in the secure placement and this is approached in quite different ways. Variation in practice reflected a range of factors including distance from the young people's home area, whether the unit catered primarily for young people who offend or who are at risk and whether the predominant underpinning ethos was to support emotional development through providing nurturing care or increase cognitive understanding and so help young people control their behaviour. This research suggested that each of these approaches could work well for certain young people, but that placements were ineffective when what young people were offered did not correspond to their needs. Thus current developments towards provision of more specialised units are likely to increase placement effectiveness, particularly if admissions can be based on well-informed professional assessment.

Practice within secure units is continuously developing, so that the current situation will be different from that described in the research. Health, educational and psychological assessments were all being developed, with welcome results, both in terms of benefits for individual young people and through strengthening links with other education and health services. However it remained a challenge to ensure continuity of service and that assessment recommendations were implemented either during or following the placement, particularly in relation to specialist education and psychological services. The case for developing inter-agency collaboration over a longer time scale remains strong. Within this, there is a clear need to develop a capacity to offer sustained, skilled work with parents, young people and other family members. Among the young people involved in the secure sample, very little family work was reported, though developments in practice were reported in the final round of interviews with unit managers. However effective models of family support were evident in some of the work undertaken by projects offering intensive community based support. Social workers have traditionally had expertise in this field and, with appropriate training, supervision and time could be well placed to resume this role.

One of the potentially key roles of the social worker is to provide continuity over time, whilst also linking across relevant family members and the range of services currently involved with young people. The importance of continuity and having someone to rely on is clear from this study. It was the on-going relationship with families which enabled some intensive support projects to avert admissions when crises arose, whilst the same principle was key to a step-down approach helping young people retain some of the benefits when they left a secure placement. In the present climate social workers frequently move job and often have insufficient time to spend with young people or be reliably available during or following a secure placement. If the social worker is not able to provide this linking role in a way that is helpful to the young person, it would be important that care plans identify someone else. In light of the potential disruption to networks which a secure placement can cause, this person should ideally be identified at the start of a secure placement or even when admission is being considered.

This research confirmed messages from other studies that many young people who are admitted to secure accommodation have been identified as having difficulties from a young age. For others problems first surface in their teenage years, though these often relate to earlier trauma or loss. In the secure sample a particularly high proportion of young people had experienced the death of a parent or other close relative. The obvious answer is to make services available at an earlier stage, but knowing how to effectively reach young people most in need is more difficult. Ideas can be sought in the wider literature, for example in relation to early intervention, parenting work and outreach. These emphasise that hard to reach parents are best engaged by starting to address their own priorities<sup>4</sup> and that children from families with multiple, long-standing difficulties are likely to need 'thicker' forms of intervention which specifically address education, health and social problems from an early age<sup>5</sup>. For

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<sup>4</sup> Ghate, D.; Ramella, M. (2002) Positive Parenting The National Evaluation of the Youth Justice Board's Parenting Programme. Policy Research Bureau for the Youth Justice Board, London.

<sup>5</sup> Little, M., Mount, K. (1999). Prevention and Early Intervention with Children in Need. Aldershot, Ashgate.

children and young people, the key is to have people they can come to rely on and trust over time, so that problems can be shared when they arise. Providing this presents quite a challenge, but is important if we are seeking to provide what is best for children and young people. Community-based family centres might be a model which could be developed for this purpose.

Whether secure accommodation offers value for money could not be answered by this research because as yet there is little agreement on what can be expected from a secure placement and no comparable services with which to compare it. In the short term, secure accommodation had certainly kept young people safe, while there were clear educational and health benefits. However for a significant minority, social workers considered that there had been little change to the behaviour which prompted the placement. Two years later, about a quarter were rated as having had a good outcome, but for a similar number the outcome had been poor, with the remainder being in the middle. Given the seriousness and complexity of some young people's difficulties, these results may be viewed as satisfactory. However the alternative sample also included young people with serious longstanding difficulties and some of them were also managing to cope, without the disruption and potential stigmatisation of a secure placement.

It is tempting to add that non secure options will also be cheaper, but our summary of indicative costs indicated that there was a degree of overlap, depending on what the alternative package entailed. Over the year prior to and following the secure placement, estimated costs for young people admitted to secure accommodation ranged from £66,800- £354,400. Corresponding costs for those considered for secure accommodation, but not admitted were £20,800- £217,100. If one also takes into account that community-based support works best if offered over several years, the cost differences may be reduced even further.

This research has demonstrated that for young people who are putting themselves or others at risk a range of secure and open options is needed, so that diverse individual needs can be catered for. Recent developments in service provision are clearly moving towards this position. The research has also indicated that provision prior to and following the secure episode is crucial in determining the use and effectiveness of secure provision and that this support may need to be provided over a longer time frame if the benefits of specialist intervention are to be realised. Because the mix of services across local authorities is so diverse, more specific evidence about the effectiveness of different packages and pathways may need to be sought in research carried out at a local level.

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Little, M., Axford, N., Morpeth, L. (2003). "Children's Services in the UK 1997-2003: Problems, Developments and Challenges for the Future." *Children and Society* 17(3): 205-214.

# CHAPTER 1: BACKGROUND AND CONTEXT

## 1. INTRODUCTION

1.1.1 This is the report of a three-year study commissioned by the Scottish Executive to develop understanding of the use and effectiveness of secure accommodation in Scotland. It was carried out by researchers from the universities of Stirling, Strathclyde and Glasgow. The use and development of secure accommodation was a priority for the Scottish Executive Education Department when this research was commissioned in 2002 and, as reflected in significant developments in the intervening period, remains a key policy issue as the research is concluded in 2005.

1.1.2 This introductory chapter begins by summarising key policy and service developments in relation to secure accommodation within the Scottish context, then goes on to briefly highlight some relevant points from the wider literature and developments in the U.K. Consideration is then given to the research design, with particular focus on how this was adapted as the research progressed to accommodate growing understanding of the nature and use of secure accommodation and ‘alternatives’ in Scotland.

## 2. THE SCOTTISH CONTEXT

1.2.1. In recent years between 200 and 250 young people have been admitted to secure care in Scotland each year, with about 90 in placement at any one time. A majority are boys but girls typically account for more than a quarter, most being placed for welfare reasons, rather than offending (SWSI 2000, 2002). Approximately two thirds of young people in secure accommodation are placed there on the authority of a children’s hearing. The remaining third of the secure care population are subject to a court order, either serving a sentence for a serious crime or on remand.

1.2.2 The report *A Secure Remedy* (SWSI 1996) was important in defining policy aims and setting the agenda for change in this field. It defined the optimum position as one in which a secure place would be available for all young people who required it, whilst no one would be admitted to a secure setting if they could be safely accommodated within an open setting. This recommendation prompted the growth of a range of community-based ‘alternatives’, including schemes offering enhanced or intensive community-based support and specialist foster care. By adding electronic tagging to an intensive support package, the Intensive Secure Monitoring System (ISMS), introduced early in 2005, aims to provide a direct alternative for young people facing secure placement.

1.2.3 *A Secure Remedy* also focused on improving the service offered to young people in secure accommodation, ensuring a high standard of care and education and that services were in place to address the difficulties which had resulted in the admission. The report itself and two subsequent surveys (SWSI 2000, 2002)



confirmed that the secure population encompassed sub-groups with quite distinctive problems and needs. Girls, sexually aggressive young people, those with long-standing, chronic problems and young people whose difficulties emerge in their teens were recognised as having different requirements, even if they also had certain basic needs in common. Recent policy and service developments have focused on developing capacity to cater for this diverse population, both through increasing overall provision and enhancing the service within each individual unit.

1.2.4 Significant developments in overall provision were announced in March 2003, with the announcement of plans to create an additional 29 secure places. This raised the total from 96 to 125, whilst also allowing for greater geographical spread and dedicated provision for girls. In addition to the secure places, there are to be 30 further close support places and extra funds for intensive community support. The decision to augment the secure estate was taken because a range of key stakeholders such as children's hearings panel members, police and social work managers had identified a need for expansion.

1.2.5 A range of measures were introduced, with a view to improving the quality of provision within units. Besides the requirement to meet National Care Standards for all accommodated young people, the Secure Accommodation Forum was established to provide a setting in which best practice could be shared and developed. An increasing number of units introduced programmes to help young people address offending and other difficulties and the Scottish Institute for Residential Child Care was commissioned to develop a set of information and practice guides (SIRCC, 2005).

1.2.6 Over the period of the study, developments across secure units have taken place in relation to the formalisation of assessment procedures and/or the further involvement of inter-disciplinary aspects to assessments. The issue of the transition of young people leaving secure accommodation is seen as a priority and some units have been developing outreach services or planning such developments. The provision of mental health services to young people in secure accommodation is also seen as a priority area and specialist projects have been developed or links with CAMHS and other services built on. The training agenda is being addressed in all the units with emphasis currently being placed on training of staff for registration with the SSSC. Dedicated training materials have also been commissioned from the Scottish Qualifications Authority.

1.2.7 Significant changes in the decision-making process have also been proposed. In the consultation document 'Getting it Right for Every Child' (Scottish Executive, 2005a) it is suggested that local authorities should be obliged to implement the decisions of a children's hearing, thus removing the discretion of social work managers to decide whether a secure requirement should be implemented.

1.2.8 Partly because of the nature and role of the children's hearing system, secure accommodation in Scotland is quite different from similar provision in other parts of the UK. One of the key differences is that it is located within residential child care provision and that a high proportion of young people are admitted primarily on welfare grounds. However policy and practice issues inevitably have resonance with

those in other parts of the UK, whilst the literature which informs them is primarily based on English-based research.

### **3. KEY ISSUES FROM RELEVANT LITERATURE**

1.3.1 Since there is space for only a brief review of the relevant literature, comment is confined to those issues which emerged as particularly important in this study.

1.3.2 It is widely accepted that a key challenge for secure accommodation is to cater effectively for a very diverse group of young people. For Harris and Timms, ambiguity is an essential characteristic of secure care. Taking a historical perspective, they argue that secure care is not a coherent service for troubled children, but a means of catering for a wide range of young people deemed to require containment and fitting readily within no other setting. Its indeterminate nature is captured in the subtitle of their book: 'Between hospital and prison or thereabouts' (Harris and Timms, 1993).

1.3.3 Harris and Timms' book was written over ten years ago, yet their point about secure care's ambiguous nature remained very relevant for this study. Secure care caters for two populations, those requiring care for their own safety and those who present a risk to others. Traditionally the first group is viewed as needing care or 'treatment', while the second requires control, reform or punishment. However with adolescents these distinctions become blurred partly because 'juvenile offending' is widely attributed to faulty parenting or socialisation, but also in light of evidence that both groups have similar characteristics and needs (Goldson 2000; SWSI 2000). A number of commentators point out that the inherent ambiguity in the secure care task cannot be attributed solely to the requirement that it should cater for different kinds of needs. Equally important is the fact that attitudes to troublesome teenagers and how they are constructed within policy is not constant, in that their vulnerability is emphasised at some points and their criminality at others (Goldson 2002a; Harris and Timms 1993; Muncie 2002).

1.3.4 In this research questions of ambiguity emerged as even more multi-layered than these commentators suggest. Young people could be constructed as 'children in need'; 'offenders' or 'children with rights' and somewhat differently within each of these categories. It also became evident that how young people were viewed reflected aspects of the ethos, service provision and organisational arrangements within different local authorities and units. As Harris and Timms claim, ambiguity about the role of secure accommodation was therefore inevitable. In this study it became evident that definitions of 'alternatives to secure accommodation' were equally diverse.

1.3.5 Whilst acknowledging the ambiguity of the task, secure care is evidently expected to provide care and control, while also effecting some behavioural change. Cognitive behavioural approaches are generally credited as the most effective way of changing criminal behaviour, though their appropriateness in work with young offenders has been questioned (Pitts 2002). Bullock and colleagues note that strongly cognitive-based interventions are less effective with young people who are very difficult and disturbed (Bullock et al., 1998), a consideration with obvious relevance

for secure provision, since many of the young people there have serious and long-standing emotional difficulties (e.g. SWSI 2000). The extent to which longstanding difficulties can or should be addressed within secure care is contested, but there is considerable evidence that many residents require a caring and supportive environment (SWSI 2000; Walker et al. 2002). The different needs of boys and girls have been highlighted, with O'Neill reporting particularly poor experiences and short-term outcomes for girls placed on welfare grounds, since the service is geared to cater predominantly for male offenders (O'Neill 2001). A number of studies have highlighted that though the secure care task is talked about in terms of tackling problems, its first and predominant function is to contain (Goldson 2002b; Kelly 1992).

1.3.6 Questions about what secure accommodation *could* and *should* offer young people were at the heart of this study. Inevitably, given the diversity of population and ambiguity of role and expectations, no definitive answer to these questions can be reached. However this study provided an opportunity first to differentiate between different perspectives about how secure accommodation should help young people and then to examine the extent to which these corresponded with service provision, young people's characteristics and experience and how they fared after leaving the secure placement.

1.3.7 The importance of understanding the interaction between young people's own characteristics and behaviour and the actions of professionals and service providers is well established in the literature. Bullock et al.(1998) highlight that the routes by which troubled children reach secure care are a product of child-related factors and decisions and actions taken by professionals. These researchers differentiate between the life *route*, which refers to children and their families' actions, and *process* which encompasses actions taken throughout the child's life by professionals in health, social work and education or by courts and children's hearings. Harris and Timms (1993) observed that decisions about secure care placement itself were rarely based on theoretically sound professional assessment of young people's needs. Rather key participants in the decision-making process developed 'narratives' which defined young people in certain ways, thus justifying their favoured course of action.

1.3.8 Goldson (2000) identifies a number of influences which increase the likelihood of secure placement on welfare grounds. First there is a tendency to locate the problem in the individual young person, whereas deficiencies in the welfare system might be equally relevant. For example open residential units vary in their capacity to provide appropriate care, control and support for seriously troubled young people, yet their failures are seldom mentioned when young people become out of control. In addition he cites evidence that class, gender and ethnic origin influence the route young people take through child welfare services. Agency priorities, geographical location and ease of access to secure placements or alternatives also determine which children find themselves in locked accommodation.

1.3.9 These analyses suggest that in order to reach the optimum position identified in *A Secure Remedy*, attention is needed not only to practice in relation to individual young people, but in how that practice is shaped by agency ethos and patterns of resource provision. Whether certain kinds of risk to self or others can be managed in an open setting is a function of the young person's behaviour, how risky behaviours

are viewed and the capacity of existing resources to manage them. In the original research plans the intention was to examine each as related but distinct issues. However in time it became evident that they were inextricably linked. This had implications for how the research questions could be most appropriately understood and addressed.

#### **4. THE RESEARCH AIMS AND OBJECTIVES**

1.4.1 The broad aims of this research, as outlined in the specification and proposal, were to provide :

- 1) a clearer understanding of the purpose and effectiveness of secure accommodation in meeting the needs of young people, their families and communities;
- 2) a framework to assist the decision-making process on the use of secure care by children's hearings and social work departments.

1.4.2 The study was expected to concentrate on admissions to secure accommodation through the hearings rather than the courts. A survey of young people placed in secure accommodation on remand was commissioned by the Justice Department and reported separately. The report is available online at [www.scotland.gov.uk/Publications/2005/04/Rev-YPDSA](http://www.scotland.gov.uk/Publications/2005/04/Rev-YPDSA)

1.4.3 The specific objectives were as follows:

- a) To identify the characteristics of children and young people who have experienced periods in secure care and describe the nature of this experience for them and their families;
- b) To obtain evidence on the impacts of secure care on children/ young people and assess to what extent the outcomes observed match with those envisaged by the hearings in reaching decisions about the use of secure accommodation. Within this to identify and explore any differences in understanding which may influence decisions;
- c) To identify which interventions/combinations of interventions within secure care promote the most effective outcomes for children and young people and assess to what extent the 'containment' aspect is crucial to the success of these;
- d) To compare the impact of secure care upon the children/ young people and their families with the experiences of those with similar behavioural characteristics who receive alternative services (including non-secure residential settings and specialist fostering placements);
- e) To provide guidance on the most appropriate uses of secure care (in relation to identified needs of children and young people) in order to inform the decision-making process at hearings;

- f) To assess the cost effectiveness of secure care, including a comparison with the costs and benefits of a representative range of appropriate, alternative services.

## **Research Design and Methods**

1.4.4 The research addressed each of the original aims and objectives, but it did so in ways which were different from those originally envisaged. The research reported here is based on data obtained in the following ways:

1. With respect to 53 young people admitted to secure accommodation between October 2002 and 2003, information was obtained on; biographical characteristics and background; reasons for their admission; services provided prior to, during and following the secure placement. The data were obtained from records and from interviews held with social workers, key workers and some young people. Updates on their progress were obtained from social workers at two points, approximately 12 and 24 months after admission;
2. Similar information was obtained on 23 young people considered for secure accommodation but sustained in an open setting for at least 6 months. The sources were records, one interview with a key worker or social worker and in some instances, an interview with the young person;
3. Information was gathered on costs of typical packages of care for key subgroups within both secure and alternative samples;
4. Interview took place with senior and first-line social work managers, panel chairs and reporters on decision-making in relation to secure accommodation and views about its function and effectiveness. These were semi-structured interviews which also incorporated the use of vignettes through which informants were asked to discuss case scenarios and the likely responses;
5. Two rounds of interviews were held with a senior manager in each secure unit;
6. Interviews with key 'other professionals' in secure units, including the head teacher, psychologists, Looked After Children (LAC) nurse and children's rights officer. These focused on the service provided by themselves and colleagues in the same discipline;
7. A review was conducted of subsequent placements for all young people made subject to secure authorisation by a children's hearing between 1<sup>st</sup> July and 31<sup>st</sup> December 2003.

1.4.5 The secure sample was recruited in collaboration with key workers who passed on a letter prepared by the research team to each young person admitted to secure accommodation on the authority of a children's hearing. The key worker briefly explained what the research would entail, then, if the young person agreed to meet with the researcher, further details of the research were explained at that time.

Each of the young people gave written consent at one of these meetings. Key workers or social workers were also asked to give parents a letter which provided some information about the research, let them know that their son or daughter was being invited to take part in it and asked them to let the social worker or key worker know if they objected to this. Two young people who agreed to take part in the study were not included because their parents raised objections.

1.4.6 A sample of 53 young people was recruited from a potential sample of 146, so the take up rate was low at 36%. Recruitment rates varied across units from 20% to 60%. Key workers sometimes said that young people who did not take part were generally suspicious of any intervention in their lives, especially when they were to be tracked over two years. Others were already taking part in other research and did not want to be involved in a second study. A higher proportion of girls compared with boys agreed to take part (41% of girls and 26% of boys). As a result girls are slightly over represented in the sample, accounting for 55% whereas they typically form less than half of young people admitted to the secure accommodation through the children's hearing route. This may mean that there is also some over representation of young people admitted on welfare rather than offence grounds. In terms of age and reasons for admission to secure accommodation, the sample is broadly representative of the overall population of young people admitted to secure accommodation on a children's hearing order.

### **Changes to the Research Design and Methods**

1.4.7 During the first year of the research it became clear that two aspects of the research design did not correspond with how services were delivered in practice. Expectations that social workers and key workers would provide questionnaire-based data proved unrealistic, partly because of lack of time and partly because frequent changes of social worker meant a certain amount of detective work was involved in locating who was able to provide up to date information on young people's progress. As a result, information was obtained in telephone or face to face interviews. This was more time consuming, but on the positive side yielded a fuller understanding of the issues than would have been conveyed in a questionnaire.

1.4.8 The second discovery was that far fewer young people than had been anticipated were being made subject to secure authorisation or seriously considered for secure placement then sustained in an open or community-based alternative. Attempts to recruit this sample continued for 2 ½ years and involved repeated contacts with residential schools and projects providing an 'alternative' to secure accommodation. Typically staff in these services' initial response was that many of the young people they cared for or worked with met our criteria. However on closer examination, very few young people had been close enough to secure placement to warrant being included in the sample. Instead most services offering an 'alternative to secure' catered for young people whose behaviour, if it continued, might result in secure authorisation being sought. In addition some supported young people during and after their secure placement, so may have reduced the time spent in secure accommodation or the likelihood of them returning.

1.4.9 Acknowledging a somewhat different role for ‘alternative’ services than was implied in the original research design had a number of important implications for the research. First it questioned the widely held perception that large numbers of young people were made subject to secure authorisation, but not placed in a secure setting. It was important that the research gained as accurate as possible an understanding of this issue, so a survey was carried out of placements of all young people made subject to secure authorisation between 1<sup>st</sup> July and 31<sup>st</sup> December 2003. In addition, recruitment of a sample of young people who met the study criteria continued, including only those who had been sustained outwith secure accommodation for at least six months. Twenty-five were recruited, with only three boys and three girls who met the criteria declining to take part.

1.4.10 A second implication of finding that few young people were sustained in an open setting for any length of time after consideration for secure placement was that a quasi-experimental comparison between young people placed in secure accommodation and those sustained in an open setting was not feasible. In addition it became evident that young people accessed a host of different services alongside or following admission to secure accommodation, so it would not be possible to isolate the effects of the secure placement. There was very little knowledge either of how individual young people came to be referred to and make use of certain services, or of how this mix of service provision impacted on their lives. This therefore became the primary interest of the research. This shift of focus was helpful because it allowed the research questions to be addressed in a way which did justice to the range of complex influences which shaped what services were offered and how young people responded.

1.4.11 The key changes to the proposed design and reasons for them are summarised below.

<b>Proposed Methods</b>	<b>Actual Methods</b>
Comparison of the characteristics and experiences of 75 young people admitted to secure accommodation and 75 young people considered to meet the secure criteria, but sustained in an open setting. Young people were to be recruited shortly after being placed in or considered for secure accommodation and their progress tracked for 18-24 months.	53 young people placed in secure accommodation were recruited as soon as possible after admission and their progress tracked for 24-30 months.  23 young people who had been considered for secure accommodation, but sustained in an open setting for at least 6 months were recruited up to a year after they had been considered for secure accommodation.
Cost effectiveness of secure accommodation as compared with alternative options for young people with similar difficulties.	Approximate costs were calculated of a range of typical pathways through services.
Obtain data on young people’s progress primarily through questionnaires completed by social workers and key workers.	Data was obtained through telephone and face to face interviews with social workers and key workers. Some interviews were also held with young people.

Qualitative data would be obtained on 25 young people from the secure sample, through interviews with key participants.	With the shift from questionnaire based to interview-based data, similar information was obtained on all young people within the secure sample.
	Survey was undertaken of placements of all young people made subject to secure authorisation during a six month period
Interviews with young people	Fewer interviews were carried out with young people than planned because of the inclusion of the above survey and shift to a more time-consuming method of data collection from social workers.

1.4.12 The reasons for these changes in the research design might be viewed as important findings in themselves. Social workers being under pressure and frequently changing impacted on the service young people could be offered, whilst more realistic appreciation of the relationship between secure accommodation and ‘alternatives’ was important in understanding young people’s routes through services. The findings are presented in two parts, with chapters two-four focusing on stakeholders’ views and organisational issues and chapters five to nine charting the young people’s progress. The implications of both elements and data on costs are brought together in two concluding chapters.



## **PART 1 FINDINGS: PERSPECTIVES ON SECURE ACCOMMODATION**

### **CHAPTER 2: PERSPECTIVES ON THE NATURE AND USE OF SECURE ACCOMMODATION**

#### **1. INTRODUCTION**

2.1.1 Findings reported in this chapter are drawn from a range of sources including interviews with secure unit heads, first line and senior social work managers, reporters, panel chairs and a range of other professionals working within the secure units, namely head teachers, psychologists, LAC nurses and children's rights officers. Respondents were drawn from all secure units and from eight local authorities. The local authorities were selected to give a geographical mix and reflect different patterns of use of secure accommodation, as indicated by the number of admissions in the previous year and whether the authority had its own secure provision. Respondents' views were inevitably shaped by their position within and knowledge of the system, but there were also marked variations within different groups of respondents. For that reason, and to avoid repetition, the findings are reported under topic headings, rather than respondent groupings. Connections between distinctive perceptions and expectations of secure accommodation and local authority ethos and practice are considered towards the end of the chapter.

#### **2 EXPECTATIONS OF SECURE ACCOMMODATION**

2.2.1 Asked to outline the main functions of secure accommodation for young people placed by a children's hearing, there was broad agreement that its primary role was to keep them safe and secure at a time of major crisis in their lives, while at the same time providing an opportunity for their emotional, educational and health needs to be assessed and help offered to reduce the difficulties which had resulted in the secure placement:

*Mainly to protect the young people... but also at times the community. But also to try and make changes in the lives of these young people and their families*  
( S.W. manager 2)

*Protecting the child, protecting the public from harm. I don't see it as a punishment*  
(Reporter 1)

*Keep a child safe and the public... just try to get something, just a stop in the child's life to get resources put in place* (Panel Chair 1)

*I suppose the obvious answer is to provide somewhere which provides safety, care and education for young people who need to have the kind of structure briefly around them to help them and sometimes stop and take stock and then be able to move on and move back into the community again*  
( S.W. manager 3)

2.2.2 Though brief, the above summary of responses about the function of secure accommodation encompasses all key elements. These were to:

- protect the young person and the public;
- assess needs and allow young people to take stock of their situation;
- engage with young people and effect change;
- equip young people to move back into the community.

2.2.3 A number of respondents gave a similar answer, but qualified it by saying that this was an ideal which had to be differentiated from the reality. One panel member expressed quite limited expectations of what might be achieved because of the short time scale:

*There's a limit to what we can do in secure. A lot of it is just about keeping the children occupied, trying to talk to them about why they do what they do and, you know, it's more of a holding thing ( Panel Chair 2)*

2.2.4 A social work manager said that though expectations were usually framed in terms of meeting young people's needs, the subtext was that secure accommodation catered for young people who had reached a point of non-engagement with any services:

*The reality of when secure is used in my experience is when all the support mechanisms that could be used have been tried and someone is basically out of control and disengaged with any adults ( S.W. manager 2)*

2.2.5 This latter comment is important because it highlights that the use of secure accommodation can be understood both in terms of what it offers young people and the function it serves within the child welfare system. As this research progressed it became evident that it would be necessary to understand the function of secure accommodation from both perspectives. Its relationship with other services is considered throughout the report, but primarily in chapters three, four and ten. This chapter reports on key stakeholders' views about the capacity of secure accommodation to fulfil its key functions. In chapters five-seven its effectiveness is assessed on the basis of young people's experiences and outcomes.

### **3. CAPACITY OF SECURE ACCOMMODATION TO FULFIL ITS KEY FUNCTIONS**

2.3.1 Views about the capacity of secure accommodation were obtained in response to a specific question about whether the service was able to fulfil the key functions identified above. The majority of respondents identified gaps in capacity. A common explanation was that beds were not always available when necessary, so young people in crisis could not always be accommodated. A number of panel chairs

thought that the remedy would be to increase the number of secure places, but more commonly respondents thought the answer lay in more flexible and targeted use of existing resources. Some expressed a preference for smaller, local secure units, whilst others focused on developing the capacity of open residential and community services to provide more intensive and structured care and support. Availability of places is considered in more detail in chapter four.

### **Capacity to protect the young person and the public**

2.3.2 The predominant concern was that young people should be safe, with public safety viewed as an important consideration, but less frequently a major concern. In most instances secure accommodation was viewed as providing a safe environment. Some respondents thought one of the main values of secure accommodation was that it could allow young people who had grown accustomed to fear and uncertainty to feel safe and secure. However, a small number of respondents did raise concerns about the potential risk of bullying, with a few expressing particular concern about girls who had been abused being placed alongside boys or other girls who were intimidating.

2.3.3. A number of respondents, primarily social work managers, did identify some less tangible risks from the placement in secure accommodation, mainly to do with how the young person came to be perceived. There were concerns that resorting to secure accommodation implied to the young person that he or she could only be controlled and kept safe by being physically held, whilst others commented that the stigma of having been in secure accommodation could impede the young person's progress in the future. Some people expressed the view that peer influence could result in young people developing undesirable or unhelpful behaviours, but others argued that secure units were well enough resourced and structured to make sure that adult values and culture prevailed.

2.3.4 It was generally accepted that the public would be protected if young people were in a secure setting, though a few panel members pointed out that offences could be committed when the young person was home on leave or if young people ran away while on outings from the unit.

### **Capacity to assess needs and allow young people to take stock of their situation**

2.3.5 Alongside keeping safe, the other key function of the units was to allow time for assessment and for young people to take stock of their situation. The ideal was that young people could take a step back from the behaviours which were putting themselves or others at risk, whilst staff could help them work out what would help prevent the same pattern of behaviour being repeated when they moved on.

2.3.6 There was widespread agreement that units did offer a degree of breathing space and could allow for full assessment of educational, health and emotional needs. In the three years during which the research was carried out, the capacity to offer multi-disciplinary assessment increased, with LAC nurses routinely offering a health assessment and a system operating in each unit for a mental health or psychological assessment to be offered to all or some of the young people admitted. Improvements were also reported in arrangements for educational assessment, for example quicker

access to records from the young person's previous school. The importance of linking assessments together was also emphasised. Some professionals said that, as placements became shorter, on average 3-4 months, completing a detailed and holistic assessment could be an important element of what the secure placement offered.

2.3.7 Though each aspect of the multi-disciplinary assessment was valued, respondents often emphasised the need to better understand what emotional or mental health difficulties might be contributing to the young person's problematic behaviours and how these might be addressed. The psychologists or mental health professionals who were interviewed indicated that since most young people had multiple problems, assessment took some time. There was a strong emphasis on engaging with the young person, so that they became active participants in understanding the source of their difficulties and how these might be helped. Typically a range of difficulties were identified which needed attention, so a staged plan was developed to tackle them.

2.3.8 A number of the mental health staff pointed out that a lot of the young people's difficulties stretched back for many years. Though longstanding difficulties, for example in relation to attachment and loss, could not always be addressed within the secure placement, some suggested that secure unit staff should understand how these might impact on the young person's behaviour and response to the secure placement, and be able to draw on these insights when considering how an individual young person should be managed. It was suggested that unless staff had sufficient understanding and support to work in this way, the use of the time in secure placement would not be optimised. This kind of in-depth assessment and staff development was very time-consuming, so could not be routinely carried out within current resources and time-scales.

### **Capacity to engage with young people and effect change**

2.3.9 Placement in secure accommodation was widely viewed as an opportunity to introduce services which had not been accessed by young people while in an open or community-based setting. From a rights perspective, several people pointed out that a secure placement should never be made or continued in order to access services, but it was seen as a great benefit that a range of services would be made available during the secure placement.

### **Health and Education**

2.3.10 In terms of health, the most common needs were to visit a dentist or optician and have immunisations brought up to date. In addition, it was not uncommon for longstanding but untreated conditions, such as asthma or hearing difficulties to be identified and addressed. Drug-related problems could also be assessed and young people given appropriate advice. Young people were also given information on how to access services for sexually transmitted diseases and appropriate tests or treatments arranged. Some of the advice was given on a one-to-one basis, but in addition some LAC nurses provided sex education as part of the school curriculum, though the gender mix and range of sexual experience meant group teaching was not always considered appropriate. Capacity to offer education and advice on sexual health varied across units, so that in some the LAC nurse thought the service was as effective as it could be, whilst in another there were still plans for development.

2.3.11 Re-engaging with education was viewed as a major need to be addressed in secure accommodation, since many young people placed had missed out on a significant amount of schooling. Re-engagement was viewed as important, not simply in terms of learning but because reintroduction to a school or college placement would be important in sustaining any progress made while in secure accommodation.

2.3.12 Most respondents spoke positively about the educational provision in secure accommodation, though some gave examples of one unit taking several weeks to get information from a young person's previous school. A few questioned whether very small units could provide the breadth and flexibility of curriculum required. However those working in smaller units had given considerable thought to how the service could best meet such diversity of need and were evidently committed to ensuring that young people in their care did not miss out. In terms of certification, most units focused primarily on Vocational Qualifications and could offer a wide range of subjects. The modular format of these was well suited to the shorter term placements.

2.3.13 Across staff in units and respondent groups the main difficulty identified in relation to education was finding suitable provision for young people to move on to when they left. Education staff reported that the limited range of resources available meant there could be pressure to place young people in educational settings which did not correspond with their assessed ability. For example, it might be suggested that a young person who was capable of doing eight Standard Grades attend an educational unit which only offered two.

2.3.14 Much more positive developments were reported in relation to careers advice and planning. Through links with Careers Scotland, sessions could be provided on practical skills such as applying for jobs and more general preparation for work, whilst each young person was also offered an individual career planning interview. The range of vocational options in further education colleges was also cited as a positive option for young people in their last year of education, rather than returning to a school or specialist education project.

#### Emotional and Behavioural Difficulties

2.3.15 Within all respondent groups, the capacity to engage young people with services which would help address their emotional and behaviour difficulties was viewed as a key function of secure accommodation. Provision in this field was diffuse, varied and constantly being developed, so the interviews encompassed very different kinds of discussion about what *should* be provided in secure units, what *was* provided and whether current capacity was adequate to allow the units to engage with young people and effect change. Given their differing roles, stakeholders' understanding of what was entailed in introducing and providing services varied across respondent groups. Unit managers, social work managers and psychologists or other mental health staff provided the most informed and considered responses on these issues. A number of reporters acknowledged that this aspect was not directly relevant to their role, though some had formed a general view that current provision was not adequate. Several panel chairs pointed out that it was difficult for them to assess whether their expectations of secure accommodation in this respect were in fact

met, because they did not usually see individual young people after the secure authorisation was made. However, from sitting on review panels, a few had formed the view that the service catered well for young people's needs, whilst others identified gaps, primarily for more specialised help to address mental health and addiction issues. Some panel chairs also emphasised the importance of the key worker forming a caring relationship with the young person and offering one-to-one contact rather than simply relating to them as part of the resident group.

2.3.16 Views expressed on this issue highlighted some of the ambiguities which permeate secure accommodation, so they are reported in some detail in the next two sections. Respondents' comments in this respect were closely connected to differing ideas of what was meant by a 'service'. Some respondents readily included the experience of living in secure accommodation, which we therefore cover first. Others only referred to specific programmes or services such as programmes to reduce offending or drug and alcohol use, so this is discussed afterwards. A number of respondents, primarily social work managers and mental health professionals, talked about the relationship between the residential experience and specific service provision.

### **The experience of living in secure accommodation**

2.3.17 From some points of view the experience of living in secure accommodation made it more rather than less difficult to address the difficulties which had resulted in the placement being made. A number of respondents suggested that the very nature of institutional life meant that the priorities of the institution rather than the individual came to the fore, whilst residents became preoccupied with adapting to the regime and getting out, rather than the addressing of the difficulties which had resulted in their placement. Standard, rather than individually negotiated, arrangements for family visits and home leave entitlement were cited as examples of the needs of the institution taking precedence. At a more fundamental level, there was also a view that placing someone in secure accommodation conveyed a message to the young person that their problems could only be resolved by imposing external controls, rather than developing their own capacity to manage them. The enforced nature of the placement could also foster superficial rather than meaningful engagement on the part of the young person.

2.3.18 Doubts were commonly voiced about the effectiveness of addressing difficulties outwith the context in which they arose. Offending and drug and alcohol use were viewed as closely related to young people's peer and social relationships, so ideally work should be carried out in that setting. Correspondingly, it was difficult to address family issues without involving other family members. No one who expressed these reservations proposed that all work with young people whilst in secure accommodation was unproductive, but they took the view that it would be more effective to offer this in open or community-based services, so provision there should be boosted. They also suggested that service provision while in secure accommodation would have a more lasting impact if services and resources were available to allow a gradual, step-down approach from the structure and support offered in secure accommodation.

2.3.19 A final frequently made comment was that the multiplicity and complexity of many young people's problems meant they could not be addressed within a short-term secure placement. This lent support to the view that consideration should be given to what *could* be achieved within the time scale, and care taken to avoid embarking on programmes which would have to be cut short or relationships which would need to be broken and so constitute another rejection for the young person.

2.3.20 These comments provided a degree of balance to the widely expressed view that placement in secure accommodation provided a good opportunity to address young people's difficulties. The following comment was one of the most uncritical made by a panel chair, but several encapsulated similar sentiments:

*'As far as the panels are concerned, they're delighted if a child manages to get a place in a secure unit and, you know, at the three- month review they're invariably positive because the child has been contained and isn't doing anything wrong'. (Panel Chair 1)*

### **Specialist services**

2.3.21 Turning to specialist services, most respondents took the view that capacity to help young people address serious difficulties was improving, but still inadequate. The growth of mental health or psychological assessment was very much welcomed because it enabled young people and staff to better understand the nature and causes of problem behaviour or emotions and so be better equipped to manage it. Arrangements for psychological and mental health provision were different across units, with one unit relying primarily on psychologists employed within its own service and others having access to a team of child mental health specialists, including psychologists, social workers, psychiatric nurse and occupational therapist employed by the local health authority. The latter was thought to be beneficial organisationally because staff could facilitate links to other health authority services. There was little support among mental health staff for the view that admission to a psychiatric unit would be a preferred option for many young people in secure accommodation, but in some situations it was helpful to be able to quickly access a psychiatric or neurological assessment.

2.3.22 Whatever the organisational arrangements, the general view was that capacity to identify evidence-based methods for addressing emotional and behavioural difficulties had greatly improved, but that insufficient resources were available to deliver appropriate programmes or therapeutic help. Three main models were described through which the units' capacity to cater for emotional and behavioural difficulties might be enhanced:

- providing consultation to staff to boost understanding and management of young people's difficulties;
- delivering group and/or individual programmes in collaboration with unit staff and/or monitoring the integrity of staff-run programmes;
- providing individual sessions with a psychologist or mental health worker for the young person.

2.3.23 The first two involved care staff. They worked wholly or in part through the young person's experience in the residential setting and had the advantage of developing the care staff's knowledge and skills. The third provided more intensive support to young people with individual difficulties. Different models predominated across different units, but all staff felt that there could be value in augmenting each. In terms of the issues to be addressed, faulty social learning, disrupted attachment, trauma and abuse were key. These were typically reflected in a range of behaviours including deliberate self-harm, violence, offending and sexual vulnerability or aggression. The ideal to be aimed for was that issues addressed in individual or group sessions would be actively reinforced through the young person's day to day experience, for example by care and teaching staff encouraging the development of pro-social behaviours or appropriate responses to negative experiences.

2.3.24 The use of evidence based programmes was more developed in some units than others. In at least one unit teaching and care staff worked together to deliver programmes. Programmes most commonly mentioned were for anger management, cognitive skills and violence reduction. One point emphasised by several respondents and all mental health specialists was that, in order to be effective, any approach had to be based on thorough understanding of the young person's needs and ways of responding to interventions. 'One size fits all' programmes were considered to be unhelpful and some specific concerns were raised about girls being asked to take part in programmes focusing on consequential thinking and offending, when most needed to learn how to value and nurture themselves and so enhance their self-esteem. In addition, a good fit between young people's needs and programmes offered was likely to boost young people's motivation and engagement. Thus the ideal was to combine appropriate programmes with individual work.

2.3.25 A second general point was that interventions should take account of the short time scales by providing a kind of survival kit that would help young people better understand their difficulties and develop a more positive view of themselves. Several evidence based approaches, such as pro-social modelling and dialectic behaviour therapy, were being introduced, but it took time and resources to train staff and introduce them, so the potential for effecting change was not yet being maximised.

2.3.26 Capacity to engage effectively with parents was viewed as limited, which was a matter of considerable concern, since a number of young people would return home. In the initial stages of the study the research team was not informed of any specialist staff working specifically with parents and young people. However in the final round of interviews with unit managers, some described more recent developments in outreach and family work. Sometimes this was viewed as the social worker's remit, but distance and shortage of social work time meant very little effective work could be undertaken.

### **Equipping young people to return to the community**

2.3.27 It was not unusual for respondents to point out that it was unrealistic to expect that a period in secure accommodation would make significant changes to a young person's life since many of their difficulties were longstanding and severe and because they would be returning to an environment which had contributed to their difficulties.



*'I think children in secure accommodation are not there long enough to have a benefit. ...What they do come back to, well that's all pieced together, which is not ideal.'* (Panel Chair 1)

2.3.28 Returning to their family could be particularly difficult if its way of life or relationships were likely to undermine progress. As noted above, there was little evidence of preparatory work being done with families. More often respondents emphasised the obstacles to family work. These included placements being some distance from home, lack of field social work time, parents' unwillingness to engage and a tendency for staff to frame the problems from the perspective of the professional services, rather than let parents say how they viewed the situation and what they would want to change.

2.3.29 Some respondents thought it was important to recognise when families lacked the capacity to offer more to the young person, in which case the focus should be on helping young people to acknowledge this and learn to parent or at least look after themselves. One psychologist emphasised the importance of this kind of work being based on an understanding of the cognitive and emotional processes through which young people develop, rather than expecting that simply getting older would equip them to cope.

2.3.30 Negative influences in the wider community were mentioned as equally important to the family environment. For some young people removal from the home community, either to residential school or foster care, was thought necessary if any change was to be sustained. For others the key was to strengthen positive influences and supports within their own communities. Developing the latter was easier if the secure placement had been in the young person's local area. The provision of appropriate education, in a school or college, was also mentioned as key to providing a focus for life after the secure placement. The view was that opportunities for college attendance and vocational training after school had greatly improved, but that finding appropriate education for younger pupils remained a weakness in the system.

2.3.31 In addition to considering the environment to which young people would return, a number of respondents, mainly psychologists and mental health professionals, emphasised the importance of considering what the transition from secure accommodation meant for the young person. A number of social work managers and mental health staff pointed out that the physical security and safety of the placement could promote attachment to staff. This was often viewed positively, but unless its significance was recognised and managed, leaving the placement could amount to another rejection and result in young people feeling bereft. Thus scope for continuing relationships with key workers or sensitively managing the transfer to new carers was an important ingredient in boosting the effectiveness of the placement. For some young people it was also important that therapeutic or medical services were continued after they had moved on. Not surprisingly there was recognition that it was more difficult to provide continuity when the placement had been some distance from the young person's home area.

2.3.32 There was a widespread view that current arrangements seldom allowed for this kind of needs-led planning. More usually young people had to fit into whatever

resources were available and placement endings could be organised around maximising the use of resources rather than the emotional needs of the young person. Whilst individual planning was viewed as key, a step-down approach into a resource-like close support was considered suitable for many young people, but places were not always available. Managers in units which had close support provision on the same site found this much easier to arrange than others. Irrespective of how successful the placement had been, returning to the community was viewed as a highly risky stage when many of the benefits of the placement could be lost.

#### **4. SUMMARY POINTS**

2.4.1 The key expectation was that secure accommodation would keep young people safe and, if applicable, protect the community.

2.4.2 There was also an expectation that the time in secure accommodation would be used to assess young people's difficulties, introduce appropriate services and help them make changes.

2.4.3 There was a strong view that units' capacity for assessment and tackling difficulties had improved in recent years. The importance of developments in health care were frequently cited as particularly helpful. However, these improvements were seen as patchy and very few respondents thought that the service was able to fulfil the functions expected of it. There were requests for additional resources within secure units, but some respondents also took the view that comparable services should be available through open residential and community-based support, since they could be more effective in that kind of setting.

2.4.4 With increased input from psychologists and mental health professionals, there was increased awareness of the nature of young people's difficulties and how these might be most effectively addressed. However the capacity to offer appropriate interventions or support had yet to be developed.

2.4.5 In addition to specific programmes and interventions it was considered important that the experience of group care should facilitate changes in attitudes, perceptions of self and behaviour. This had implications for the respective roles of specialists and care staff.

2.4.6 A central issue was that many of the young people had entrenched difficulties, so would require skilled help and support in the long term, yet secure accommodation aimed to be short term. For this reason, it was widely held that the capacity to effect change depended as much on continuity and suitability of service provision as on what could be achieved within the placement itself. It was emphasised that appropriate after care support strongly influenced the service's capacity to influence young people's behaviour and sustain progress when they returned to the community or an open setting. This implies that any consideration of placement in secure accommodation (or indeed alternatives) should from the start be made on the basis of a long-term plan.

## **CHAPTER 3: PERSPECTIVES ON THE NATURE AND USES OF ALTERNATIVES TO SECURE ACCOMMODATION**

### **1. INTRODUCTION**

3.1.1. One of the key aims of this research was to develop understanding of the circumstances in which young people considered for secure accommodation could be effectively maintained in the community or an open setting, through the appropriate use of ‘alternatives’. Key stakeholders’ perceptions and expectations of these services was evidently important in determining the role they could fulfil.

3.1.2 As discussed in chapter one, the original research design implied that there were a number of clearly identified services which could be offered at a point when young people were close to being made subject to secure authorisation and so might be viewed as constituting a direct ‘alternative’ to a secure placement. It soon emerged that what was meant by the term ‘alternative’ was far less clear cut. The research team’s attempts to recruit an alternative sample revealed that, apart from some intensive community-based support projects, most services offering ‘alternatives to secure accommodation’ were not offering a direct alternative, but either *intervening at an earlier stage* in order to halt the development of risky or problematic behaviour or *engaging with young people after admission*, when the aim was to enable young people to move out of secure accommodation sooner than would otherwise have been possible and avoid readmission by providing after-care support. From the survey of placements of young people made subject to secure authorisation, it became clear that when authorisation was made but no bed was available, the most likely ‘alternative’ was for young people to remain in a residential unit or school. Sometimes the need for secure placement was avoided, yet few of these resources labelled themselves as an ‘alternative to secure accommodation’, since the arrangement was unplanned. The term ‘alternative to secure accommodation’ implied a positive option, whereas sustaining young people in a placement because no secure place was available was generally viewed in a negative light.

### **2. DEFINITIONS OF ALTERNATIVES**

3.2.1 Responses to the question ‘*what kind of services would constitute an alternative to secure accommodation?*’ highlighted different views on whether there ever could be ‘alternatives’ to secure placement.

#### **A Direct Alternative to Secure Accommodation?**

3.2.2 In the quotations presented below, two positions on whether there could ever be a direct alternative to secure accommodation are illustrated in responses to a question about what respondents would expect from services offering an ‘alternative to secure accommodation’:

*I struggle slightly with this question because of the range of projects that have been set up as an alternative. I don’t know if it’s right just to*

*equate them because either children meet secure accommodation criteria or they don't.*  
( S.W. manager 7)

*I suppose we wouldn't use them instead of security, in that if they require security, they require security, but what [our use of alternatives] does show is that very often people don't require security in terms of being locked away.*  
( S.W. manager 8)

3.2.3 The first quotation is an example of several responses which questioned whether it was in fact possible to have a direct alternative to secure accommodation. The argument was that young people should only be placed in secure accommodation if they require physical security, and if they require physical security, nothing less than that should be offered. As expressed in the second half of the first quotation, this position was often associated with the view that whether or not secure accommodation was required could be decided by applying certain objective criteria to the behaviour of the young person concerned.

3.2.4 The second respondent also took the view that physical security would be needed for some young people, but also emphasised that it was possible to provide security and safety without using locked provision. For this manager, 'alternatives' were intensive packages built around an individual young person in order to provide safety and security without the removal of liberty. According to this point of view, young people could meet the secure authorisation criteria, but still be kept safe without being admitted to a secure unit. Whether or not secure accommodation was required depended on what kind of alternative supports might be available.

3.2.5 This second perspective was associated with a keen awareness of the negatives associated with depriving young people of their liberty and an incremental 'process' approach to service provision, that is a willingness to develop packages in response to the specific needs and behaviour of individual young people. Elements of this approach<sup>6</sup> were evident in three local authorities, two of whom had no direct access to their own secure provision and found it difficult to access secure places when these were required. Thus their commitment to developing alternatives had at least in part resulted from necessity.

3.2.6 From the process of recruiting the alternative sample and the survey of young people made subject to secure authorisation it was evident that in most cases the reason given for sustaining a young person in an open residential placement or in the community was that no secure place had been available. Most respondents were reluctant to view this practice as constituting an 'alternative' either because they considered the secure authorisation should not have been made or because they considered it was inadequate to protect the young person. One social work manager acknowledged that young people had been sustained in a residential setting in his own authority, but argued that this did not constitute an alternative because the children's hearing had been mistaken in making them subject to secure authorisation in the first place:

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<sup>6</sup> This approach is discussed in more detail in chapter four in relation to assessing risk and decision-making.

*' we have young people who have been on secure authorisations which we have not implemented because we have not felt that they should be in secure.... we have kept them in our own residential units, but we have never really seen them as warranting secure provision... so I would say that is not an alternative as such'* (Social work manager 9)

3.2.7 Correspondingly there was a high level of dissatisfaction amongst panel chairs that social work staff did not always implement their authorisations because this could leave young people vulnerable. Asked whether they thought an alternative could be provided by sustaining young people in an open setting, most panel chairs expressed some doubt about alternatives providing a substitute for secure accommodation:

*That could be an alternative to some forms of secure accommodation, but it depends why the secure accommodation was an alternative in the first place. If it were for serious offending, then it might not be right. If it were to protect the child from self-harm then it might not be right. Maybe a short spell in secure accommodation to start addressing those behaviours, to calm things down might be right.*  
(Panel chair 3)

*Again, the majority of children put in secure are absconding from whatever is being provided at the moment, so my theory would be an open situation is not going to work, they're not going to be contained in it.* (Panel chair 1)

*I want to see alternatives to secure accommodation, but I think these alternatives are very difficult because if you're working with a child in a residential setting where perhaps that child is being allowed to go home at night, there is a danger the child will abscond and if we put children into secure it's because it's secure. It's not to allow them to abscond. Most children who go into secure certainly would abscond if they got the chance. So I think alternatives would be prior to the child requiring secure. I think we need more of these kind of establishments.*  
(Panel Chair 4)

3.2.8 Among panel chairs interviewed for this study little enthusiasm was expressed for flexible, child-centred packages devised to cater for individual young people:

*We don't have alternatives as such. Social work just put together a package but there are no actual alternative services, they don't really exist*

(Panel chair 6)

3.2.9 Though arrived at for a number of reasons, the majority view across respondent groups was that there could not be a direct alternative to secure accommodation. Underpinning this was the notion that certain behaviours and levels of risk required physical security, irrespective of what other resources might be available. Alternatives were viewed as having a very important role in preventing

young people from reaching that point and supporting young people to return to the community after they had been helped to settle down, but there was considerable reluctance to view them as capable of replacing secure provision at the point when an authorisation was justified. However there was no consensus as to when that point had been reached.

### **Earlier Intervention and Aftercare**

3.2.10 Asked whether services offered at an earlier stage should be viewed as an alternative to secure accommodation, approximately half of the respondents agreed they should, with the others saying they were not alternatives unless they were offered at the point when secure placement was being considered. Irrespective of how they were described, there was considerable support for making additional resources available at an earlier stage.

*I see it as a continuum. You know I think if these young people are picked up early in life and you look at what can be put around them, and then if that is constantly being increased, you know, what do you move on to next? I don't think social work is as incremental in its approach as it should be.*

*( S.W. manager 6)*

3.2.11 Respondents referred to support offered by criminal justice teams, specialist foster care and education projects and intensive community support schemes as potentially valuable services which would prevent young people ever reaching the need for a secure placement. In one local authority with fairly extensive provision of this kind respondents were convinced that their availability had reduced the number of young people going into secure accommodation. In most other authorities, those interviewed said alternative services were not yet well enough developed to have had a noticeable impact.

3.2.12 Services which support young people after they left secure accommodation were viewed in equally positive terms. They were also more often considered to merit the term 'alternative' because they could limit the amount of time young people spent in secure accommodation. It was common for respondents to say that some young people remained in secure accommodation longer than necessary because suitable placements and support were not available to enable them to leave. As with services which might prevent secure admission, respondents were concerned that young people receive appropriate support, irrespective of whether the service was termed an 'alternative' or not.

3.2.13 Boosting the capacity of open residential provision to provide structure and more focused work with young people was frequently cited as a potential way of avoiding young people reaching secure accommodation and sustaining them when they left. However there was a reluctance among some panel members to think of children's units as an 'alternative to secure accommodation', since these were the young people's home where the emphasis should be on normalising care.

### 3. EXPECTATIONS OF 'ALTERNATIVES'

3.3.1 Asked what 'alternatives' to secure accommodation should offer, respondents indicated that a considerable amount was expected of them. In short, alternatives were expected to provide what would have been offered in secure accommodation, while also compensating for some of the disadvantages of a secure placement.

3.3.2 The most common response was that the level of contact with the young person should be high, at least daily and preferably with a 24 hour stand-by service. This intensity of service, coupled with developing a productive relationship with the young person and his or her family was viewed as central to making change. The capacity to work with families and in the young person's community would potentially mean that changes could be sustained.

*I think they should offer a high level of contact, availability for young people and their families, so out of hours contact, out of core hours. And I suppose an attempt to develop meaningful relationships and actually do focused work once the immediate crisis is over. ( S.W. manager 5)*

*Well they should offer a stable basis for work to be done, concentrated work to be done with the young person to address the reasons why they might go into secure - either they're persistently absconding and when they are absconding perhaps placing themselves at risk or placing the public at risk... but in terms of local resources and what not, the question has to be asked, 'is it better to try and address the problems in the child's own environment than put them into a false environment?' (Panel chair 6)*

3.3.3 Foster care was frequently mentioned as a form of care which incorporated many of the ingredients of a potentially effective alternative:

*[in this authority we have no alternatives, but there are plans for professional foster carers] I would feel they might be better off with professional foster carers because that would overcome the problem of what happens when they leave secure accommodation. There would be more of a long-term look at the child, rather than they have their freedom restricted and then they're back where they started (Reporter 1)*

3.3.4 In addition to compensating for some of the drawbacks of secure accommodation, alternatives were also expected to include the perceived advantages, for example allow access to appropriate resources, especially education:

*I think they should offer the safety of the child, but I also think a lot of panel members want the child to go into secure when they're not having an education either and they're guaranteed that in secure. I think any alternative has to have education built into it. (Panel Chair 1)*

#### **4. SUMMARY POINTS**

3.4.1 There was strong support for augmenting services which worked intensively with young people before they reached the stage of requiring secure accommodation and for those which supported young people during and after secure placements. Opinions on whether these should be called 'alternatives' varied.

3.4.2 There were different views on what was meant by an 'alternative to secure accommodation'. One position, widely held view among social work managers and panel chairs was that, if young people were accurately assessed as requiring secure accommodation, no other resource would be able to hold them safely. Others took the view that whether a young person could be held safely depended on what alternatives were available, so that whether secure accommodation was required was a function of the nature of service provision as well as the young person's behaviour. According to the second point of view, services could be devised which would sustain some young people who met the secure criteria in an open setting, though there would still be a smaller group who would need physical security for their own and/or others' safety.

3.4.3 'Alternatives' could be thought of as specific projects or as packages of services put together to suit an individual young person. Ideally, 'alternatives' were expected to compensate for some of the drawbacks of secure placements, while still conferring some of the benefits. These might act as a direct alternative, but in practice were more often acting as a form of prevention or of after-care that might make possible a shorter stay in secure. The key elements of an effective 'alternative' service were high levels of contact with the young person and his or her family, preferably with a 24 hour stand-by service.

3.4.4. More structured and task focused residential care was viewed as a good way of avoiding admission to secure accommodation and supporting young people following placement, though there was some reluctance to call this an 'alternative to secure accommodation' because this was thought to detract from its central caring role.



## **CHAPTER 4: DECISION-MAKING AND PLACEMENT AVAILABILITY**

### **1. INTRODUCTION**

4.1.1 Decision-making in relation to secure accommodation emerged as a dynamic process which took place in three key sites, that is within Social Work Services, at children's hearings and within secure units. The decisions centred around two key dimensions: determining the needs and best interests of young people and deciding who had priority to the secure placements available.

4.1.2 This chapter aims to highlight key elements of the decision-making process and the relationship between them. It draws further on interviews with key stakeholders, including key points from the vignette exercise. Relevant findings are also included from the survey of placements for young people made subject to secure authorisation by a children's hearing. The chapter begins by examining how the decision is made that a young person requires a secure placement, then goes on to look at questions of availability and prioritising which young people should be admitted.

4.1.3 Decisions about whether or not a young person should be made subject to secure authorisation were usually made in two stages. The usual arrangement was for social work staff to decide that a secure placement was required, then ask a children's hearing to issue the relevant authorisation, either prior to placement or within 72 hours of an emergency placement having been authorised by the chief social work officer. Unless a place was obtained before authorisation, one had to be found in order for the warrant to be implemented. For this to happen, one of the secure units had to decide that a particular young person should be prioritised and offered a place.

### **2. DECIDING WHETHER A SECURE PLACEMENT SHOULD BE SOUGHT**

#### **Social Work staff and other professionals**

4.2.1 Decision-making procedures for the use of secure accommodation varied slightly between different local authorities but always required the involvement of the Heads of Service and the secure unit. Increasingly it was considered important to involve other professionals such as education staff and psychologists in decision-making meetings. Where such practice existed, this was viewed as placing responsibility for keeping the young person safe with the '*whole authority*' and so shifting pressure from social work staff.

4.2.2 Social work departments varied as to the detail of decision-making procedures, but in all local authorities the decision that secure authorisation was needed was made first by a front-line worker and supervisor, then reviewed by a senior manager. In interviews with both first line and senior managers it was evident that the decision to apply for secure authorisation was often reached at the end of a process through which a range of alternative options had been tried. Though the same

principles seemed to apply generally, details of procedure and approach differed across local authorities.

4.2.3 Varied kinds of very pro-active approach were described in three of the eight authorities in which managers were interviewed. For instances, a first line manager gave the following account of typical practice in his own team:

*We obviously know what the Intensive Support projects are in our area....We use our Resource Screening Group which sits on a weekly basis within the team to access the intensive community support. We can manufacture resources, we can use our initiative, our imagination, because we have sessional staff whom we tap into. We can also tap into a drug project based in the team.*

*There are dozens of young people who would probably come very close to fitting the secure criteria for secure accommodation and I think that is where we use our experience and expertise, our ability to manage risk with the resources we have got. That is where we would use our resource screening group and argue a fairly strong case and we would say 'Yes, the person is beginning to meet the criteria but I think we want to explore these other avenues now. We believe the risk is manageable.' And this is where, you know you do rely on the hairs on your neck standing up. You do rely on your stomach. That sounds very trite, but I think that type of experience does come into play. And what I have usually found is that where a social worker and senior are sitting discussing a case with each other and the concerns are on-going, we usually reach that point about the same time. 'We have really taken this as far as we can, we are becoming quite worried now. Right let's move on to the next stage.' But in between times you are looking at the Resource Screening Group backing you up in terms of accessing resources that are maybe going to cost money. But you are arguing that it's cheaper than placing in security and it's better than a child being locked up. ( S.W. manager 10)*

4.2.4 The same respondent went on to explain that this way of working might continue during the period between seeking secure authorisation and a place becoming available. On occasion, he said, young people responded well enough to avoid taking up the place once it was offered. This kind of practice lends support to the view that the point at which a young person requires security emerges out of the experience of using resources to try and keep young people safe in the community, rather than a more static or objective assessment of risk.

4.2.5 Practising in this way required a reasonable range of alternative resources and organisational structures through which these could be flexibly accessed and funded. It also required that staff were experienced and knowledgeable enough to assess and manage risk safely. This decision-making practice corresponds with a high emphasis on avoiding restrictions on young people's liberty, so that secure accommodation was viewed as only warranted when all other options had been tried.

4.2.6 In other authorities, whilst secure accommodation was still considered a ‘last resort’, it was also described as a potentially useful part of the care plan. The differences between this point of view and the first one were subtle, but seemed to hinge on whether a placement in secure accommodation could be expected to produce benefits, over and above those associated with keeping the young person safe, which could not be offered anywhere else. The following quotation is from a manager who described an equally dynamic process, but with less emphasis on proactively trying a range of alternative resources and underpinned by an expectation that the secure placement would be of benefit in itself:

*‘A lot of the kids that go into secure accommodation come from our own residential units.... people have been trying to work with some quite challenging behaviour and difficulties. And sometime, rightly or wrongly staff would see children going into secure not as an alternative, but as a helpful option. Like a girl for instance who goes missing all the time. There has been a lot of sexual stuff, she has been raped or whatever.. so it [secure placement] would be part of the plan to try and settle the thing down, with the expectation that the child would then go back to the unit they were in. (S.W. manager 7)*

4.2.7 Within the last example it might be argued that the secure accommodation option was considered beneficial when the level of risk became higher than unit staff felt they could manage. A manager in another authority claimed that residential schools’ unwillingness to manage risk, especially in relation to young people who used drugs, could put pressure on local authorities to take the view that the risk had to be managed in secure accommodation. Correspondingly, another manager whose local authority directly managed a residential school talked of having the authority to decide that a school could continue to work safely with a young person rather than accept the staff’s view that a secure placement was needed. With independent schools, there had to be more negotiation of what schools could or should tolerate.

4.2.8 From a range of perspectives it emerged that in most instances the decision that a young person merited secure authorisation was reached by professionals when it was decided that the current level of risk could not be safely managed within the resources available. Thus thresholds were not absolute or objectively determined, but rather negotiated through the relationship between the young person’s behaviour and perceived needs and perceptions of what could be managed in available resources.

### **Children’s Hearings**

4.2.9 Decision-making within a children’s hearing was necessarily very different from that which took place by professionals, as the hearing deciding about secure accommodation is normally a single event rather than an on-going process, and panel members have to make their decision on the basis of the information presented to them on the day. Panel chairs, reporters and social work managers were asked whether social workers and panel members were generally in agreement about whether a secure placement was required. Virtually all said that there was agreement in most cases. Some panel chairs said they were keen to respect the professional judgement of social work colleagues and one said that in their authority an agreement

had been reached that social work services would always implement secure authorisations. The panel chair thought that, with this assurance, panel members thought very carefully before going against a recommendation, but also acknowledged that the number of secure admissions in the authority had significantly increased. Other panel chairs emphasised that they made the decision based on the best interests of the child rather than the social worker's recommendation and it was acknowledged that differences of opinion did occur in a minority of cases. When differences did arise it was more usual for the panel members to opt for secure authorisation against the social workers' recommendation rather than be reluctant to agree a request for authorisation.

4.2.10 Asked for reasons for difference of opinion arising, a number of panel chairs attributed this to panel members being unconvinced that the measures put in place by social work staff were sufficient to keep the young person safe. A number took the view that social work services were motivated by keeping down costs, whereas panel members would advocate for what was in the best interests of the young person. Some panel chairs spoke positively about the potential benefits of a secure placement, so in arguing that a secure placement was required, they saw themselves as advocates for young people rather than punitive. Others pointed out that the situations could be very fluid, changing on a day to day basis, so that by the time a family came to a hearing, the situation may have changed from the one on which the recommendation was based.

4.2.11 Most social work managers also acknowledged that there were times when panel members opted for secure authorisation, but social workers thought it was unnecessary. Three reasons were offered: panel members' reluctance to work with as high a level of risk as social work staff felt they could manage; unrealistically positive expectations of the benefits of secure accommodation and a tendency to threaten secure accommodation if the young person did not comply with previous requirements and then feel bound to raise the tariff:

*They have a different view about the level of risk, that's one issue. And the other issue is whether they feel that attempts to address that would be better served by secure. I think some panel members have an unrealistic view of secure accommodation. And I think there is also a problem for some of them in accepting a youngster's failure to respond to previous decisions. So they get caught in this tariff situation 'if you don't improve you will come back here and something else will happen' And lots of these kids can't keep to that kind of contract.*

*( S.W. manager 9)*

*Sometimes you get an over reaction 'I want this child locked up' and we are saying 'oh wait a minute, though this is the plan. We know there is a risk here, but we are trying to manage that. The care plan is working, it might be slow, we want to think about it, but we don't want to lock this child up'.*

*(S.W. manager 10)*

4.2.12 Neither reporters nor social work managers thought that cost considerations would stop a local authority from requesting secure authorisation if it was required.

Indeed in one local authority managers were authorised to spend up to the cost of a secure placement on putting together an alternative package. Some of the managers knew that panel members believed cost considerations came into play, but insisted that this did not apply if the need for physical security was clear.

### **3. RESPONSES TO THE VIGNETTES**

4.3.1 Another perspective on decision-making was obtained by asking respondents how they would expect to respond in situations described in four vignettes. The vignettes were completed by social work managers, panel members and reporters, so they offered some insight into whether differences in threshold could be identified within different professional groups. The vignettes were fictitious, but drew on the kinds of circumstances encountered by young people who took part in the study. They are reproduced in full Appendix 1. Key questions put to the respondents were:

- how likely is it that the young person would be admitted to secure accommodation?
- what considerations would be taken into account in making that decision ?
- how would you expect the young person to respond in secure accommodation?
- what outcome would you expect for the young person in the longer term?

4.3.2 Social work managers readily engaged with the scenarios depicted in these vignettes, so discussing them offered a useful window on how the myriad of relevant considerations might be taken into account and prioritised. Some panel chairs had a similar capacity to identify and weigh up competing influences on their decisions and think realistically about what the consequences might be. Others found it much more difficult to deal with the hypothetical nature of the exercise, to weigh up a range of considerations and thought that it was impossible to predict how young people were likely to respond. As a number pointed out, individual panel members were not often asked to consider whether secure authorisation was required. Reporters' responses also varied, but as some pointed out, it was not part of their role to make these decisions.

#### **Vignette 1 : Julie**

4.3.3 Julie was a 14 year old who had recently been admitted to residential accommodation at her mother's request. She had been going missing at times, staying away from school and using drugs. Her parents had separated and she had been living with her mother since she was eight, but still had contact with her father and his new family. After moving into the residential unit her problems had escalated, in particular going missing more often. On one occasion she had been found unconscious and when taken to hospital was under the influence of drugs.

#### Likelihood of admission

4.3.4 Of the 18 responses on Julie, all but four said it was probable or possible that Julie would be placed in a secure setting. The exceptions were two panel members

who thought she should be admitted to secure accommodation and one panel member and social work manager who thought she should not be admitted.

#### Considerations taken into account

4.3.5 The considerations which would make it more likely that she would be admitted were worries about her safety. Several people suggested that, as a female, she was vulnerable to sexual exploitation, so that she would be more likely to be placed in secure accommodation than a boy in the same circumstances. One social work manager pointed out that this is potentially a 'life and death situation', so that panel members would be likely to want to reduce the risk, though the social work care plan would not be to opt for secure after just one incident. However most panel chair respondents were also reluctant to move to a secure placement unless the behaviour was repeated or it became evident that she had become embroiled in a criminal network which it would be difficult to break from. So secure would not be merited by a one-off incident, but only once it became clear that the risks which resulted in her admission could not be managed in an open setting. Were she to be found unconscious again, it was thought that admission to secure accommodation would be a much more likely follow-up.

#### Young person's likely response to secure placement

4.3.5 Reasons given for not placing the young person in a secure setting also centred round a view that the experience would be distressing and would not facilitate the work which needed to be done to keep her safe in the longer term. The main need identified was to find out what difficulties underpinned the change in her behaviour. Was it peer pressure or were there more fundamental difficulties relating to her family circumstances and relationships? There was a view that the secure environment would not be conducive to undertaking this work, partly because Julie would be anxious and overwhelmed. Some social work managers believed that it was unrealistic to think that this kind of work would be prioritised in a secure setting, a more likely experience being that she would go through the placement without any real work having been done. It was suggested that she needed to feel personally cared for, so that foster care would potentially be a better option.

4.3.6 A number of social work managers and panel members wanted to move her back out of residential accommodation, rather than into a more restrictive environment. Getting her mother on board was viewed as key to potentially rebuilding the positives in her life.

#### Longer-term prognosis

4.3.7 There was a general view that the long-term prognosis would be better if the young person remained in a community setting. The key was to support her to build on the positives and there was hope this might be possible because she had known stable relationships and her earlier life had been relatively problem-free. However she was, as one respondent put it, 'sailing close to the wind' and could easily become a candidate for secure placement.

4.3.8 Most responses across local authorities and respondent groups encapsulated the tensions as outlined above. There were however subtle differences in how people discussed the examples. Some spoke with an urgency and energetic commitment about what would need to be done to help get this young woman back on track. Others took a less proactive stance which was more about waiting to see how events would unfold and whether the young person would be willing to engage.

### **Vignette 2: Tom**

4.3.9 Tom was a thirteen-year old boy whose mother died from a drug overdose when he was four. Thereafter he had been in a number of foster placements which did not work out, largely because of his aggressive behaviour. He had spent the last two years in a children's unit where he gets on well with his female key workers who takes a lot of interest in him. He attends a residential school on a day basis and with some fellow pupils has recently been involved in a number of serious offences. These include mugging an old woman, stealing a car (in which Tom was a passenger), vandalising a bus and assaulting a 15 year old boy whose injuries required hospital treatment.

#### Likelihood of admission

4.3.10 Two panel chairs and one reporter thought Tom should be admitted, two panel chairs and three social work managers thought he should not be admitted and the other respondents thought it was possible, but could probably be avoided at this stage.

#### Considerations taken into account

4.3.11 Respondents approached Tom's situation in two quite different ways. All social work managers, some panel chairs and a reporter considered the impact on Tom of being removed to secure accommodation. They readily acknowledged that there were some very positive elements in his current situation, notably reasonable continuity in the residential unit and a meaningful relationship with his key worker, and were concerned about disrupting these. In contrast, some panel chairs focused primarily on changing the circumstances which were promoting the offending, so wanted his placement at the school to be reviewed or thought that a move to a secure placement might be beneficial. A few respondents mentioned that, in view of his age, an alternative should be sought if at all possible.

4.3.12 All respondents acknowledged that the offences had been serious and that, if they continued, secure accommodation would be likely. One panel chair took the view that the seriousness of the injuries to the young man who had been assaulted would influence whether Tom should be placed in secure accommodation.

4.3.13 Whatever their point of view, virtually all respondents pointed out that Tom needed help with the many issues which had made his life difficult. Those who favoured secure accommodation thought this might provide an opportunity to offer this help, others emphasised the need to boost community supports. A few social work managers also suggested that he might respond to a restorative justice approach and some additional input from a Youth Justice Team.

### Young person's likely response to secure placement

4.3.14 Only two panel chairs thought that Tom might respond well to the structure of a secure placement and that this might provide an opportunity to sort out his many difficulties. However these respondents also acknowledged that this would depend on skilled help being offered and that this might not be available during the secure placement.

4.3.15 Others were concerned that Tom would be influenced by others more involved in crime and/or that his anger at being locked up would result in a lot of aggressive behaviour and so potentially take him deeper into the system.

### Longer term prognosis

4.3.16 The majority agreed that the prognosis would be better if Tom was not admitted to secure accommodation, because admission would threaten the modest opportunities he currently had for establishing meaningful relationships and some continuity. The priority for social work managers and a number of panel chairs was to build on these, whilst also helping him address painful aspects of his earlier life and face up to the consequences of offending.

4.3.17 Less positively, one panel chair took the view that *'his life had been mapped out for him since he was four'* and there was a more general acknowledgement his situation could easily *'slide out of control'*. Most respondents emphasised that this was a critical stage and that decisions taken and help offered now would significantly shape Tom's future.

### **Vignette 3: John**

4.3.18 John was a fifteen year old who was due to appear at a hearing, having been charged with six car related offences, including driving a stolen car when under the influence of drugs. Several members of his family had a history of offending and John himself had first been referred to the reporter for shoplifting when aged ten. He had been on supervision since the age of 12 and recently took part in a group work programme addressing attitudes to offending. He was an active group member, but says he plans to continue to commit crimes. He has been excluded from school for disruptive behaviour, but is bright and particularly talented at art.

### Likelihood of admission

4.3.19 Panel chairs were equally divided on whether John would be admitted to secure accommodation or not, as were reporters, though they were also concerned with whether the case would have be dealt with by the Procurator Fiscal. None of the social work managers thought John should be placed in secure accommodation.

### Considerations taken into account

4.3.20 The seriousness of the offences and potential for future harm were the main considerations which prompted respondents to view secure accommodation as an



appropriate option. Fears that admission to secure accommodation would be unhelpful or have negative effect were the basis of arguments against. One panel chair thought that he was a 'lost cause', so resources would probably not be spent on him. Another thought that there would have to be more volatility in his life and risk to himself for secure authorisation to be considered. Thus for different panel members, the seriousness of the offences, likelihood of the placement being effective and level of risk to self were the key considerations which came to mind in making their decision.

#### Young person's likely response to secure placement

4.3.21 With the exception of one panel chair, no respondents thought John would benefit from being admitted to secure accommodation. The consensus was that he would view it as a sentence and work his way through it without being affected. Admission to secure accommodation was viewed as unhelpful because it would confirm his view of himself as a criminal.

#### Longer term prospects

4.3.22 Because John was bright, most respondents thought there was hope for him if someone could reach through his 'bravado' and get him interested in a life other than crime. A car crime project to promote an interest in car mechanics was suggested by both panel chairs and social work managers, with only one reporter commenting on the possibility of building on his artistic and creative potential. Addressing John's and his family's attitudes to crime was viewed as important, but challenging. Some of respondents emphasised that work with John should be based on his particular experience, attitudes and options, rather than relying on a standard programme. There was a consensus that this kind of work could not be done in a secure setting. Should it prove not possible to engage with John in the near future, there were fears that his prediction that he would remain a criminal might prove correct.

#### **Vignette 4: Jane**

4.3.23 Jane was 15 years old. Her early life had been very unsettled, with a history of parental substance misuse and neglect. Her sister had disclosed sexual abuse. Jane had been accommodated for ten years in a number of foster placements, having been with her current carers for three years. Recently she has been self-harming and spending days away from school. She has started to see a psychologist, but sometimes misses appointments. Her foster carers are worried that they cannot manage this level of risk.

#### Likelihood of admission

4.3.24 Only one panel chair thought that Jane would be admitted to secure accommodation, with another four respondents thinking it was probable or possible. All the others thought admission to secure would be unlikely unless the situation deteriorated.

### Considerations taken into account

4.3.25 The potential for self-harm was the reason why some people thought a secure admission might be required. It was considered important to know where she went when she missed school, since that might indicate that the level of risk was greater than suggested in the account provided. However most respondents thought that with increased support to herself and carers, the situation could be safely managed in an open setting. The priority was to find ways of identifying and addressing the causes of the self-harm, which a number of respondents considered attributable to previous abuse or trauma.

### Young person's likely response to the secure placement

4.3.26 Most respondents suspected that Jane's mental health would deteriorate in a secure placement and that the impact would be negative. No-one thought that Jane would be likely to address personal and traumatic issues in secure accommodation, and one panel member pointed out that a patient and supportive approach was called for, rather than trying to force her to face difficult issues. However another panel member thought that admission to secure accommodation might help Jane get the intensive mental health resources she needed.

### Longer term prospects

4.3.27 A number of respondents felt they did not know enough about what was causing Jane's difficulties to predict how she would fare in the future. However, the predominant view was that if her foster placement could be sustained and appropriate help provided to deal with the self-harming, her future would not be too bleak.

4.3.28 The discussions prompted by these vignettes provided insight into how respondents approached decision-making, weighing up competing considerations and according each a relative value. For most informants this involved balancing the need for safety against the perceived drawbacks of an admission to secure accommodation. The exercise revealed greater diversity of opinion among panel members than social work managers. However in a number of instances, panel members were more thoughtful and prepared to work with risk than the social work managers expected them to be.

## **4 AVAILABILITY AND ACCESS TO SECURE PLACEMENTS**

4.4.1 In most interviews with social work managers and panel members, it was acknowledged that secure places could be difficult to access. However, while this highlighted the demand on existing places, managers were reluctant to argue in favour of an extension of the number of secure places in existence. It was noted that if more places were created, then more young people would be admitted to security: *"if you keep increasing places, you will keep filling the beds"* and *"more beds will be filled because they are there"*. Some panel chairs took the same view *if there were a 200 bed unit to open tomorrow, it would be filled within a month and I don't think that's*

*the way to go*". The implication was that demand for places rises to fit with supply, rather than vice versa.

4.4.2 However others were inclined to think that more beds were in fact needed:

*"Well I think you need more places because at the moment it's extremely difficult. Young people have to be really far down the line, they have to be behaving in a way that's totally out of control before they get there"*

*(Panel chair 1)*

*I think we need more places because at the moment there are children who meet the criteria, but can't get a place because places are full.*

*(Panel chair 4)*

4.4.3 One panel chair differentiated between 'secure accommodation' in which he thought there were already plenty of places and 'accommodation with security' by which he meant small well staffed units which were not necessarily locked, but could hold children who were self-harming or running away and help address their difficulties. He thought the latter needed to be increased. Among social work managers there was a similar view that smaller, local provision needed to be augmented

*"I think there is a need for local places. Whether there is a need for more places is another matter altogether".* (S.W. manager 5)

*"I think we need to have more smaller close residential units that can be used on a short-term basis to avoid the crisis escalating to when it's one continuous crisis you know. If we can deal with crises quickly, I think we could avoid it so I think we need good staff in small residential units which can be used in emergency and crisis situations.* (S.W. manager 8)

4.4.4 There was a strong consensus that it was difficult to access secure places at the point when they were needed, though views differed on how this situation should be remedied. Refining the system through which places were accessed was one proposal.

### **Accessing Secure Placements**

4.4.5. One of the main issues for managers and panel members was that they had little or no control over the process through which placements were allocated. Either a central manager or individual social workers were required to phone around units to check whether and when a place might be available. They had no idea what other young people were competing for the places, so had no idea of what priority would be accorded to the young person they needed to place. This lack of control and transparency made it seem an ineffective way of allocating expensive placements for very vulnerable young people, so some respondents wanted a more centralised system. One respondent stated:

*“It is a lottery. (...)I do find it quite ridiculous that in this day and age we are still doing a kind of phone round of secures if we have got a kid who we think is a priority in terms of safety, security, that we have got to phone places and then fax off reports or what have you. There should be some sort of system within Scotland prioritising Scotland’s most vulnerable young people. I am not saying that our child should take priority, but someone should have a view as to whether a child in Paisley or Glasgow is a priority case. It is an absolute lottery”.*  
(SW manager 5)

4.4.6 Unit managers interviewed indicated that a range of considerations were taken into account when deciding which young person should take priority. Whilst the assessed level of risk was a key consideration, staff also had to consider how the young person would fit with the current resident group.

4.4.7 Access to places was affected by the geographical position of authorities and the closeness of their relationship with secure establishments. Local authorities outwith the central belt talked about experiencing greatest difficulty in obtaining secure places. Managers who indicated that they generally managed to secure a place when required noted that this was often due to good working relationships between staff in their authority and the secure units. It was suggested that these could be based on the credibility of referring social work teams and shared agendas between workers in the community and secure units in terms of defining ‘appropriate’ referrals and levels of risk. One respondent acknowledged:

*“ I think often if you have had a good relationship with a unit they will try harder to assist you or they will give you some notion of when a placement might become available and they will perhaps earmark that for you. But I think that relies on a bit of goodwill, personal relationships, professional relationships...but it is not a terribly easy system, you know”.*

(SW manager 6)

4.4.8 It was suggested that there was a need for consistency in access to secure places and that the Scottish Executive should have greater responsibility for inspecting the decision-making process in relation to admissions.

4.4.9 In local authorities which had their own secure provision, the situation was very different. Though the same system of competing for beds might apply among social workers, the allocation of available resources was controlled by managers within the same authority. Social workers could be told when a place was likely to be available, and what priority their young person had in relation to others. Thus the prioritisation process was more transparent. No local authority was completely self-sufficient, but the three which had their own provision had much more control over the use of secure accommodation. In addition to being able to prioritise young people waiting for places, local authority managers could decide to move towards discharging a particular young person in order to free up a space.

4.4.10 There were some indications that having some control over the use of secure accommodation influenced how it was used. The authority where most young people

were placed in its own secure provision was the only one in which nearly all staff, whatever their role, talked about using secure as a positive option within the care plan for certain young people. How their access to secure accommodation impacted on differences in practice among local authorities will be discussed in more detail at the end of this chapter.

## **5. KEY FINDINGS FROM THE SURVEY OF YOUNG PEOPLE MADE SUBJECT TO SECURE AUTHORISATION**

4.5.1 It is clear that in interviews with key stakeholders, there was a strong message that it was difficult to access secure places when they were needed. Yet the research team had found it very difficult to identify young people who had not gone into secure accommodation after being seriously considered for or made subject to secure authorisation. In order to clarify what had happened to young people after an authorisation had been made, the study incorporated a survey of placements of young people made subject to secure authorisation during a 6-month period. The findings were reported in detail in an interim report submitted in June 2004.

4.5.2 Information was obtained on all young people made subject to secure authorisation during a 6-month period and subsequent placements. Information was requested from the Scottish Children's Reporters Administration (SCRA) and from all local authorities, each being asked to provide brief details of young people made subject to secure authorisation by a children's hearing between July and December 2003. The return date was 20<sup>th</sup> February 2004. Initials and dates of birth were provided to allow for cross-referencing across the two sets of information. Any discrepancies between SCRA and local authority returns were checked out with one or both agencies until a consistent picture emerged.

4.5.3 A total of 104 young people, 59 boys and 45 girls, had been made subject to secure authorisation by a children's hearing during the study period, of whom 79 had been placed in secure accommodation by the time the survey forms were completed. The remaining 25, i.e. just under a quarter, had remained in the community or in an open residential setting. During the survey period, at least one secure authorisation had been made in 23 local authorities. In ten of these 23 authorities, at least one young person made subject to secure accommodation had not been placed in a secure setting at the point by the time the survey return was completed. With the exception of September during which only one had been made, the authorisations had been evenly spread across the six months of the study period.

### **Young People not Admitted to Secure Accommodation**

4.5.4 The 25 young people who had not been admitted to secure accommodation ranged in age from 12 to 17 years, with almost a quarter (n=6) aged 12 or 13.

### **The Secure Authorisations**

4.5.5 A warrant had been issued in respect of 20 young people, while in four instances a secure condition had been added to a residential requirement (information on one young person was missing).

4.5.6 Of the 20 warrants, three had been continued once, two when the first warrant expired and one after a gap of a few weeks. None had been continued more than once. In two instances the secure authorisation attached to a residential supervision requirement was retained (after three months) because this was helping the young person to control his or her behaviour.

4.5.7 Details of the grounds for the secure authorisation were provided in relation to 23 young people, but these were described very briefly, so only provide a rough guide as to what the concerns were. In one case the young person was described by the social worker as having committed a particularly 'nasty' crime, but social work managers had been clear that he did not meet secure criteria. An additional two young men were offending in the community and this was cited as contributing to the grounds for the secure authorisation. In the remaining 20 cases the most common concern was that young people were running away from their current placement and were consequently at risk. In relation to girls, worries typically centred around sexual behaviour and vulnerability. Similar concerns about risk in the community applied to three boys. Violence or disruptive behaviour in their current placement was mentioned as an issue for six boys. Drug or alcohol misuse was mentioned in relation to only three young people, but it is likely that substance misuse was more common and that, in the brief details provided, concerns about this were subsumed under more general references to risk taking behaviour.

#### Placement following secure authorisation

4.5.8 Information on placement following the secure authorisation was available in relation to 22 young people. Most had been accommodated in a form of residential care, either a residential unit (11), residential school (6), or close support unit (2), but two had remained at home and one in foster care. In most instances there had been no change of placement. Based on follow-up contact with social workers, we were informed that three of the 22 young people had been admitted to secure accommodation after the survey forms had been returned, in each case by the end of May 2004.

#### **Reasons why no secure placement had been made**

4.5.9 Reasons why no secure placement had been made had been made were given in respect of 22 young people. These were classified as follows:

Situation improved/ risk reduced before a place became available	11
No placement available	4
Secure not considered in the young person's best interests	4
Young person did not meet secure criteria (decided by secure screening group or social work managers)	3

4.5.10 Thus in most cases the placement did not proceed because a vacancy could not be identified (15 out of 22). In the majority of these instances the situation was said to have improved, suggesting that the unplanned alternative arrangements had been at least partly effective.

4.5.11 Of the eleven whose situation had improved before a place became available, six were girls and five were boys. They spanned the age range from 12 to 16. Nine did not have a warrant renewed, while in two cases the warrant was renewed once. Thus for most young people the risks had reduced within three weeks. In some instances it was suggested that the impending threat of secure placement helped the young person control their behaviour. Whatever the circumstances, a children's hearing had decided, in most instances within three weeks, that the young person no longer met secure criteria. At the time the survey was undertaken, their current placements were Residential Unit (7); Close support (2) Residential school (2).

4.5.12 For other young people, social work managers had decided that the young person either did not meet secure criteria (3) or that a placement in secure accommodation would not be in the young person's best interests (4). Those who were not thought to meet secure criteria were all boys: one remained in the residential school where he was difficult to manage and two stayed at home. We learned later that the boy sustained in residential school had been admitted to secure accommodation after the end of the survey period. Of the four young people for whom social work staff decided secure placement would not be in their interests, three were male and one female. They ranged in age from 13-15. In each case it was thought that the young person would be vulnerable in secure accommodation and that he or she should be sustained in an open placement with increased support. Two were in a residential school and two in a children's unit.

4.5.13 For four young people, three 15 year old boys and one 14 year old girl, no placement had been available, but continued to be required. The girl had been admitted to secure accommodation by the end of May 2004. As far as we know, one boy remained in a children's unit, one in a residential school, and one went home.

#### Young People admitted to secure accommodation

4.5.14 A total of 79 young people, 44 boys and 35 girls, had been admitted to secure accommodation. The age range was 11-17, with a third aged 13 or younger.

#### Authorisations and Admissions

4.5.15 On the basis of information provided from local authorities and SCRA, it seemed that in just over a quarter of instances a secure condition was added to an existing supervision requirement, with a warrant being issued for the remainder. Where a warrant had been issued, the SCRA information usually indicated that this had been under sections 66 (1)(a) and 66 (2) (b), with a secure condition added.

4.5.16 A total of 16 young people had been first admitted to secure accommodation on the authority of the chief social work officer. The administrative route had been used in five local authorities, but half taking place in one authority. It seemed that this route was used in circumstances where the secure screening group had already agreed that secure placement was warranted, with administrative authorisation being sought when a place became available. No information was available on the time gap between the screening group decision and the young person's admission. All 16

young people admitted by the administrative route had been placed in a secure unit on the same day as the authorisation was made.

4.5.17 The remaining 63 young people had been admitted to secure accommodation following a children’s panel’s decision. Information on the gap between authorisation and placement was available in relation to 53. Thirty-five (66%) had been admitted to secure accommodation on the day the hearing made the authorisation. Of the 18 who were not admitted on the day of the hearing, half (n=9) were admitted within a week, three having been found a place within one day. Five young people had awaited a placement for more than three weeks, one for three months. Four young people had been admitted to English units because no Scottish places were available. Three had remained there for as long as the secure placement had been required, and one returned to Scotland when a place became available.

4.5.18 In Table 1, details are summarised of the gap between authorisation and placement for the 69 young people on whom information was available:

**Table 1 : Gap between secure authorisation and placement (Information on 69 of 79)**

Admitted on the same day <sup>7</sup>	51 (74%)
Admitted within a week	9 (13%)
Admitted within three weeks	4 (6%)
<u>Admitted within 3 weeks- 3 months<sup>8</sup></u>	<u>5 (7%)</u>
Total	69

4.5.19 At the time when the survey was completed (2-8 months after the admission) 43 of the young people (55%) were still in secure accommodation, with a further three having been discharged and readmitted.

**Comparison of characteristics of young people admitted to secure accommodation and those who remained in an open setting.**

4.5.20 Comparison of the characteristics of both sub-groups indicated no significant gender bias. Girls accounted for 43% of the young people made subject to authorisations, 44% of admissions and 40% of the group who remained in an open setting.

4.5.21 There were indications that young people in certain age groups were more or less likely to be admitted, though with the small numbers involved, these are reported as interesting trends, rather than because they have any statistical significance. Not surprisingly, young people aged 11-12 were least likely to be admitted, with only 2 of the 6 made subject to secure authorisation having been placed in a secure setting.

<sup>7</sup> Includes 16 young people initially admitted on authority of chief social work officer. Includes three young people admitted to an English unit because no place was available in Scotland

<sup>8</sup> Includes one young person admitted to an English unit until a place became available in Scotland.



This presumably reflects an unwillingness to place younger children in this setting and vigorous efforts to find alternatives. However the situation with 13 year olds was somewhat different, with 92% of this age group, including all girls, being admitted. Although no gender bias was noted over the whole sample, there were indications that among this younger age group, girls at risk were very likely to be admitted to secure accommodation. Of girls aged 11-13 made subject to secure authorisation, all but one of thirteen (92%) had been placed in a secure unit. Among boys in the same age group, the proportion admitted was 72% (n= 13 of 18).

4.5.22 Turning to the older age groups, the trend was to some extent reversed, with 82% of boys and 75% of girls aged 15 and over being admitted to secure accommodation. Age 14 seemed to mark the breakeven point, with the secure authorisation being implemented in relation to approximately two thirds of both males (62%) and females (66%). Details of comparison of the two groups by age and gender are in Table 2:

**Table 2: Authorisations and Admissions by Age and Gender**

Age	Boys with secure authorisation	Boys admitted to secure (% of all authorisations)	Girls with secure authorisation	Girls admitted to secure (% of all authorisations)
11-12	4	1 (25%)	2	1 (50%)
13	14	12 (86%)	11	11(100%)
14	13	8 (62%)	12	8 (66%)
15	24	20 (83%)	14	11 (78%)
16-17	4	3 (75%)	6	4 (66%)
<b>Totals</b>	59	44	45	35

### **Implications of the survey findings**

4.5.23 The survey findings indicated that the number of young people made subject to secure authorisation and not placed there were lower than the 90 per year which had been estimated at the time when this research began.

4.5.24 In addition it was evident that most young people made subject to secure authorisations but sustained in the community were not in contact with intensive support services. More usually they were sustained in their existing open residential placement.

4.5.25 It was beyond the scope of this survey to assess the extent to which young people remained at risk or continued to present a risk while not in a secure placement. However almost half of those not admitted were considered to no longer need a secure place when one became available, which does suggest that it had been possible to reduce the level of risk without recourse to physical security. Had a place been available within three weeks, eleven young people who had been sustained in an open setting would have been placed in secure accommodation. Of those placed in secure accommodation, over half were still in placement when the survey was completed two-eight months later.

4.5.26 In terms of the issues raised in interviews with key stakeholders, the results of this survey lend support to the view that there is no absolute standard against which it can be judged whether a young person meets secure criteria or not. Whilst there are evidently some young people who require physical security because they are in serious danger or present a serious risk to others, there is also a significant group for whom the decision about whether they require secure accommodation or not rests on the capacity of other resources to adequately support them and manage the risk they present. In interviews with stakeholders some social work managers described the incremental ways in which they tried to support young people and 'run with the risk', until it became evident that the risks remained unacceptably high, even when all available resources had been tried. Thus boosting workers' capacity to assess and manage risk will be a means of enabling some young people to remain in an open setting.

4.5.27 The results of the survey are also consistent with requests made by stakeholders for an increase in locally based high support residential units which could cope with young people putting themselves at some level of risk.

## **6. DIFFERENCES ACROSS LOCAL AUTHORITIES**

4.6.1 Taking into account views expressed by social work managers in interviews, the findings of the survey of secure authorisations and the research team's experience in recruiting young people to the study, it became very clear that decision-making in relation to secure accommodation and the role it played in relation to other service provision differed across local authorities. Four features were identified as strongly influencing how secure accommodation was used: a) ease of access to places; b) the availability of alternative resources which offer intensive support; c) views about the role of secure accommodation; d) practice in and attitudes towards risk management. These influences are not isolated variables, but rather interact to shape how secure accommodation comes to be viewed and used in any authority.

4.6.2 On the basis of the stakeholder interviews and information about patterns of admission, four different local authority approaches were identified:

1. Ready access to secure accommodation, coupled with relatively low access to alternatives and a belief that, though a last resort, secure accommodation can be a positive option;
2. Ready access to secure accommodation, coupled with well developed alternatives and a strong reluctance to place in secure accommodation;
3. Difficulty in accessing secure accommodation, coupled with a strong reluctance to place in secure accommodation and emphasis on developing open and community-based alternatives;
4. Medium difficulty in accessing secure accommodation, with a moderate willingness to use it and moderate commitment to developing alternatives.

4.6.3 In this context, ‘alternatives’ include access to open residential provision which can manage young people with challenging behaviour.

4.6.4 Interviews with front-line staff and managers indicated that decisions about the use of secure accommodation were taken very seriously, but approached differently depending on the considerations outlined above.

4.6.5 Whilst all the authorities which took part in the study could be allocated to one or other of the four categories, our primary consideration concerns the differences between the first two approaches, since these characterised the two city authorities who were key contributors to the study. Throughout the rest of the report these will be referred to as city authority A (approach 1) and B (approach 2).

4.6.6 The distinctive use of secure accommodation in city authority A proved particularly relevant to this study, because young people from that authority formed a disproportionately high proportion of the secure sample. This can be attributed in part to a higher level of recruitment in that authority’s units than any other, but the use of secure accommodation within the authority was also relatively high. Where particular trends or outcomes are affected by this bias, attention is drawn to this throughout subsequent chapters.

4.6.7 However it would be wrong to think that, apart from city authority A, a ‘standard’ or ‘typical’ use of secure accommodation can be identified. Because the use of secure accommodation was shaped by the considerations outlined above, distinctive trends could be identified in each authority. Attention is being drawn to city authorities A and B because of their significant role in this study.

## **7. SUMMARY POINTS**

4.7.1 From the range of evidence presented in this chapter it is evident that decisions about which young people go into secure accommodation result from much more than an objective assessment of the young person’s needs and current level of risk.

4.7.2 In interviews with stakeholders some social work managers described the incremental ways in which they tried to support young people and ‘run with the risk’, until it became evident that the risks remained unacceptably high, even when all available resources had been tried. Thus boosting workers’ capacity to assess and manage risk can be expected to be a means of enabling some young people to remain in an open setting.

4.7.3 Learning to manage risk in an open setting had often been prompted by necessity, i.e. when no beds were available. Yet ‘resorting to’ alternatives in these circumstances was viewed in a negative light, whilst ‘choosing’ alternatives shortly before secure authorisation was considered necessary was applauded. The findings in this chapter did not support this distinction since some of the arrangements prompted by necessity had worked well.

4.7.4 A survey of young people made subject to secure authorisation over a 6-month period indicated the number not admitted to secure accommodation was lower than previous estimates. Most not admitted had been sustained in an open residential placement and did not have their secure warrant renewed. Of those who were admitted to secure accommodation, almost three quarters were admitted on the day the authorisation was made and 87% within a week.

4.7.5 Differences in their use of secure accommodation were identified across local authorities, reflecting the following: a) ease of access to places; b) the availability of alternative resources which offer intensive support; c) views about the role of secure accommodation; d) practice in and attitudes towards risk management. Taking these four considerations into account, four local authority approaches were identified:

1. Ready access to secure accommodation, coupled with relatively low access to alternatives and a belief that, though a last resort, secure accommodation can be a positive option;
2. Ready access to secure accommodation, coupled with well-developed alternatives and a strong reluctance to place in secure accommodation;
3. Difficulty in accessing secure accommodation, coupled with a strong reluctance to place in secure accommodation and emphasis on developing open and community-based alternatives;
4. Medium difficulty in accessing secure accommodation, with a moderate willingness to use it and moderate commitment to developing alternatives.

## **PART 2 FINDINGS : THE YOUNG PEOPLE’S EXPERIENCES**

### **INTRODUCTION TO PART 2**

5.1 Having reached certain conclusions in the previous three chapters about the use and effectiveness of secure accommodation and alternative services, we now turn to examine the extent to which these are supported by the experience of and outcomes for young people who took part in the study. As outlined in chapter one, the study recruited two samples: 53 young people who were admitted to secure accommodation and 23 young people who had been considered for secure accommodation, but sustained in an open setting for at least six months. Only young people admitted to secure accommodation on the authority of a children’s hearing were included in the study, not those placed on remand or sentenced by the courts. This, together with a higher response rate from girls, means that young people with predominant welfare needs may have been somewhat over-represented in the sample<sup>9</sup>.

5.2 In reporting the experiences and outcomes of the young people in each sample, the intention is to provide empirical evidence of how issues identified in the previous chapters worked out in practice. As understanding of the nature of the relationship between secure accommodation and ‘alternatives’ developed in the course of the study, it became evident that directly comparing the effectiveness of each form of intervention would not be feasible, partly because of differences in thresholds, but also since most young people who went into secure accommodation also received some kind of ‘alternative’ service. Instead it became more important to understand the relationship between the use of secure accommodation and alternative services and, in particular, how the decision to admit to a secure placement influenced both the young person’s pathways through both services and outcomes.

5.3. For the most part this understanding has been developed by examining the experiences of the young people within the secure sample. Certain data on the same issues was obtained on a sample of young people who had been considered for admission to secure accommodation, but sustained in an open setting. Direct comparison between these two groups of young people is not warranted, because of differences in sample size, recruitment method and means of gathering the data<sup>10</sup>. However there is some value in viewing their experiences as parallel journeys. In order to emphasise that the two samples were not strictly comparable, the characteristics and pathways of each group of young people are reported under similar headings, but in consecutive chapters. Chapters five to seven are concerned with the characteristics and experiences of young people in the secure sample, whilst chapter eight is devoted to those who were considered for secure placement but remained in an open setting.

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<sup>9</sup> Sampling issues are considered in more detail in chapter 1.

<sup>10</sup> see chapter 1 for details.

## **CHAPTER 5: THE SECURE SAMPLE: WHO THE YOUNG PEOPLE WERE AND THEIR ROUTES TO THE SECURE PLACEMENT**

### **1. CHARACTERISTICS OF THE YOUNG PEOPLE**

#### **Age and Gender**

5.1.1. The secure sample was composed of 28 young women and 25 young men, aged from 12 to 16. Details of age and gender are in Table 3:

**Table 3: Secure Sample by Age and Gender**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>(%)</b>
12	1	1	2	(4)
13	6	4	10	(19)
14	9	10	19	(36)
15	5	9	14	(26)
16	4	4	8	(15)
<b>Total</b>	<b>25</b>	<b>28</b>	<b>53</b>	<b>(100)</b>

5.1.2 Girls were over represented, accounting for 53% of the sample, as opposed to 44% of those included in the survey of placements and authorisations. Correspondingly, a smaller proportion of young people aged 15 and over were included in the research than were admitted in the six months covered by the survey. This age group accounted for 41% of the sample, as opposed to 48% of young people included in the survey. The main reason for the bias is that girls were more likely than boys to agree to take part in the study, despite specific attempts to recruit boys in the latter stages of recruitment. It is not expected that this bias will distort the overall findings, since gender differences were tested for on each variable and reported if they applied. At some points there is a specific focus on issues relating to young women. However it is acknowledged that older boys are under-represented and that this is regrettable because they are an important sub-group within the secure population.

5.1.3 All of the young people in this sample were admitted to a secure unit in Scotland between 1<sup>st</sup> October 2002 and 31<sup>st</sup> October 2003. Following admission, their progress was followed for 18-24 months.

#### **Background Circumstances**

5.1.4 Information on background circumstances was obtained from records held within the secure unit, so information was not always complete. Where possible, social workers were asked to fill gaps, but it remains likely that the incidence of some issues such as abuse, bereavement or health issues will be under-reported.

5.1.5 Consistent with previous surveys of the secure population, most young people in the sample had known significant disruption in their family life. Less than a fifth (n=9) could count on both parents as their main carer and almost as many (n=8) had no main carer, so were reliant on social work services for all support. For two young

people the main carers were foster parents who could no longer offer them a placement but expected to keep in close contact. The highest proportion (n=22) were living with a single mother.

**Table 4: Secure Sample- Main Carer**

<b>Main Carer</b>	<b>Number</b>	<b>%</b>
Mother	22	41
Both parents	9	17
Mother and stepfather	8	15
No main carer	8	15
Grandparent	2	3
Father	2	3
Foster carer	2	3
<b>Total</b>	<b>53</b>	<b>100</b>

5.1.6 According to records, a total of ten young people, eight of them boys, had experienced the death of a parent, one young man having lost both his mother and father. Thus over a third of the boys in the sample had experienced parental bereavement. In a number of instances the death had occurred in circumstances which would be expected to be very stressful for the young person, for example resulting from a drug overdose or violent incident. In addition to the young people who had lost a parent through death, a further two young men and two young women had been adversely affected by the death of another close relative, most often a grandparent. This kind of loss would not necessarily have been recorded in case file, so may be underestimated. Overall 40% of the young men in this sample had experienced the death of a close relative. In some instances this had happened when the young person was very young, but in relation to approximately half of the young people, the bereavement was mentioned as having triggered a deterioration in the young person's behaviour or well-being.

5.1.7 All but two of the young people whose mother was still alive still had some contact with her, however only 40% of both boys and girls still had contact with their father. Half of the boys and two thirds of the girls had a sibling who was still in the care of a parent. Correspondingly a third of the boys (n=8) but only four girls had a sibling currently living in another residential placement.

5.1.8 Information on the history of family contact with social work services indicated a very similar pattern for boys and girls. Over half (56%) of both boys and girls had been aged ten or younger, when their families were first referred to social work services. In these cases, reasons for initial referral were primarily concerned with concerns about the child's welfare, parental problems such as drug misuse and the need for parental support. As children became older, reasons for first referral more often related to their behaviour such as offending, truancy or being beyond parental control.

5.1.9 Twelve young women and four young men were known or suspected to have been sexually abused. Records indicated that six of each gender had been physically abused, whilst fourteen boys and eight girls had been subject to neglect at some point

during their childhood. These figures are likely to be underestimates of the level of previous abuse, since detailed background information was not always available in the records consulted by the research team.

5.1.10 Social work involvement had often been lengthy: six years or more in 43% of cases, with a maximum of 15 years. For others the contact was more recent, with over a third of young people (34%) having had a social worker for one to two years and almost a quarter (23%) for three-five years. There were clear gender differences in that 42% of girls, but only 26% of boys had had social work involvement for two years or less.

5.1.11 Reliable information on how long young people had been accommodated was available on 41 young people. All of these had been accommodated at some point prior to the admission to secure accommodation. The time accommodated was: under 6 months (14); 6 months- 2 years (14); 2-5 years (11); 5 or more years (2).

5.1.12 Turning to the onset of problems which had resulted in secure accommodation, these had begun before the age of ten for only one girl, but six boys. These early behaviours had usually related to aggressive and disruptive behaviour in school or nursery, with two boys having been identified as having difficulties as young as three. Over 80% of the girls, but only 40% of the boys had begun the problematic behaviour at age 12 or older.

5.1.13 All the young people on whom information was available (n=50) had had some kind of difficulty in relation to school prior to the secure placement, with 21 (42%) having had problems identified in primary school and the remainder beginning to have difficulties after moving to secondary school. Three boys and nine girls first began to have problems at the age of 13 or 14, so that their earlier education had not been significantly disrupted. The most common school problem, mentioned in relation to just under half of both boys and girls, was non-attendance (total n =25). For a slightly lower number (n=22), problems centred around aggressive and disruptive behaviour. A specific learning difficulty had been identified in relation to nine young people, though this may be an underestimate since the data was collated from care records available at admission, rather than following detailed educational assessment.

5.1.14 Relationships with peers were a dimension in many young people's lives, potentially offering the support and acceptance many young people craved, but also often associated with dangerous behaviour or offending, sometimes as part of a gang culture. Case records seldom contained detailed accounts of peer relationships, and the research possibly paid less attention to these than is merited in terms of their influence on young people's progress.

5.1.15 This information on the background of young people who took part in the study corresponds with profiles of the secure population obtained in previous surveys (Scottish Executive, 2002). Whilst the level of disruption, trauma and deprivation is high for most young people, there are gender differences in the source and development of the difficulties, with girls typically beginning to act out in adolescence, often in response to specific trauma or abuse, and boys having longer standing difficulties. In this sample the level of bereavement among boys is very



high. At the time when they were admitted to secure accommodation, just under a third of both boys and girls could count on a family member who would be willing to care for them when the secure placement ended. Moving to live in their home in the near future was not necessarily considered feasible, but a family member, usually their mother, was in principle willing to accommodate them.

## **2. THE PATHWAYS MODEL**

5.2.1 These background characteristics of the young people constitute the first stage in the pathways model which was developed as a useful framework within which to understand the complex range of factors which influenced young people's routes through services and outcomes. The underlying assumption is that outcomes result from the interaction between the young person's needs and strengths and the nature of services provided at each stage in their lives. Drawing on the notion of resilience, the young person's life route can be conceptualised as one in which protective and risk factors are constantly in interaction. Effective services would be expected to boost protective factors, whilst also minimising the negatives or risks.

5.2.2. The pathways model is consistent with Bullock and colleague's differentiation between the life *route*, which refers to children and their families' actions, and *process* which encompasses actions taken throughout the child's life by professionals in health, social work and education or by courts and children's panels. However by focusing on risk and protective factors rather than 'actions' the pathway model developed here seeks to encompass the influence of structural influences such as how services are provided and the effects of social deprivation. In addition our focus is specifically on the routes towards, around or from a placement in secure accommodation, with a particular focus on the dynamic nature of the journey. For some young people the route is circular in that they return to be considered for or admitted to secure accommodation on more than one occasion.

A diagram illustrating the pathways through secure or around secure accommodation is at Appendix 2.

5.2.3 This chapter follows the young people who formed the secure sample up to the point where the decision was made that they should be admitted to secure accommodation. Chapter six reviews their experience in secure accommodation and chapter seven focuses on how they had fared by the time the follow-up period ended.

### **Implications of the Young People's Background**

5.2.4 Returning to the young people's background it is evident that ways in which risk and protective factors interact is unique to each young person, with scope for positive and negative influences operating within the three key dimensions of family, school and the young person's own personal experience.

5.2.5 Disrupted family relationships were common, but some young people had at least one parent or other relative who remained in close contact with them, whilst others had no-one they could rely on. Yet being able to rely on a parent was not always entirely positive, since some of the most loyal parents were reported to

actively encourage their sons or daughters to offend and/or mistrust any professionals who tried to help.

5.2.6 The difficulties which resulted in a secure placement had inevitably had some disruptive effect on schooling, but the implications were very different for young people who had at least completed their primary education and those who had seldom ever been in school. Capacity to learn, sustain a school or college placement and obtain educational qualifications was evidently a strong protective factor.

5.2.7 How the young person had been affected by and responded to events in their life inevitably depended on their personality and emotional well-being. Young people who had known little stability from birth were likely to have difficulties relating to attachment, such as low self-esteem and capacity to benefit from supportive relationships. The effects of trauma could be equally pervasive, but quite different and susceptible to change by different kinds of help. It was not unusual for young people to have multiple emotional difficulties, so effective service provision needed to be based on sound understanding of the young person's internal world, as well as external elements of his or her life.

### **Routes through Services to the point where secure accommodation was considered**

5.2.8 It was beyond the scope of this study to chart in detail young people's use of services throughout their lives. Information was taken from records on previous episodes in care placements and schools attended, but this was often incomplete. Whilst acknowledging its limitations, this data was analysed in some detail to see whether patterns of routes through services and care placements could be identified across the secure sample. None emerged. Indeed the diversity in the detail of young people's experience was striking. It was anticipated that some patterns might have emerged in relation to the length of time young people had been accommodated, but even within the categories reported above, variation in circumstances and time spent in different types of placement meant no meaningful patterns could be discerned. This analysis was reported to the Scottish Executive research managers early in 2005.

5.2.9 Subsequently the decision was taken to focus only on the year prior to admission to or consideration for secure accommodation. On the basis of this analysis it emerged that an important consideration in their route through services was the placement young people were in at the time they were considered for secure authorisation, that is whether they were: 1) in a residential unit, 2) in a residential school or 3) living in the community, with their own parents, another relative or foster carers. This section outlines the services which had been provided in the year prior to being considered for secure accommodation for young people in each of these sub-groups or 'pathways'.

5.2.10 In the first three chapters of the report, evidence emerged to support the view that decision-making and resource provision in relation to young people in or close to secure accommodation was shaped by decision makers' and professionals' attitudes and access to secure places. It follows that certain pathways can be expected to predominate within certain local authorities. This in turn is consistent with the view that the effectiveness of specific interventions with young people will be influenced

by the service context, as well as the quality of the intervention and individual young person's capacity to respond.

#### Pathway 1 : Young people placed from a residential unit (n=31)

##### *Young People's Characteristics*

5.2.11 A total of 31 young people, 18 girls and 13 boys, were allocated to Pathway 1, including three who had a place in a close support unit when admitted to secure accommodation. Eight were younger than fourteen years old and the remainder 14+. Only three of the eighteen young women were younger than 14 years old.

5.2.12 This was the most common route through which the young people in this sample had come into secure accommodation, especially for young women. Sixty percent of the female sample were included in this pathway sub-group and half of the young men. The young women came from six local authorities, but over half (n=11) were from city authority A. The same authority was also responsible for eight of the 13 young men, so the pattern of service provision for this sub-group inevitably reflects practice there. It is important to point out that the predominance of young people from this authority within this sub-group is in part due to the fact that they are over represented in the study as a whole, because staff there were particularly co-operative in helping recruit young people to the study. However the 6-month survey of authorisations and placements also indicated that, compared with other areas, this authority's use of secure accommodation is relatively high.

##### *Placements in the year prior to admission to secure accommodation : young women*

5.2.13 Detailed information on the previous year's placements was available on 17 of the 18 girls admitted through this pathway. Within this sub-sample, there were two distinct groups: 1) twelve young women who had moved through the system from a less restrictive placement and on to secure accommodation; 2) five who were on route from a previous secure placement, but had been readmitted.

5.2.14 1) Half of the young women in the first category (6) had gone straight from the parental home into a residential unit. One had been at home for only a month of the previous year, two for between three and six months and three for more than nine months. Typically concerns about risk-taking behaviours and/or breakdown in relationships with their parent(s) had led to the placement in a unit, but the difficulties had escalated after being placed there. Three had had one residential placement and three had been in two units.

5.2.15 Of the remaining six young women who had not already been in secure accommodation, three had been at home for part of the year, but had also been in at least one other care placement, foster care or residential school, before moving to the residential unit. Three had moved to the residential unit from foster care, having had no other care placements or time at home in the previous year.

5.2.16 2) Of the five young women who had already been in secure accommodation in the previous year, two were readmitted from close support, having been there for approximately four months. Thus they had not managed to sustain the step-down to a more open setting which close support offered. Two had been in foster care prior to the first secure placement and had moved to a children's unit on being discharged,

whilst one young woman had moved between her home, secure accommodation and the residential unit before being readmitted to a secure setting.

*Placements in the year prior to admission to secure accommodation : young men*

5.2.17 Almost two thirds of the young men (8 of 13) had spent the year prior to admission to secure accommodation between the parental home and the residential unit from which they were admitted to secure accommodation. The length of time spent at home ranged from 5- 11 months. Each had been in the same residential unit throughout the year.

5.2.18 Of the remaining five, one had spent the entire year in a close support unit, one had been in a residential school and two had been in foster care before moving to the residential unit. Only one young man had previously been in secure accommodation, the placement lasting only 6 weeks. The remainder of his year had been divided almost equally between home and the residential unit.

5.2.19 As the above summary of placements in the previous year illustrates, there was considerable variation of experience, even within this pathway. Amongst the majority who had not previously been in secure accommodation, one common characteristic was that the admission to a residential unit had been expected to halt the development of behaviours which put the young person at risk, but had not been able to do so. In a number of cases there had been an escalation of the difficulties.

*Education and community supports in the year prior to admission to secure accommodation*

5.2.20 Over half of the 31 young people in this pathway group were on the roll of a mainstream school (n=19), though attendance had typically been low in the year prior to admission. Of this group, ten received additional support within the mainstream system. A further twelve had been in specialist provision, such as day care or an off-site referral unit.

5.2.21 In terms of community supports, all but four of the young people had at least been referred to a service which would offer additional support to that which might be provided by the statutory social worker or residential staff. Ten young people had been offered one service, nine offered two and ten had been referred to between three and five sources of community based support. The range of services offered was very wide and differed according to what was available in different local authorities. However they could be divided into services offering help in relation to social support and mental health issues. Two-thirds of young people had been offered social support, for example from a drug support, youth justice or community support team, whilst ten had been offered a mental health resource. It was not unusual for young people to resist engaging with these services, an issue which was specifically recorded in relation to 16 of the 31 young people.

Pathway 2: Young people placed from a residential school (n=13)

5.2.22 Thirteen young people in the secure sample, eight boys and five girls, had been admitted to secure accommodation from a residential school. Only four were under the age of fourteen.

5.2.23 Their **patterns of placements** during the previous year had been as follows:

- entire year in a residential school (2)
- year spent between residential school and another care placement (2 foster care, 3 residential unit) (5)
- year spent between home and residential school (5) <sup>11</sup>.

5.2.24 Six young people admitted to secure accommodation had spent at least 10 months of the previous year in a residential school, two having been in two different schools. For the five who had been at home for part of the year, time spent there ranged from one to 10 months.

5.2.25 All of the young people in this sub-group had been in receipt of specialist **education** within the residential school. Four had also had day specialist education, while living at home or in foster care prior to their admission to the residential school.

5.2.26 In the previous year, each young person had been referred to at least one additional source of **community support** and half of the sample had been referred to more than one. Only three of those in the secure sample and none of those sustained in an open setting had had support from a mental health specialist in the previous year. Reluctance to engage with services offered was mentioned in relation to an even higher proportion of this group than for pathway 1 i.e. ten of the thirteen young people in a residential school.

Pathway 3 : Young people living at home (n=9)

5.2.27 Five girls and four boys were living in the community, at the time when they were admitted to secure accommodation, seven with parent or other relative and two with foster carers. All were aged 14 or older, apart from one boy.

5.2.28 Only one of these nine young people had spent all of the previous year in their parental home. Two had been admitted from foster care, while others has also spent some time in residential care (2), foster care (2) or secure accommodation (2).

5.2.29 In terms of education, one boy was still on the roll of a mainstream school, receiving additional support there. All the others were attending specialist day provision, two as a day pupil at a residential school. All were receiving at least one community-based support, with three in contact with a service which offers intensive support. None had been in contact with a mental health specialist. Engaging with services was mentioned as problematic for four.

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<sup>11</sup> Information missing on one young person

### 5.2.30 Summary points from descriptions of three pathways into secure accommodation

- 1) most young people had experienced more than one care placement in the year prior to being admitted to secure accommodation, so it had been possible to preserve little continuity or stability;
- 2) more than half of the young people (n=28) had been admitted to a care placement from home at some point in the previous year, an event which would be expected to be disruptive in itself;
- 3) in a number of cases admission to residential units from home had not been effective in stopping difficulties from escalating;
- 4) only three young people had accessed close support prior to admission to a secure placement;
- 5) a range of support services had been offered to young people, but not all had been taken up because young people were not willing to engage. Problems with engagement with community services were mentioned in relation to over half of the young people (n=30), with a particular difficulty among those placed from residential school;
- 6) most moves had been made and services offered on a reactive basis, because young people were in crisis.

### **3. REASONS FOR ADMISSION TO SECURE ACCOMMODATION**

5.3.1 Based on accounts in social work reports, reasons why young people had been admitted to secure accommodation were coded into five categories, allowing for up to three reasons to be recorded for each young person. Those which applied to young men and women are outlined in Table 5:

**Table 5: Reasons for admission to secure accommodation**

<b>Reasons for Admission</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Danger to self	20	27	47 (89%)
Likely to abscond	17	22	39 (73%)
Danger to others	13	5	18 (34%)
Persistent offending	6	0	6 (11%)
Serious offence(s)	2	0	2 (4%)

5.3.2 It is very clear that most admissions had been authorised because the young person was considered to be putting him or herself at risk. The most common situation was that young people were staying away from their placement and spending time with people and in circumstances which were considered dangerous. Excessive drug and/or alcohol use was mentioned as a serious problem in relation to six young men and fourteen young women, whilst in relation to nine young women and one young man, specific concerns were mentioned about them being at risk of sexual exploitation. Eight of the young women and six young men had been engaging in deliberately self-harming behaviour such as cutting themselves or overdosing.

5.3.3 Offending was not given as a reason for admitting any young women to secure accommodation, though nineteen had been charged with at least one offence. The most common offence was assault (8) and there was one serious assault. Other charges were for breach of the peace or theft/ shoplifting. Five young women had been charged with more than two offences. Among the boys, only four had had no charges and for eight offending had contributed to the decision to admit them to a secure setting. Over half of the young men (n=13) had been charged with more than two offences. As with the girls, the most common charge was assault (10), followed by breach of the peace (9). Five had been involved in car-related offending. Two young people had committed a serious offence, one attempted murder and one assault and robbery. Other offences included theft, shoplifting and damage to property. None of the young people had committed a sexual offence.

5.3.4 For most of the young women and some of the young men, the involvement in offending was related to their lifestyle prior to admission. A number of assault and damage to property offences had been the result of disturbances in residential units and theft, while shoplifting had happened when young people went missing from their placements.

5.3.5 These reasons focus on the behaviour of the young person, but it was also evident that care placements and other service provision had not been able to halt what was viewed as dangerous and often self-destructive behaviour on the part of the young person. A total of fourteen were described as out of control in their previous placement, but by implication this might have applied to them all. The decision that he or she should be admitted to secure accommodation meant that a children's hearing and relevant professionals had taken the view that secure accommodation was needed to bring them under control.

#### **4. EXPECTATIONS OF THE SECURE PLACEMENT**

5.4.1 The key expectation for most placements was that they would bring some stability to young people's lives and allow them to address the difficulties which were contributing to their self-destructive behaviour. Professionals talked about a need for structure and holding to stop their current way of living, allow needs to be assessed and relevant services to be introduced. A common aim, particularly with young women, was to try and understand what issues underpinned the surface behaviour and begin to address these. In some instances, re-establishing better relationships with parents and other family members was considered important, if the young person was to be able to return home.

5.4.2 Once the decision to admit to secure accommodation had been made, there was almost invariably a view among social workers and key workers that this had been the correct decision and many conveyed a sense of hope that the extreme nature of the step would yield last benefits for the young person. As more than one social worker put it, the expectation was the placement in secure accommodation would '*keep the young person alive*'.

5.4.3 In addition to keeping the young person safe and addressing his or her difficulties, there was an expectation among social workers that the secure placement

would provide an opportunity to co-ordinate future service delivery, allowing it to be based on thorough assessment of the young person's needs and providing an opportunity for service providers to engage with the young person. The hope was that the crisis-driven responses of the previous year would be replaced by more co-ordinated, needs-led and individually relevant service provision.

## **5 SUMMARY POINTS**

5.5.1 The backgrounds of the young people in the secure sample were similar to those identified in previous surveys of the secure population. Over half had been aged ten or younger when their family was first in contact with social work services. There were gender differences, with 42% of girls, but only 26% of boys having had social work involvement for two years or less prior to the secure admission.

5.5.2 A higher than usual proportion of young people had experienced the death of one or more parents. Of the boys, 40% had experienced the death of a parent or close relative.

5.5.3 The study adopted a pathways model, looking at routes into and out of secure accommodation and seeking to understand the interactions between risk and protective factors in the young people's lives.

5.5.4. The most common route into secure accommodation, especially for young women, was from a residential unit. This may in part reflect practice in one local authority which was overrepresented in the sample. The other two routes were from a) residential schools and b) the family home or foster care.

5.5.5. For most young people, the year prior to admission to secure accommodation had been characterised by instability, with placement moves being arranged in response to their escalating difficulties. Most had experienced more than one care placement in the year prior to being admitted to secure accommodation, and more than half had been admitted to care from home during the same period.

5.5.6. A range of community support services had been offered in the year prior to admission, but there had been high levels of non-engagement.

5.5.7 A quarter of the young people had committed at least one offence, but concerns about risks to themselves predominated in the reasons for admission to secure accommodation.

5.5.8 Secure placements were expected to keep young people safe and begin to address the difficulties which had prompted their admission.



## CHAPTER 6: THE SECURE ACCOMMODATION PLACEMENT

### 1 INTRODUCTION

6.1.1 The decision whether or not to admit a young person to secure accommodation evidently had a significant impact on how each young person spent the following year. The admission itself constituted an abrupt shift in a young person's life, then, unless young people remained in secure accommodation for twelve months or more, the transfer back into the community had to be managed in the course of the same year.

6.1.2 In reviewing the year following admission to secure accommodation, the focus is on two dimensions: what the secure placements offered and the immediate impact of the placement, as assessed by the placing social workers. Within each of these dimensions, attention is paid to the extent to which expectations for the placements were met and protective factors boosted in the young person's life.

6.1.3 Young people were recruited for the study from each of Scotland's six secure units. Distribution in terms of gender is outlined in table 6:

**Table 6: Location of Secure Placements by Gender**

<b>Unit</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
A	7	9	16
B	4	8	12
C	6	4	10
D	3	4	7
E	3	3	6
F	2	0	2
<b>Total</b>	<b>25</b>	<b>28</b>	<b>53</b>

### 2. WHAT THE SECURE PLACEMENTS OFFERED

6.2.1 Insights into what the secure placement had offered young people were afforded through information from social workers and key workers, obtained from questionnaires and in interviews. Some young people were also interviewed and their perspectives are reported in the following section.

6.2.2 As people talked about what the secure placement offered, there were clearly two different processes which operated concurrently: 1) the young person adapting to the secure environment ; 2) identifying and addressing young people's needs and issues. In relation to both of these areas, this research only developed a broad indication of what each young person had actually been offered. For example the researchers might have been told that a pro-social modelling approach operated within the unit or that key workers were addressing specific issues such as family relationships. However from such descriptions alone it was difficult to know what the interactions with the young person had entailed. Even when young people were said

to have taken part in programme work, it could be difficult to find out exactly what or how many sessions had been offered and how the young person had responded. It was not unusual to learn that social workers also had limited knowledge of what had been offered.

6.2.3 For these reasons and because the study is concerned with the overall impact of a secure placement, rather than trying to relate outcomes to particular kinds of interventions, no quantitative account of the service provision is provided, rather a brief overview of the key elements of the service.

### **Adapting to the secure environment**

6.2.4 Each unit had its own procedures for introducing young people to the life of the unit. For most young people information about what life in the unit was provided by their key worker and fellow residents. A key worker was usually allocated very soon after admission and the main rules and routines of the unit were explained.

6.2.5 Each unit gave young people information about their rights and that they could ask to meet with a children's rights officer. Depending on the resources available to each local authority's Children's Rights Officer (CRO) service, arrangements varied as to whether a children's rights officer would routinely make contact with a young person following admission. When they did visit, the initial focus was on making sure young people understood why they had come to be placed in secure accommodation and what they could expect from the children's rights service.

6.2.6 In the early days, it was usual for contacts with family and friends to be restricted in order to allow staff to make informed decisions about what contacts were safe. In at least one unit it was usual practice to only gradually allowed young people to have access to all their possessions, e.g. CD player, in their bedroom. These were set procedures which applied irrespective of the young person's individual circumstances, so they conveyed from the start that in certain respects young people would be required to conform to the unit's regime.

6.2.7 Within all of the units there was a commitment to staff modelling pro-social behaviour, alongside the operation of some kind of reward-based system through which young people could gain additional privileges, if their behaviour in the school and care unit merited this. This was partly because, as some unit staff pointed out, effective means of controlling behaviour were seen as crucial if the unit was to be made safe for all residents. Also developing pro-social behaviour and reducing aggressive or destructive behaviours were aims for most young people in the secure sample. Awards could also provide clear evidence of improvements in young people's behaviour.

6.2.8 However, though apparently necessary and helpful in the short term, the existence of reward-based systems lends support to the view that on entering the secure environment young people become preoccupied with adapting to it and securing privileges, rather than addressing the difficulties which had resulted in their admission. This point of view was expressed by several of the placing social workers.

## Identifying and addressing young people's needs and issues

6.2.9 Plans for the placement were developed through both a system of formal reviews and planning meetings and individual discussions which took place between the young person and key worker or social worker. An assessment was carried out, though the form this took varied. Some units were beginning to use the YLS to identify issues related to risk of offending, whilst others relied primarily on psychological assessment or contacts with the key workers. In terms of how plans were recorded it was not usual for the files to contain a single document which identified key issues to emerge from the assessment process and how this would inform both the detailed work with the young person in the unit and plans for moving on. The various elements might well have been addressed in different documents, but at the time when the research was being carried out, they were not systematically recorded in a single, co-ordinated care plan.

6.2.10 Asked about the content of planning meetings and reviews, key workers, social workers and young people most often mentioned reviewing young people's progress or difficulties in the unit, arrangements for home leave and developing plans for moving on, including referral to outside agencies such as addiction or community support teams.

6.2.11 Opportunities to help young people address individual difficulties usually occurred in three contexts: planned individual sessions with the key worker or other member of staff; group programmes offered within the unit; contact with staff from agencies and projects based outwith the unit.

6.2.12 Issues mentioned frequently as being addressed with **key workers or other member of staff** were: life story work; self-esteem; keeping safe strategies; offending; temper management; relationships with peers; relationships with parents.

6.2.13 The importance attached to the key worker relationship varied across units. In two units from which the majority of the female sample had been recruited, developing positive relationships with staff was viewed as central. Each young person had two key workers and a key manager, so that there was usually someone available who knew the young person if a crisis arose. Staff used a range of tools and resources to explore relevant issues, but encouraging the young person to trust was viewed as key, if the roots of emotional difficulties were to be addressed. In a few cases there had also been some relationship-focussed work with a parent, but more usually key worker contacts with parents took place around practical issues such as leave arrangements.

6.2.14 In other units, more emphasis was placed on the use of structured **programmes**, delivered by care staff or staff specialising in developing this aspect of the service. At the time when the young people in the sample were in placement, the programme *Offending is not the Only Choice* was offered in three units. Other programmes offered to young people in the sample focused on cognitive skills to reduce impulsive behaviour and bullying. In a unit for girls some head massage and aromatherapy sessions had been organised. In addition, the girls had had group sessions on personal issues, sexualised behaviour, moral dilemmas, personal health and contraception.

6.2.15 Arrangements for bringing in **outside agencies** varied across units and could serve two different, though not mutually exclusive purposes. In some instances other agencies came in to help young people address specific issues during the placement, whilst with others the aim was to engage with the young person with a view to providing support when the young person moved on. Staff from specialist drug support projects sometimes set out to offer both. It was evidently more difficult to begin to engage during the secure placement if the young person had been placed some distance from home. There were also some examples of external mental health specialists offering advice to staff on the management of particularly difficult behaviours such as self-harming.

6.2.16 The kind of service young people received from their social worker varied, depending on the distance between the unit and home area, social work staffing levels in the employing authority and the kind of relationship the worker had been able to establish with the young person. Some units required that social workers attend a weekly meeting, whilst distance meant that others relied primarily on phone contact. In most instances the social worker's role was primarily to co-ordinate services and ensure appropriate resources were in place when the young person was ready to move on. Some also focused on encouraging parents to resume contact with the young person and/or offer him or her as much support as they were able to.

#### Education and health

6.2.17 Virtually every young person received an education while in secure accommodation, though one young woman had managed to refuse to attend classes throughout. Individual assessment and relatively small classes enabled most young people to re-engage with education and we were informed of six young people who had managed to obtain Standard Grades, despite considerable disruption to their schooling in the previous year. More usually the schools focused on vocational qualifications which could be offered in a wide range of subjects and completed in a short period.

6.2.18 Two- three years ago, the practice of routinely offering health assessments was not yet established in secure units. Nevertheless a range of health issues had been identified in relation to the young people in the sample and appropriate treatments arranged. Dental checks and eye tests were common. In addition a number of young women had had education and appropriate treatments in relation to sexual health.

6.2.19 In addition to more formal health interventions, young people's general health was boosted through receiving regular meals and sleep, which many had been missing out on prior to admission.

### **3 YOUNG PEOPLE'S PERSPECTIVES**

6.3.1 Sixteen young people were interviewed across all the units in the study. The majority of young people were interviewed in secure accommodation, although two were interviewed in close support units and one young person was interviewed at home after leaving the unit. Young people who took part in the interviews had been in the unit where they were interviewed for between two and 24 months, with the most frequent length of time being three months.

## **Perceived reasons for being in secure accommodation**

6.3.2 Nine young people believed that their current placement in secure accommodation was intended to keep them safe. For example: *“Because I was putting myself at risk and smoking hash”*. One young person thought that their placement may have been necessary to keep other people safe, while two young people indicated that their behaviour had been so problematic, or they had been so ‘out of control’ that it warranted a secure placement. As one young person reasoned: *“I wanted to come into secure accommodation to stop me running away. I couldn’t stop myself. But I had to wait about six weeks for a placement”*. Four young people suggested that they were in a secure unit to access resources that they needed to help them address problems, or to enable appropriate resources to be put in place for them in the community.

## **Adapting to the secure environment**

6.3.3. Most young people indicated that they had been very upset and distressed at the shock of finding themselves in secure accommodation. Some young people described being terrified and upset on arrival at the unit but noted that they were able to settle down in a short period of time. For one young person, arrival at the unit was a positive experience, which he remembered as: *“warm, it was good to feel warm again because I had been outside a lot”*. A few young people did indicate that they knew, at the time, that it was necessary for them to be placed in a secure unit to keep them or others safe, while the majority said that it was only in hindsight they were able to see that their situation did require placement in a secure unit: *“Now I think that I did need to be in secure, to stop me getting into trouble, but I didn’t think that then”*.

6.3.4 Young people had many preconceptions about what secure accommodation would be like: *“I thought you’d be locked in your room nearly all day and only get out for a wee while to the living room”*; *“Bars on the window. Bare rooms, like a cell”*. However several respondents knew someone who had previously been in a secure unit. While some young people indicated that they had felt afraid in the unit in the initial stage of their placement, they all said that in general they did feel safe and were confident in the ability of staff to deal with any tensions that arose in the unit.

6.3.5 All of the young people said they were provided with information about the unit on their arrival either verbally from staff, or in a written format – and generally both. They reported being given information about the unit, their rights and responsibilities, and about complaint procedures. All the young people interviewed were satisfied with the information they had received. Some units had a ‘Who Cares?’ worker who visited the unit, and almost all the young people were aware of the presence of a children’s rights officer with many of the young people having some level of contact with the officer in their unit.

6.3.6 Young people considered that their key workers in particular, and unit staff in general, were aware of any problems they may be having as well as things they enjoyed doing. All young people interviewed described their relationship with unit staff and their key workers as being either: ‘very good’, ‘quite good’ or ‘average’. The majority of young people described these relationships as ‘very good’. One young

person commented that the most important benefit in secure accommodation was the help they had received from their key worker and noted that: *“if I had got that in a close support unit, it could have worked, but you don’t get that in a YPC”*.

6.3.7 Being able to talk to staff was very important for the young people although the amount of communication surprised some of them. As one young person commented: *“I didn’t think you would have to talk to them as much as you do, I realised there would be some talking expected but not as much as there is”*. The skills that young people considered important in a staff member included the ability to listen, someone who was easy to talk to and who had a sense of humour. Some young people indicated that they wanted someone who could just ‘be normal’ with them.

6.3.8 While few of the young people were able to identify any specific assessment tools they had used, they did indicate that they were given worksheets to complete but were often vague about their purpose. A range of programmes were available including drug awareness and addiction, anger-management, offending and victim awareness and sex education. Programmes were often conducted in individual sessions and very few young people interviewed had experience of group work.

6.3.9 Young people gave examples of being able to participate in a range of activities which they enjoyed in the company of staff, however, school holidays were often seen as ‘boring’ when much of the time seemed to be spent watching television. Overall the routine of the unit was seen as acceptable and young people were generally satisfied with the way the unit operated, although a number of young people expressed a dislike for specified bedtimes.

6.3.10 Contact with social workers was generally ‘very good’ or ‘good’ and most young people saw their social worker once a week while in the unit, although this was not the case for all young people. All the young people interviewed stated that they had been involved in the development of their care plan. For many, the main emphasis of the plan was to help develop relationships with their family, or to support the move from secure accommodation to their family home or a residential school. Some young people’s plans also included access to specialist services such as bereavement counselling or addiction support. Similarly, all respondents had attended review and planning meetings and predominantly felt included in decisions made about their care. Some young people clearly felt more able to participate in these discussions than others. In general, young people indicated that they were satisfied with the plans made to help them move on from the unit.

### **Things that young people found difficult**

6.3.11 While some young people commented that they had not experienced any difficulties in the secure unit, others indicated that it was hard not being able to see friends or family when they wanted to, being watched on a continual basis, not being able to go outside when they felt like it, and experiencing boredom. Where young people had contact with their families, this contact was generally on a weekly basis while they were in the units, with several young people afforded home leave at weekends. Young people indicated that they were less likely to have contact with their friends however, particularly if their friends had not been approved by social workers: *“I’m not allowed to have my best friend on my contact list because she smokes hash –*

*this is daft because I'll see her the minute I go out*". While relationships with staff were generally positive, relationships with other young people could be less predictable, although the mix of boys and girls (where this occurred) was seen as generally acceptable. Some of the girls interviewed indicated that it may be a good idea to have separate accommodation, however, the majority did comment that they thought it was a good idea to mix boys and girls. The hardest thing for most young people was the simple reality of being locked up: *"It's hard not getting out"*.

### **How secure has helped**

6.3.13 In general, young people were very positive about their key workers and staff in the secure units in general. Young people who had been in more than one secure unit did suggest that differences existed between units in access to support and resources. Most young people acknowledged that workers helped them address issues they were experiencing in their lives, often in relation to other family members, or due to risky behaviour such as drug-taking: *"It's hard being in secure, but when you need secure you have to go there. It does help you. The staff do all they can"*. For most young people, unit staff were seen as the best thing about secure accommodation. One young person, when asked what had been most helpful in the unit replied: *"Staff – they are what is helpful. Giving advice, talking to them. You get annoyed with the crabbit ones sometimes, but it is just for our own good"*. Young people indicated that in some cases, secure accommodation had kept them 'safe' and reduced the likelihood of future risk-taking behaviour. Several young people indicated that their placement in secure accommodation had helped get them back to school or into college.

## **4. PLACEMENT LENGTH**

6.4.1 How long the secure placement lasted was evidently an important consideration in terms of its significance to the young people. Reflecting the legal requirements for renewing supervision requirements with a secure condition, placements had either lasted approximately three months, six months or over six months. Of the eight young people in the third category, four had remained for the entire year. Table 7 provides details of placement length

**Table 7: Length of Placement by Gender**

<b>Length of initial secure placement</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
3-5 months	6	12	19 (36%)
6 months	12	12	26 (49%)
7-11 months	3	1	4 (7.5%)
all year	1	3	4 (7.5%)
<b>Total</b>	<b>25</b>	<b>28</b>	<b>53 (100%)</b>

6.4.2 Length of placement was an important consideration because it related to the key issue of the purpose of placements and what they were expected to achieve. From the stakeholder interviews it emerged that the secure placement's primary role was to keep young people safe and stop a spiral of destructive behaviour. Though there were also expectations that the placement would provide an opportunity to start to address

the young person's difficulties, it was also noted that some inherent characteristics of the placements, notably being enforced and cut off from the young person's usual environment, presented obstacles to effecting change. Thus length of placement was of interest not simply in terms of what it had meant to the young people, but also what it revealed about how the placements were being used in practice and their role in relation to other service provision.

6.4.3 Differences in local authority practice were clear in that 14 of the 19 young people who had spent less than 6 months in placement were from the city authority who were responsible for the majority of young people within pathway one, that is admitted from a residential unit. This is evidently a distinctive use of secure accommodation which was not mirrored in other areas. It is therefore accorded particularly close attention in chapter eight when outcomes and benefits of the placement are considered.

6.4.4 The higher proportion of girls than boys spending under 6 months in secure accommodation (43% as opposed to 28%) also reflects the over representation of young people from this authority in the overall sample.

#### **Identified Benefits of the secure placement at the point when the placement ended**

6.4.5 Based on social workers' responses, an assessment was made of whether, at the point when the secure placement ended, young people had benefited from having been there. There had been clear benefits for all young people in that all were considered to have been kept safe and, with good personal care, to be healthier than they had been when admitted. All except one young woman who refused to attend school were also thought to have derived benefits from the education provided.

6.4.6 On other dimensions, signs of benefit were more ambiguous. Only in relation to 31 young people (58%) did social workers believe that there had been an improvement in the behaviour which had resulted in the secure placement. This was generally attributed to good relationships having been established with staff, the young person having appreciated the consequences of their problematic lifestyle and enough change in the young person's life circumstances to allow a less risky approach to life to be sustained.

6.4.7 For the remaining 22 young people, acknowledged improvements were qualified by doubts about whether these reflected real changes or were simply a result of having been contained. Some were felt to have adapted well to the secure environment, but not necessarily shown that changed behaviour would be sustained when they were back in the community. There were particular concerns that drug use had not been adequately addressed. Some social workers pointed out that it was difficult to address issues such as drug use outwith the environment in which it took place, whilst others thought that more specialised intervention would have been needed to make a sustainable impact on the young person's behaviour. With some young people, elements of the problematic behaviour had continued during the secure placement. A few had run away a few times or committed offence when on home leave, whilst others had sometimes been violent or destructive within the unit itself.



6.4.8 Some social workers were disappointed that the behaviours which resulted in the placement had not been more specifically addressed during the secure placement. Comments on lack of appropriate help with problematic drug use has already been mentioned. In addition, some felt that the fit had not been good enough between the young person's specific needs and the programmes. A number of social workers commented that, though the young person had appeared to participate in programmes, their learning difficulties meant that they lacked the capacity to really understand or benefit from what had been offered. Other social workers had not expected that the secure placement would effect a change in the young person's behaviour, because they recognised that these were rooted in deep seated difficulties, typically resulting from disrupted attachments and exposure to multiple traumatic events.

6.4.9 The latter point of view was reflected in assessments of whether the secure unit placement had had any positive effect on emotional difficulties which affected the young person. For just over half the young people (n=31) some benefits were identified and in virtually every case where this applied, these were attributed to productive relationships with staff. These positive comments were made in relation to 18 of the 22 young people (84%) placed in the two units run by city authority A. The small number held there and the emphasis on the key worker relationship led some social workers to refer to it as a 'nurturing' environment. The view was that most young people had a good experience in that environment, but some social workers had concerns about how they would fare when they returned to a less protective setting.

6.4.10 Where there had not been any emotional benefits or even a detrimental effect, a common comment was that young people had remained detached from the whole process, doing enough to get through it and move on, but not really being touched by the experience. For some this was seen as a survival mechanism to get through a frightening and challenging experience.

6.4.11 Specific improvements in relation to family difficulties were noted in respect of only one young person. More usually social workers took the view that the placements had encouraged and supported contact with parents, but that little focused work had been carried out. In some instances, where the placement was some distance from the family home, it had been difficult for parents to visit regularly. Keeping parents informed and involved was often part of the social worker's own role and in some cases this work had been key to reducing the young person's anxiety.

6.4.12 Asked whether there had been any disadvantages from the young person having been in the secure placement, at least one was mentioned in relation to half of the young people. The most frequently mentioned drawback was distance from home which made family and social worker contact difficult and reduced opportunities for direct work with professionals from the home area who would provide support when the young person moved home. The disadvantage was essentially that the young person had been cut off from the support network in their home area.

6.4.13 Several comments referred to the time in security having been wasted because the work with the young person had not focused directly enough on the young person's difficulties. In a few cases aspects of how the young person had been treated were commented on, for example too many restraints or time spent in isolation

in the early part of placements. However at the point when the placement ended, no social worker thought the experience itself had been harmful.

6.4.14 Taking this range of considerations into account, the overall rating of whether there had been identifiable benefits from the secure placement at the point when the young person was discharged were as follows:

Yes, clear benefits	33
Some benefits but also some drawbacks	20

6.4.15 In terms of how this rating applied to the main sub-groups within the sample, there was little difference across age groups, but a higher proportion of girls than boys were thought to have clearly benefited (75% compared with 48%). In addition clear benefits had been identified for a higher proportion of those who entered secure accommodation from a residential unit than for those coming from the other two pathways (77% compared with 40%).

6.4.16 These gender and pathway differences largely reflect the higher rate of benefits identified for young people in city authority A (90% compared with 39%). There are a number of reasons why ratings for young people in this authority might be expected to be higher. First the secure provision was local, so that disadvantages associated with distance from home did not apply. In addition, as pointed out in part 1 of this report, staff in this authority viewed the use of secure accommodation in a more positive light than was the case in other areas. The units did put considerable emphasis on developing supportive relationships with the young people, as commented on by both social workers and young people themselves. The positive use of secure accommodation in this authority may have resulted in social workers being more inclined to identify benefits, but there were other indications that because of location, smaller size and the central role of the key worker, most placements had provided reasonably positive experiences for the young people concerned. How they and the other young people in the sample fared in the longer term is the subject to which the report now turns.

## **5. SUMMARY POINTS**

6.5.1 For each young person there were two key dimensions to the placement: adapting to life in the secure unit and addressing the issues which were causing trouble in their lives.

6.5.2 Units varied in terms of the services they offered, but key components were individual work with the key workers or other member of care staff, group work and programmes and services provided by staff from projects and agencies outwith the unit.

6.5.3 Young people interviewed generally thought they needed to be in secure accommodation and had benefited from the placement. They very much valued relationships with care staff. Young people said the worst aspects of being in secure accommodation were not being able to see family and friends, boredom and being locked up.

6.5.4 Social workers thought all young people had benefited from the secure placement in terms of being kept safe and for virtually all there were education and health benefits too. However at the time when the placements ended, over a third were not thought to have benefited in terms of the behaviour which resulted in the placement having been effectively addressed.

6.5.5. A higher than average proportion of young people from city authority A were thought to have derived clear benefits from the placement. This was thought to reflect that they were accommodated in provision which was local, small scale and placed a strong emphasis on relationship building with key staff. Social workers' ratings were also likely to be influenced by the fact that within this authority, secure placement was viewed as a potentially positive option.

## **CHAPTER 7: LIFE AFTER THE SECURE PLACEMENT**

### **1. INTRODUCTION**

7.1.1 The findings reported so far have in most respects been consistent with the views and expectations of key stakeholders in that most young people had had some benefit from the secure placement in the short term, but there were some concerns about how they would cope on leaving. This chapter describes how they fared, and on that basis assesses whether the longer term outcome was positive.

7.1.2 In most instances information on young people's progress was obtained through follow-up interviews with the social worker, either in person or by phone, at two points following the initial data gathering stage. Sometimes only one interview was possible, because the social worker left and/or the young person moved on to another social work team or out of the system altogether. In other cases a third interview took place in order to clarify how a situation which had been very fluid had worked out. This meant that the length of time over which young people's progress was tracked varied from 18 to 30 months after admission to the secure placement. Outcomes are reported in terms of the young people's circumstances at the latest point at which information was updated.

7.1.3 Throughout the follow-up period it was clear that most young people went through good and bad patches and that, at any one point in time, some aspects of their lives could be going well and others causing some trouble. For these reasons assessment of outcomes can only ever be an approximate indication of how young people have fared.

7.1.4 The chapter begins by describing transitions from secure accommodation and reviewing young people's moves in the year following their admission to secure accommodation. It then focuses on the period between leaving secure accommodation and the latest point at which updates on progress had been received. Outcomes were rated on the basis of a range of considerations. These are explained and their implications considered in light of young people's experience and progress up to the end point of the research.

### **2. LEAVING SECURE ACCOMMODATION**

7.2.1 The importance of effectively managing the transition from secure accommodation was strongly emphasised in interviews with key stakeholders. In particular it was suggested that the return to the community or an open setting would be more effectively managed if the reduction in the level of structure and support to which young people had become accustomed during the secure placement could be gradual.

7.2.2 One of the often cited disadvantages of secure accommodation is the extent to which it disrupts continuity in the young person's life. Yet for some young people, a change in their circumstances prior to secure is considered helpful if the risky

behaviours which prompted the placement are to be avoided. Thus returning to the pre-secure placement was not always considered desirable.

7.2.3 In light of these issues, there was particular value in examining the correspondence between placements before and after the secure episode. Table 8 provides information on movement across types of placement, but only includes patterns of moves which applied to more than one young person.

**Table 8 : Correspondence between placements pre and post secure accommodation**

<b>Sequence of placements pre and post secure</b>	<b>Number</b>
Unit>secure>close support	11
Unit>secure>unit	8
Unit>secure>home	3
Unit > secure > residential school	3
Close support >secure > close support	2
Residential school >secure>residential school	4
Residential school >secure > home	4
Residential school >secure > unit	2
Home >secure >home	4
<b>Total</b>	<b>41</b>

7.2.4 For the remaining 12 young people not included in the table, their placement experience immediately pre and post the secure episode was unique to them. Three young people had moved on to supported accommodation (2) or a hostel for homeless people (1), but they each had been in different kinds of placements to begin with. Only one young person had moved on to foster care, having previously been in a residential school. Of the two who had been in foster care prior to the secure admission, one went home and the other to a residential school. The four young people who had moved to another secure unit or were still in secure accommodation had each been in a different kind of placement prior to admission.

7.2.5 Thus a third of young people returned to the same type of placement, and for approximately half of them, this was the same place as before.

7.2.6 Of the 49 young people who had moved back out of secure a year after admission, 15 moved to a more structured setting than they had been in prior to admission (close support or residential school), 19 returned to a similar form of care and 13 moved to less structured environment (home, foster care or a unit from a more structured care placement). Two options, home to supported accommodation and unit

to supported accommodation, were difficult to classify without knowing the nature of both placements.

7.2.7 Although the diversity is striking, it is also the case that the majority of the 31 young people from Pathway 1, that is those who were placed from a residential unit or close support unit, returned to one or other of those forms of care. This pattern reflected practice in city authority A. All of the thirteen young people who moved on to a close support placement were from this authority, as were five of the eight young people who came from and returned to a residential unit. Of the 22 young people from this authority, all but four had come from and returned to either a residential or close support unit. In the 12 months following admission to secure accommodation, only three young people had had more than one placement after leaving the secure placement.

7.2.8 The term 'step-down approach' was used by a number of social workers to refer to the practice of gradually returning young people to a more open and less supportive setting. When assessing whether a step-down approach had applied to young people within the sample, account was taken of where the young person had moved to live and the extent to which a package of community supports had been put in place. Of the 49 young people who had left secure accommodation by the end of the first year, 17 were considered, on the basis of social workers' comments, to have had a suitably staged return. Placements they had returned to were: close support (11); residential unit (3); supported accommodation (2); residential school (1). For a further seven young people, some elements of a step-down approach were considered to have applied.

7.2.9 Of the four young people who remained in secure at the end of 12 months, two were subsequently discharged to a new residential resource in their local area which opened during the time that the research was on-going. This provided intensive support and had education on site, so qualified as a step-down approach.

7.2.10 The main sources of community support for young people leaving secure accommodation were workers from the Throughcare teams and projects offering intensive support. In some instances these services had daily contact with young people and provided an out of hours service for help in crises. Projects concerned with drug use and offending were also much in evidence. As social workers described how young people responded to these services it was evident that the issue was not just to make the service available, but to provide it through an individual or group of workers with whom the young person could effectively engage. There were particular benefits in a number of cases where the working relationship had been established while the young person was still in the secure setting. Conversely some young people had been offered a range of services, but not engaged with any.

7.2.11 Where an effective relationship had been established with the key worker in the secure unit there could evidently be advantages in continuing the contact for a while after the placement ended. This was common practice in city authority A where agreements had sometimes been reached for the key worker to have a specified level of contact for a certain period, usually about 6 weeks. Where the young person transferred to close support on the same site, informal contact could continue for much longer.

7.2.12 At the opposite end of the spectrum from a step-down approach, some young people had moved directly back home (9) or to residential units (10) where much less structure was in place. For some young people who returned home or to live with another relative, moving to where they had always wanted to be was a potential strength in itself. However others found an unchanged situation, for example parents still embroiled in the local drug culture and/or able to make little or no space to accommodate the young person's return. At least two young people had no bed in the parental home, yet this was their home base. Whether these situations could be sustained seemed to depend largely on how much the young person had become able to look after him or herself and whether they could rely on support from others outwith the family home.

7.2.13 Alongside placement and community support, the provision of suitable education or work experience was key to providing adequate structure and support when young people moved on. A number of difficulties meant this could often be the weakest link in the transition package. In a few instances the young person's assessment indicated that a particular residential school would be most suitable to cater for the young person's care and educational needs, but a place could not always be accessed or funded. In these circumstances a combination of a care placement and suitable education had to be put together. This was often a less structured arrangement than what was required. In addition, specialist day education provision seldom catered well for young people who were educationally able. Where young people had in fact moved on to a residential school, the transition had usually worked well.

7.2.14 Returning to their mainstream school was proposed for very few young people and where this was the case, appropriate additional support arrangements were set up in advance. This option potentially had the advantage of conferring a degree of continuity before and after the secure placement. However attendance at school had typically been disrupted in the months leading up to the secure placements. In addition, the young person returned with a reputation for having been in secure accommodation, which could be an added stress in itself. One young woman concluded within the first few days that she no longer fitted in at her local school and asked to be moved. It was easier for young people to return to specialist day provision, where some of the other young people would also have had experiences of being accommodated. However opportunities for completing Standard Grades were limited there. Three social workers believed that lack of a suitable educational placement had resulted in the young person not achieving his or her educational potential.

7.2.15 Given the age of the young people in the sample, another common option was to take up a college placement linked to work experience. Often these arrangements seemed well suited to the young person's abilities and interests, for example building trades or work with animals. Where these arrangements worked out well, they were a very positive element of the transition, providing structure for the day, a normalising experience, opportunities to meet new friends and a considerable boost to the young person's self-esteem. However in a number of instances the planned work experience did not materialise and in others the demands proved more than the young person could manage. Some of the work placements required considerable travel and/or an

early start, so young people had to be very self-motivated even to manage the basics. For a variety of reasons some of these work/ college arrangements did not always work out as planned and when this happened, other elements of the transition package could be seriously undermined.

### **3. CIRCUMSTANCES AND OUTCOMES AFTER TWO YEARS**

7.3.1 Determining where the end point should be in this study was not straightforward because three key time-related variables differed widely across the sample. These were date of admission to secure accommodation, length of time in placement and length of time following placement for which information on the young person's progress was available. The length of time between admission to secure placement and the latest update on progress ranged from 24 to 30 months. Four young people had spent more than half of that period in a secure setting, whilst others had been back in the community for over two years.

7.3.2 In order to maximise the data which could be included in the study, for most purposes the end point had been set at the stage at which the most up to date information on the young person's progress was obtained. However data on where all were living two years after admission to the secure placement is also reported. This indicates that the living arrangements for young people had not changed greatly between the two-year point and the stage at which the latest update had been recorded. This relative lack of change supports the view that it is acceptable for the end point to be set at between 24 and 30 months after admission, rather than at a fixed point.

#### **Rating Outcomes**

7.3.3 Having taken a range of considerations into account, a rating was made in relation to each young person in terms of whether the outcome had been Good, Medium or Poor. Variables on which this rating was based were :

- whether the young person was in a safe and stable placement at the point when their progress was last updated
- whether the young person was in work or education at the point when their progress was last updated
- whether the behaviour which resulted in their admission had been modified
- social worker's rating of their general well-being compared with when they were admitted to secure accommodation.

7.3.4 Young people whose circumstances or rating were positive on all four dimensions were considered to have had a good outcome. Where at least one was negative the rating was medium and where no aspects were positive, the outcome was considered to be poor. This meant that the outcome would be considered medium if a



young person was living at home i.e. avoiding prison or homelessness, even if they continued some offending or other problematic behaviour. On this basis, ratings for the sample were

Good :14 (26%); Medium: 24 (45%); Poor: 15 (28%)

7.3.5 The spread of ratings was similar across age, gender, placing local authorities, units where young people were held and placement prior to the secure admission. This is not surprising since young people's situations were too individual, complex and fluid to expect that any broad factors of this kind would directly influence the end result. Instead, good or poor outcomes emerged from how several elements of the situation came together. The diversity of young people's experiences evidenced throughout this report continued up to the end point of the research. The aim in this and the following chapter is to distil what can be learned about the processes and experiences which promoted or undermined a positive result.

### **Where young people were living**

7.3.6 The places where young people moved to after secure accommodation can be seen as offering evidence about such factors as stability, support and restrictiveness in their lives. However, as we shall see, type of residence and other moves were in themselves ambiguous as indicators of relative success, since the meaning of settings and moves were highly individualised and affected by the context of the living situation.

7.3.7 Table 9 outlines where young people were living at a point two years after admission to secure accommodation and at the point when information on young people's progress was last updated. It illustrates that, of the ten young people whose situation had changed within these six months, three had moved from home, either to independent living, prison or to become homeless. One young person had left prison and become homeless. More positively two young people had moved from being homeless or in an insecure living arrangement to supported accommodation. One young person had returned home from a residential school and three young people had left secure accommodation, two to return home and one to go to a residential resource offering intensive support. Thus most of the moves at this late stage involved exiting the care system or took place outwith it.

**Table 9: Where young people were living two years after admission to secure accommodation and at the last update**

<b>Where young people were living</b>	<b>Two years after admission to secure accommodation</b>	<b>At the last update</b>
With parent or other relative	22	21
Residential Unit or close support	10	13
Independent living	6	8
Prison/ Young Offenders	5	5
Secure accommodation	4	1
Homeless /hostel	3	4

Residential school	2	1
Foster care	1	1
<b>Total</b>	<b>53</b>	<b>53</b>

7.3.8 Throughout the entire period since leaving secure accommodation the number of places young people had lived in varied from one to fifteen. However eight young people had remained in the place they were discharged to, 32 (60%) had had no more than two placements and 43 (80%) no more than three. The eight young people who had settled in their first placement came from four local authorities and varied in terms of age, gender and from where they had been admitted to secure accommodation. However all either went to a residential unit (4) or home (4). Three of those who returned home had also been admitted from there, so a third of the nine admitted from home had returned there and had no other care placements.

7.3.9 None of the ten young people who had stayed in more than four places since leaving secure accommodation had been admitted from home, but four had gone home immediately following the secure placement. This group were drawn from five local authorities and included young men and women. In addition to the four who had gone home, two had moved to another secure unit at the end of their first secure placement, two had gone to a residential unit, one to a residential school and one to a hostel. Apart from one, all of the young people had been aged 14 or over at the point when they were first admitted to secure accommodation, so they were virtually all over 16 by the time the research ended. End point living arrangements were not good for most of this group. Three were homeless and one was living in each of the following: hostel, Young Offenders Institution, with a relative and supported accommodation. Two were still in care placements, one in foster care and one in intensive residential provision. There are evidently additional stresses for young people who leave secure accommodation at or over the age of sixteen, since at that age they have access to fewer highly supportive placements.

7.3.10 Stability and continuity are expected to promote good outcomes, yet it would be simplistic to expect a direct correspondence between number of moves and final outcome. Of the eight young people who had remained in the same placement from leaving secure accommodation to the end of the research, seven had had a medium outcome, but none had had a good outcome. One had had a poor outcome, primarily because the home situation to which he returned offered little stability and support. Of the fourteen young people who had had a good outcome, twelve had had two or three placements. The other two had had four or six moves. In the latter case it had taken some time to find the right placement, but once that point had been reached, the boy had progressed well.

7.3.11 Returning home is another outcome which can be seen as positive, but encompasses a range of circumstances. Social workers considered that only four of the young people were in what might be termed a stable family situation. More commonly the tensions and problems which had applied when the young person was admitted to secure accommodation were on-going to a greater or lesser extent. In some instances the young person was thought more able to accept and cope with the family limitations and where additional support workers were involved, they often provided alternative support and guidance.

7.3.12 Remaining in secure accommodation for more than a year, transferring from one secure unit to another or being readmitted following discharge all point to serious difficulties and/or questions about the effectiveness of the first secure placement. Of the four young people whose initial secure placement lasted more than a year, three were readmitted after being released or moved directly to another secure setting from the original setting. One of the four was a young woman who had made considerable progress, but received a sentence for a serious offence committed prior to the first admission to secure accommodation. A further six young people had been readmitted to secure accommodation before the end of the period covered by the research. Four were back in secure accommodation 2 years after their original admission, but only the young woman serving a sentence remained by the time the period covered by the research ended.

7.3.13 The patterns of moves and outcomes after secure placement shows that after the secure placement there was an on-going need to assess risk and protective factors and where possible boost the latter and reduce the former. Thus the risk management practice which had been prevalent prior to some admissions should apply equally during the after care period.

### **School or work**

7.3.14 At the latest point on which information was available, thirteen young people were still in education, ten were in a supported work placement and four were in employment, though for one this was on a casual basis. Thus 27 had a work or education placement, which may be regarded as loosely positive. None of the remaining 22 young people, on whom information was available, were in any form of education or employment.

7.3.15 Distinctive patterns of service provision following the secure placement were associated with each form of positive education or work. All of the thirteen young people who remained in education had moved on to another care placement on leaving secure. Of the four who had gone to a residential school, three had moved home by the time the research ended. The rest remained in a residential unit. Six of those in education were also supported by at least one community support project which offered a high level of contact in relation to general life coping skills or a specific difficulty such as offending or drug use.

7.3.16 All of the ten young people who had a supported work placement still had a high level of community based support, often provided by an After care or Throughcare team. Six of the young people were living in supported accommodation, three at home and one in foster care. This group included five young men and five young women who came from eight different local authorities. Six out of ten of these young people were rated as having a good outcome, indicating that other aspects of their lives were going well too.

7.3.17 All of the four young people who were in work were living at home and work, sometimes casual, had usually been obtained through family members.

### **Additional Support Services**

7.3.18 By the end-point social workers indicated that the majority of young people were still receiving support from at least one community-based support. Thirty nine (73%) still had at least one form of support of whom half had at least two. The range of supports and number of young people accessing them are outlined in Table 10:

**Table 10: Additional supports services being provided at the last update**

<b>Nature of Service</b>	<b>Number of young people receiving it</b>
Support to independent living: e.g. Throughcare teams, young people's support teams, voluntary sector projects	20
Intensive community based support	11
Youth Justice / Offending Projects	10
Drugs or Addiction support	10
Mental Health support	4

7.3.19 In addition some young people received additional support from a member of staff or outreach worker attached to their residential unit.

7.3.20 Social workers indicated that most young people had been offered additional supports, but that not all were willing to take them up or to engage with the particular workers allocated to them.

7.3.21 No particular forms of support were associated with better or worse outcomes. In addition, outcomes for the 14 young people who were not still in receipt of services had been similar to those for the sample as a whole i.e.: good (3), medium (8), poor (3).

7.3.22 Only ten young people were still subject to a children's hearing supervision requirement. A few others still had regular contact with a social worker from a Children and Families team, but more usually the main support was provided by a Throughcare or Youth Justice worker or both.

### **Changes in Behaviour and Well-being**

7.3.23 In order to assess changes since the young person had been admitted to secure accommodation, social workers were asked to rate whether, since that time, there had been any modification in the behaviour which had prompted the secure placement and the young person's general well-being.

7.3.24 In terms of the problematic behaviour which had resulted in the secure placement, improvements were identified in relation to 23 young people (43%), there had been no change in relation to 16 (30%) and for 11 (20%) the behaviour had deteriorated. It was difficult to give a rating for three young people because their behaviour was erratic, so sometimes seemed to be improving and sometimes to be worse.

7.3.25 The group whose problematic behaviour had increased were typically involved in drug use, often with associated offending. Three were young women. Seven of the eleven, including the three young women, had been on remand and/or sentenced by the courts. A further six young people had also been involved in the criminal justice system, but these were not necessarily considered to have increased their offending or other problematic behaviour.

7.3.26 All of those whose problems were considered to have increased and were involved in the criminal justice system were rated as having had a poor outcome. However four of the six young people who had been remanded or sentenced, but whose level of problematic behaviour remained unchanged were assessed as having a medium outcome.

7.3.27 In terms of changes in well-being, half of the sample (n=52) were considered to be in a better (21) or much better (5) position than they had been when admitted to secure accommodation. The situation was thought to be worse for eleven young people and to be unchanged for the remaining 16. Not surprisingly there was a close correspondence between ratings of change in behaviour and change in well-being.

7.3.28 Amongst the five whose situation was considered to have greatly improved there was equal representation among girls and boys and the routes young people had taken into and out of secure accommodation. Three local authorities were responsible for one young person and a fourth for two young people.

#### **4. EXPLANATIONS OF GOOD OR POOR OUTCOMES**

7.4.1 Throughout the report it has been emphasised that good or poor outcomes are the result of a wide range of influences. This study has focused on the role of a placement in secure accommodation, but it is clear that the impact of these placements over a two-year period owed much to how the young person was supported after leaving the placement. In addition it might be expected that the nature and level of the young person's difficulties would shape how the young person fared. Working out the relationship between these two dimensions is not straightforward, but some indications of what the key factors were did emerge, both from social workers' accounts of young people's experiences and from examining in more detail some aspects of the background and post-placement support relating to young people who did well or poorly.

7.4.2 Social workers generally attributed a good outcome more to an appropriate placement and education being offered when the young person left secure accommodation rather than simply the placement itself. Nevertheless, it was considered highly beneficial if a young person was able to establish a good relationship with a key worker because this boosted self-esteem and could facilitate the establishment of good working relationships with care workers and other staff who would support the young person when he or she moved on. A good relationship with key worker staff was therefore viewed as a strong protective factor.

7.4.3 In terms of moving on, most social workers preferred that there could be a gradual 'step-down' approach from the structure and supervision of the secure setting. Outcome data from the study supported this view in that half of the young people with good outcomes (7 of 14) had clearly had a full step-down approach and for a further two some elements were incorporated, for example daily contact with an after care worker. None of the 17 young people for whom a full step-down approach applied had had a poor outcome.

7.4.4 Analysis was carried out to identify whether certain characteristics made it more or less likely that a step-down approach would be offered to a young person and/or whether any common elements could be identified amongst those whose outcomes had been particularly good. In most respects such as age when problems started, previous experience of care placements and reasons for admission young people who had been offered a step-down approach reflected the range and diversity of the whole sample. However two important distinguishing characteristics were that 13 of the 17 young people were from city authority A and 11 were female. Thus the examples of step-down practice within the sample largely reflects practice with young women in that area.

7.4.5 Several aspects of that practice promoted continuity. First that the secure placement was local and the close support to which the young person graduated was often on the same campus. Thus some contact with key staff in the secure unit could usually be maintained relatively easily. The local context also made it easier to make links with educational and work experience projects and other support services. Eight of the young people had moved on after only 3 months in the secure placement, suggesting that shorter secure placements can be effective if appropriate follow-on placements are available.

7.4.6 Another notable feature of placements in this authority was that, at the time when the placements ended, social workers considered that most had made a definite impact on young people's behaviour and well-being, with this applying to all of those who moved on to close support. The placements were described, by both social workers and young people, as providing a nurturing environment in which issues were identified and tackled, as far as was possible. Several young people talked about their key worker and teachers with genuine fondness and appreciation. This positive experience and view of placements can be expected to have boosted young people's self-esteem and confidence which in turn would constitute a protective factor as they moved on.

7.4.7 Though the step-down approach was most common in local authority A, there were examples elsewhere, some involving young people who had been placed very far from their home. Where these worked well, the same principles applied of ensuring a package was in place to cater for each element of the young person's needs, whilst at least one key professional, usually the social worker or Throughcare worker also provided on-going support.

7.4.8 If a step-down approach was associated with good outcomes, continuing drug and offending predominated amongst the nine young men and five young women who had the poorest outcomes. In terms of their family background and previous placements, the young people who had a poor outcome were no different from the

sample as a whole. However prior to the secure admission, problematic drug and alcohol use was more prevalent among this group, being an issue for 12 out of 14 of the young people and directly contributing to the need for a secure placement in relation to ten. Levels of offending were also higher than for the sample as a whole, with only two not having been charged with any offences.

7.4.9 Another notable feature of the group with poor outcomes was that their placements in secure accommodation had been viewed in a negative light from the point when they ended. For only three young people was the time in secure accommodation thought to have made any impact on the behaviour which prompted the admission and only two were thought to have had any emotional benefits. The most common reason given for the lack of progress was that the drug problems had not been effectively addressed. Some young people were thought to need a more therapeutic and specialised type of placement. Correspondingly, there was a view that the programmes which had been offered had not corresponded to the young person's needs. These led a number of social workers to say that the young person had simply been contained, rather than helped. This view was expressed more than once in relation to a unit which considered that its service had a therapeutic component. In a few instances the placement was viewed as detrimental. On being admitted to prison, one young woman had said to her social worker that it meant nothing to her because she had got used to being locked up while in secure accommodation. The social worker agreed that the placement had normalised living in a secure environment.

7.4.10 Three young people were identified as having had drug and alcohol difficulties and engaging in associated offending prior to admission, but rated as having a good outcome. However the problematic drug use was less salient in the reasons for the secure admission, so it may have been less severe. Otherwise, the three differed from peers with a poor outcome in three key respects. First, all had been in their teens before coming to the attention to social work service, so their difficulties had been of relatively short duration. For two of them, the secure placement was thought to have made an impact on their behaviour, though the third was considered to have remained disengaged throughout. Each had moved on to a close support, or a residential school placement, so had had more structured support when they moved on. One of the placements in secure accommodation had lasted over a year.

7.4.11 Approximately half of the young people who had poorest outcomes were aged 16 or over by the time they left the secure placement and six had moved home within a year of their admission. All were referred to at least one community-based support, in addition to the social worker, but this had evidently not been enough to promote a better outcome.

## **5 SUMMARY POINTS**

7.5.1 Two years after admission, outcomes were mixed with just over a quarter having a good or poor outcomes and under half having outcomes rated as medium.

7.5.2 For most young people some level of difficulties continued. However the majority were still receiving support from at least one source of community-based support.

7.5.3 Better than average outcomes were achieved when arrangements for leaving the secure placement allowed a gradual reduction in the level of supervision and support the young people had become accustomed to in secure accommodation.

7.5.4 Worst outcomes were reported for young people who had significant problems with drug misuse prior to admission.

7.5.5 This section has tried to unpack the myriad of influences which influence outcomes. It suggests that, though post-placement support is key, the experience in secure accommodation is an equally important element. No particular approach can guarantee success, but the most salient theme is that young people respond well when offered continuity and the opportunity to develop relationships with one or more reliable adults who can help with problems as they arise. Some young people needed more specialised help than secure units were able to offer during the period covered by the study. Sustaining improvement after secure care normally required a graduated transition, which kept in place some of the close support provided in the secure setting.



## **CHAPTER 8: CHARACTERISTICS AND EXPERIENCES OF YOUNG PEOPLE WHO FORMED THE ALTERNATIVE SAMPLE**

### **1 INTRODUCTION**

8.1.1. As noted in chapter one, the role of the alternative sample changed in the course of the study. The original intention had been that its inclusion would facilitate direct comparison with young people admitted to secure accommodation, so that the respective benefits of a secure and alternative route might be identified, both in financial and welfare terms. For reasons explained in chapter one, this kind of quasi-experimental comparison proved not to be feasible or appropriate. However including the alternative sample remains useful as it offers illustrations of parallel routes through services taken by young people who came close to being admitted to secure accommodation, but managed to be sustained in an open residential or community based setting. This chapter describes the young people, their journeys and the role of non secure services in supporting them.

8.1.2 Twenty-three young people were recruited from three main sources: projects offering intensive support to young people at risk of being placed in secure accommodation or residential school; residential schools; the survey of all young people made subject to secure authorisation between 1<sup>st</sup> July and 31<sup>st</sup> December 2003. Recruitment continued for 2 ½ years and at different points targeted several major voluntary organisations offering ‘alternatives to secure accommodation’ and all residential schools.

8.1.3 Criteria for inclusion were that the young person had been formally considered for secure authorisation, but subsequently sustained in an open residential or community setting for at least six months.

8.1.4 Information was obtained retrospectively in one interview with a project worker, residential key worker or social worker. Where appropriate consents had been obtained, background information was also obtained from social work records.

### **2. CHARACTERISTICS OF THE YOUNG PEOPLE**

#### **Age and Gender**

8.2.1 The age range in the alternative sample, at the point when they had been considered for admission, was 10-15. Whilst girls were over represented in the secure sample, they were in the minority in the alternative sample. This in part reflects that most of the sample was recruited through residential schools and projects working with young people involved in offending, both of which cater primarily for boys. Details of age and gender are outlined in Table 11.

**Table 11: Age when first considered for secure accommodation by gender**

<b>Age when first<sup>12</sup> considered for secure authorisation</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
10-11	1	1	2
12	3	0	3
13	2	1	3
14	6	2	8
15	4	3	7
<b>Total</b>	<b>16</b>	<b>7</b>	<b>23</b>

### **Background**

8.2.2 As with the secure sample, the main carer for most young people was a single mother. Details are outlined in Table 12:

**Table 12: Main Carers for Young People in the Alternative Sample**

<b>Main Carer</b>	<b>Number</b>	<b>%</b>
Mother	14	61
Local authority has parental rights	3	12
Both parents	2	9
No main carer	2	9
Father	2	9
<b>Total</b>	<b>23</b>	<b>100%</b>

8.2.3 Four young people, two girls and two boys, had experienced the death of one parent.

8.2.4 The families of fourteen young people (60%) had first been known to social work services when the young person was aged 10 or younger. Length of social work involvement ranged from less than a year to 11 years, with half having been in touch with social work services for five years or more. A third of the families were affected by parental drug or alcohol misuse and needed additional support with parenting. Family violence was mentioned in relation to six of the families.

8.2.5 For two girls and one boy the difficulties which resulted in consideration for secure accommodation had started at the ages of 8-10. The remainder had been between 11 and 15 years old when their problems began. For eight young people, the onset of difficulties had started at age 12-13, so this was the most common age at which problems had first been identified.

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<sup>12</sup> Three young people had subsequently been considered for secure accommodation once and one twice.

8.2.6 All but three of the young people had been accommodated at some point in their life. Time spent in care had been: under 2 years (9); 2-5 years (7); 5 years or more (4)<sup>13</sup>.

8.2.7 The number of previous placements ranged from 1-7, with seven young people having been in three placements or more. Eleven had had at least one placement in a residential unit, nine had been in at least one foster placement and five had been in at least one residential school.

8.2.8 In terms of these aspects of their background, there were few notable differences between the young people in the alternative sample and those who had been admitted to secure accommodation.

### **3. THE YEAR PRIOR TO CONSIDERATION FOR SECURE PLACEMENT**

8.3.1 At the time when they were considered for secure accommodation, nine young people were living in a children's unit, five were in a residential school and nine were living at home. In order to mirror the pathways approach developed in relation to young people admitted to secure accommodation, the young people were grouped according to their placement when considered for secure, then patterns of routes through services in the previous year were identified for each group.

#### **Pathway 1 : Young People in a Residential Unit ( n=9)**

8.3.2 Of these nine young people five were boys and four girls. Three were younger than fourteen years old and six aged 14+. They came from four local authorities, but seven were from the two main cities.

8.3.3 In the previous year, three had spent at least three months at home prior to being placed in residential accommodation. Two had been in foster care and one in close support before moving to the unit, but none had spent time in a residential school or secure accommodation. Three had been in the same unit for six months and two for the entire year.

8.3.4 In terms of education, six young people were in mainstream education and the remainder in a form of specialist provision. However only three were attending regularly at the point when they were considered for secure placement. In relation to community supports, all but two had some form of additional help. The range of services offered were similar to those made available to young people in secure accommodation, that is primarily offering intensive social support and help related to offending or addictions. Only two had been referred to a team offering mental health support. Reluctance to engage with at least one service was mentioned in relation to six of the nine young people.

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<sup>13</sup> Information missing on three young people

### **Pathway 2: Young people in a residential school (n=5)**

8.3.5 This small group included four boys and one girl. Two were aged 13 and three were aged 14 -15.

8.3.6 One had been resident in the school for the entire year, one had been there for only a month, having spent the rest of the year at home, and the remaining three had divided the year between a residential unit and residential school.

8.3.7 Education was provided within the school and four young people had been referred to more than one additional community resource, which specifically catered for young people at risk of being admitted to secure accommodation.

### **Pathway 3: Young people at home (n=9)**

8.3.8 Of the nine young people living at home, two were 15 year old girls and seven were boys. Three of the boys were aged 13 or younger.

8.3.9 Only two of them had spent any part of the previous year in a care placement.

8.3.10 In terms of education, four were still on the roll of a mainstream school, with two receiving additional support within the school. The remainder had a place in specialist educational provision, either in a day centre or as a day pupil in a residential school. However only two were attending regularly when considered for secure placement. Two young people had not been offered any social supports in addition to the statutory social worker, but for some others a quite intensive package had been put in place, typically involving intensive community-based support and contact with a specialist addiction service.

## **REASONS FOR BEING CONSIDERED FOR SECURE ACCOMMODATION**

8.3.10 Young people were being considered for secure accommodation because of behaviours similar to those which had promoted the admission of those in the secure sample. That is they were placing themselves or others at risk and offending. Some of the behaviour involved a high level of risk, for example alcohol and/or solvent misuse, joy-riding, playing 'chicken' on railway lines, gang fighting and engaging in activities involving potential sexual exploitation. However compared with those in the secure sample, a far lower proportion were running away ( 32% compared with 73%). Another difference was that offending and creating trouble in the community was a more prevalent issue among this sample than for most young people who had been admitted. As with the young people in secure accommodation, school and family, difficulties were usually problematic too, but for some the situation was less volatile than was typically the case for young people who had been admitted.

8.3.11 Formal reasons for consideration for secure accommodation are listed in Table 13:

**Table 13: Reasons for young people being considered for secure accommodation**

<b>Reasons for Admission</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Danger to self	13	5	18
Likely to abscond	5	2	7
Danger to others	11	4	15
Persistent offending	9	0	9
Serious offence(s)	0	1	1
Outwith the control of current carer	3	1	4

### **REASONS WHY YOUNG PEOPLE WERE NOT ADMITTED TO SECURE ACCOMMODATION**

8.3.12 The most common reason why the young person had not been admitted to secure accommodation was that no place had been available. This reason was given in relation to 11 young people. In addition, the risk in relation to one young woman was thought to have reduced by the time a place became available. Thus twelve young people, over half the sample, would have been admitted, if a place had been available on the day that the secure authorisation was made. Ten of the young people stayed in the placement they were currently living in, four in a residential school, four at home and two in a residential unit. The remaining two either moved home from their current placement or moved into a residential unit.

8.3.13 One young person was considered by social work managers not to meet the secure criteria and another's appeal against secure authorisation was upheld by the sheriff court.

8.3.14 The remaining nine young people avoided secure placement because an alternative package was put together to support them. Six of the nine moved to a new placement, either a residential school, close support or a residential unit. The remaining three stayed at home. Most of these were not made subject to secure authorisation because the alternative arrangements had been put in place to avoid this.

### **4. KEY ELEMENTS OF THE SERVICE OFFERED BY THE ALTERNATIVE SERVICES.**

8.4.1 A wide range of services were drawn on to keep young people in the community, but three main types of service predominated: intensive community based support, offending based projects and residential units or schools.

8.4.2 Includem staff were working with a third of the young people, so their service merits a brief description. Its key characteristics were that staff had frequent contact with the young person, often daily, were available out of usual core hours, and in most instances worked with the whole family, rather than just the young person. They typically engaged in a mix of structured activities which encouraged young people to

develop more understanding of their life situation and behaviour and introduced the young person to leisure activities and sport. They were also available to offer advice and support to parents and sometimes took the whole family on outings to encourage positive, enjoyable interaction among them. Crucially the worker got to know the young person and family very well, so had a good idea of what the risks and strengths in each family were. This level of understanding, together with a capacity to diffuse family crises before they became out of control, enabled them to sustain some very volatile situations. In addition they worked with other local agencies such as police and schools to create the best possible package for young people, but also to help diffuse local antagonism towards young people who were viewed as prolific offenders.

8.4.3 In some instances the Includem staff took the view that an admission to secure accommodation would achieve very little for the young person because their problems could not be dealt with in isolation from what was going on in the rest of the family. This strong emphasis on viewing and working with the young person in his or her family context is quite different from the emphasis on focusing on the young person as an individual within the secure setting. Correspondingly, whilst the Includem input aimed to support families in ways which would enhance their lives as far as possible, staff also recognised that their usual role was to enable very stressed and burdened families to cope rather than effect significant change.

8.4.4 Projects focusing on offending also engaged with parents where appropriate, though their focus was more directly on the young person and his or her offending and associated difficulties. It was often because structured work on offending could be offered that a children's hearing had agreed to a young person remaining at home. However the young person was viewed holistically and supported with a range of issues including relationships with family members, drug and alcohol use and preparation for work. Ideally the projects offered the kind of programme which might be offered in secure accommodation, but in an open setting. In some instances, the risk of going to secure accommodation had been enough to encourage initially reluctant young people to engage.

8.4.5 Residential units and schools were also in the forefront of sustaining young people in the community. Sometimes additional support for the young person from a community support project had helped ease the situation, but where young people had been sustained in an open setting, staff had usually stayed with a fraught situation until it improved. In some instances a number of difficulties continued, but the crisis element had subsided and some young people had become much more settled.

## **5. PATHWAYS THROUGH SERVICES IN THE YEAR FOLLOWING BEING CONSIDERED FOR SECURE ACCOMMODATION**

### **Living situation following consideration for secure placement**

8.5.1 Immediately following being considered for a secure placement, the living situations of the 23 young people in the alternative sample were as follows:

Remaining at home	7
Recently moved home or to live with another relative	2
Remaining in a residential school	4
Recently moved to a residential school or close support	5
Remaining in a residential unit	3
Recently moved to a residential unit	2

8.5.2 Thus 14 were still in the same placement: seven remained at home, four in a residential school and three in a residential unit. Of the nine who moved, five transferred to a more restricted environment i.e. from a residential unit to close support (2) or residential school (2) and from home to a residential school (1). One young person moved from a residential school to a unit and one from a unit to live with a relative. One young person who had been at home moved to live with another relative.

8.5.3 Moves made within this admittedly small sample lend support to the view that developing existing supports in the community, sustaining existing residential placements and moving to more structured and resource intensive residential care are the key ways of avoiding admission to secure placement.

### **Pathways in the year following consideration for secure placement**

#### Young people who stayed or moved home ( n=9)

8.5.4 Six boys and three girls were in this subgroup. Two boys were under the age of 14, but the remainder were aged fourteen or older.

8.5.5 Five of the young people who stayed or returned home after the residential placement remained at home for all of the following year and one moved to live with a relative. Three moved into residential care, two to a residential school and one (part-time) to a children's unit. One young man was admitted to a Young Offenders Institution in the course of the year. None were admitted to secure accommodation, close support or foster care.

8.5.6 All of the young people received specialist education, though two still attended mainstream school with additional supports. All had at least one form of community support and three were in contact with a total of five resources, including intensive community-based support.

Young people who remained in or recently moved to a residential school or close support (n=9)

8.5.7 Of the nine young people in this sub-group seven were boys and two girls. Five were under the age of 14 and four aged 14 or older.

8.5.8 Of the four boys who remained in residential, two had stayed there for all of the following year and one for 10 months. Only one of the four had been admitted to secure accommodation and had remained there for eight months.

8.5.9 There had also been reasonable stability for the three young people who moved into residential school after being considered for secure accommodation. Two had remained for the entire year and one had moved on to supported accommodation after 10 months in the school. Both young people who moved into close support had also stayed there for the whole year.

8.5.10 One of the young people admitted to close support still attended mainstream school, but all of the others in this sub-group received specialist education.

8.5.11 Each person also received at least one community-based support and one young person was in contact with five. Relevant services included intensive support (i.e. daily contact), support towards independent living and a range of addiction services.

Young people who remained in or moved to a residential unit (n=5)

8.5.12 Five young people, three male and two female and all but one aged 14 or older had remained in or moved to a residential unit after being considered for admission to secure accommodation.

8.5.13 All five had remained in residential care for the following 12 months, but only one had stayed in the same unit. Three had moved to a second unit and one had had two subsequent placements. Two young people had moved to residential school and one to supported accommodation. None had moved into secure accommodation, close support or foster care.

8.5.14 None of the four were in mainstream school and three were moving on to college. In terms of community supports, a high number (2-5) and wide range were offered. As with other groups, these included support towards independent living, help with crises as they arose on a day to day basis and addiction services.

8.5.15 At the time the research interviews were carried out, the young person had been engaging with the supports put in place after consideration for secure admission for at least six months. For some young people the possibility of being admitted to secure accommodation remained a live issue because the behaviours which caused concern continued to some extent. For some, key workers thought that wanting to avoid secure accommodation helped moderate their behaviour and keep them engaged with services.



## **6. SUMMARY POINTS**

8.6.1 In terms of their family background and previous history, the young people in the alternative sample were similar to those who formed the secure sample.

8.6.2 The young people had been considered for secure placement for reasons similar to those which had resulted in an admission for those in the secure sample. However offending was more of an issue for young people in the alternative sample and fewer of them were absconding. Most had remained engaged with at least one support service.

8.6.3 Half of the sample had not been admitted to secure accommodation because no bed was available. Yet all of them had remained in an open setting for at least six months thereafter, usually without moving to live somewhere else. A move of placement was more likely when a package had been put together as a positive option to avoid admission to secure accommodation.

8.6.4 Three main types of service had continued to support young people in the community: intensive community based support; projects focusing on offending and residential units and schools. Each offered a distinctive type of support, sometimes in collaboration.

8.6.5 Though in many instances some level of difficulty continued, most young people had reasonable continuity and stability in terms of placements in the following year being considered for secure accommodation.

## **CHAPTER 9 : COMPARING ROUTES THROUGH AND AROUND SECURE ACCOMMODATION**

### **1 INTRODUCTION**

9.1.1. Understanding the relationship between the use of secure accommodation and ‘alternatives’ has been a central issue for this study. Early appreciation that open residential or community-based services seldom offered a ‘direct’ alternative to secure accommodation meant that the study’s design shifted from comparing the effectiveness of each to understanding: a) how young people came to take one route or another and b) how these parallel experiences impacted on them. This chapter highlights key points to emerge on both these issues, while also showing that in some respects and for certain young people the ‘alternative’ services complemented secure provision, rather than diverted from it.

9.1.2 One of the key messages from the study is that whether certain young people are admitted to secure accommodation is shaped as much by the service provision context around them as the needs and behaviour of the young people themselves. Through the process of recruiting the alternative sample, interviews with key stakeholders and a survey of placements following all secure authorisations made by a children’s hearing during a six month period, it became evident that use of secure accommodation and ‘alternatives’ varied across local authorities. Key considerations which shaped patterns of use were: accessibility of secure places; views and attitudes about the role and value of a secure placement; capacity and willingness to manage risk in an open setting; availability of open and community based alternatives, i.e. well resourced open residential provision and intensive community based supports. Taken together these considerations shaped what thresholds of risk came to be tolerated in an open setting or considered to merit secure accommodation. In this chapter we draw on the data obtained in relation to the young people in each sample to further highlight how these structural differences operated in practice.

9.1.3 The second key concern of this study has been to identify the kinds of services and practice which would produce best outcomes for young people. The complexity and diversity of experience reported in the preceding four chapters meant it was not possible to identify specific services which would in themselves produce a better or worse outcome. What mattered was the context in which services were offered, whether rapport could be established between the young person and whoever was offering the service and whatever else was going on in a young person’s life at the time. Thus certain approaches to service delivery and features of practice were identified as more or less likely to produce good outcomes and this chapter highlights these.

### **2 SECURE AND ALTERNATIVE SAMPLES – COMPARABLE GROUPS?**

9.2.1 It has been emphasised throughout the report that direct comparisons cannot be made between the two samples because of differences in sample size and how they were recruited. Nevertheless some comments about the nature of samples and how they came to be recruited are merited.

9.2.2. The backgrounds of the young people were broadly similar, as was their previous experience of local authority care. However there were also some differences. Compared with the young people admitted to secure accommodation, those in the alternative sample had had fewer moves in the year prior to being considered for secure accommodation. This indicates that their route to secure accommodation was stopped, at least partly, because, unlike the young people who reached secure accommodation, they arrived at a placement (and that might be their family home) from which they could be adequately supported.

9.2.3 The characteristics of the two samples are different in that girls predominate in the secure sample and boys in the alternative. The alternative sample also includes more young people aged less than 14 years old and more young people for whom offending was a primary concern.

9.2.4 Taken together, these differences mean that whereas a significant proportion of the secure sample were young women who were putting themselves at risk, often through drug use, running away and risky sexual activity, this group is not represented in the sample. One of the sites through which the research team tried to recruit appropriate young women to the alternative sample was city authority B, focusing on the secure screening group and a young women's support project. Neither source yielded any recruits for the alternative sample, primarily it seemed, because the project usually engaged with young women at risk before admission to secure accommodation was seriously considered. Thus many young women in this authority also seemed to have found suitable support at an early enough stage to prevent them reaching secure accommodation<sup>14</sup>. However since the latter option had not been seriously considered for young people, they could not be included in this study.

9.2.5 With city authority A responsible for a high proportion of young women in the secure sample, it is evident that, at the time the samples were recruited, practice in relation to young women at risk was different in these two authorities. Factors identified as likely to contribute to the differences were:

1. availability of open and community based alternatives: city authority A had no residential school provision for girls or dedicated community support;
2. accessibility of secure places: each authority had access to their own unit, but in city authority B, but not A, a high number of places were reserved for use by other authorities. In addition, local authority A's provision was local.
3. attitudes to the use of secure accommodation: staff in city authority A typically referred to secure accommodation as a potentially positive option, whereas the potential negatives were emphasised by staff in city authority B.

9.2.6 Increased availability of open residential and community based supports in authority B meant that some young women there were able to modify their behaviour before requiring secure accommodation. In authority A, there was relatively ready access to local secure accommodation and confidence in the potential benefits of placements. Together these considerations meant that a lower level of risk would be

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<sup>14</sup> This authority admits relatively few young women to secure accommodation. None were included in the secure sample, though one young woman who met the criteria refused to participate and another was not asked because her personal circumstances were particularly distressing at the time.

tolerated and worked with in an open setting in authority A, compared with authority B. Thus decision making was influenced by several aspects of the local context.

### **3. WHAT HAD THE SECURE PLACEMENT AND ‘ALTERNATIVES’ PROVIDED?**

9.3.1 The experiences of the young people in each of the samples also shed light on the respective roles of secure accommodation and other forms of residential care or community-based support services which are commonly referred to as ‘alternatives’.

9.3.2 At the point when they left the secure placement, all young people were considered to have benefited from being there. For some the benefits were considerable, including, in certain cases, managing to keep the young person alive. Two-three years later, half of the sample were still thought to be in a better position than had been the case when the secure placement was authorised, but for about half of the young people, the gains had not been long-term, whilst the behaviour which had resulted in secure accommodation remained problematic for well over a third (37%).

9.3.3. Because of differences in the two study samples, it is not possible or meaningful to give comparable outcomes for young people who were considered for secure accommodation but not admitted. However from information on the services they had been offered, it is possible to identify the role alternative services had played in relation to the key elements of a secure placement and which might be developed a) in order to allow more young people to be sustained in the community or b) to augment what secure placements are able to offer.

#### **Intensive community-based support**

9.3.4 Managing risk and keeping the young person safe were evidently key elements of each alternative service, with this aspect of the work being particularly important with young people still living at home or spending a lot of time in the community while accommodated. Some alternative services clearly managed a high level of risk. One of the reasons they were able to do this was that workers were in frequent contact with the young person and his or her family, were available out of hours and engaged in a range of different activities with the young person and key people in his or her life. Through this they developed an understanding of what made the young person tick and what was going on in his or her life which facilitated reliable risk assessment and management. With this level of contact, an incremental approach could be adopted whereby risk factors were constantly being assessed, the service altered to address them and its adequacy monitored.

9.3.5 This kind of approach to risk management was similar to that described by a number of social work managers as a means of actively preventing admission to secure accommodation and/or knowing when a secure placement was needed. Alternative support services had adopted this approach with young people living at home or in an open residential setting. Where young people were in the latter, close working with residential staff was evidently key.

9.3.6 One of the advantages of secure accommodation was that young people could be reintroduced to education and other services from which they had become disengaged. Where community support workers had established a good rapport with young people, there were examples of workers being able sustain links with young people, even when in crisis, and so be able to facilitate access to school and other services. The latter was sometimes an on-going part of the contact. Thus high intensive community support services could be a means of promoting young people's engagement with other services, without the restrictions imposed by a secure placement.

9.3.7 Perhaps one of the key distinctions between what secure placements and community based intensive support offered was that the latter worked closely with parents and other family members, whereas admission to secure accommodation could potentially cut the young person off. In the final interview with unit managers they stressed that work with parents was being developed, so this seems to be an aspect of practice which has changed since the young people in the secure sample were in placement. Yet, irrespective of the work undertaken, admission to secure accommodation potentially isolates a young person and locates the problem within him or her, where as some of the community based approaches the research encountered made it clear that the problems were family based. At the end of the research period, the family situation for most young people in the secure sample remained uncertain or unstable. This was also the case for many young people in the alternative sample. However where workers had got to know the family well and were flexible in their availability, crises could sometimes be resolved without resorting to the young person having to leave the family home.

9.3.8 Another important feature of community-based support was that it could last for several years. Some of the projects, worked on the basis that certain families with multiple problems would need high levels of on-going support for as long as there were children growing up within them. For young people and families who needed this, a secure placement for one child was not expected to make much of an impact on the level and complexity of their difficulties.

9.3.9 Key elements of intensive community-based support thus potentially have a role in sustaining young people and so avoiding secure placement, but can be equally beneficial in compensating for the drawbacks of secure accommodation and supporting young people when they leave. Most of the young people in the secure sample were in contact with a form of community based support after they left the secure placement. When asked about which services had had the most positive impact on young people, social workers were more likely to attribute success to the support provide on leaving secure accommodation, rather than the secure placement itself. However in many instances this work was building on and sustaining the benefits of the placement.

### **Residential Provision**

9.3.10 Residential schools had provided an open alternative for a number of young people who were considered for secure accommodation or made subject to a secure authorisation. This provision had also been the placement of choice for a number of young people on leaving secure accommodation. The key advantages over secure

accommodation are evidently that this option avoids restriction of liberty, whilst still providing a safe, structured environment and education. In addition the placement is not time-limited so young people can have longer to address any difficulties and make educational progress, whilst weekend leave can facilitate limited contact with their family. However, with secure provision, residential schools share to some extent the disadvantages of being cut off from local communities and expensive.

9.3.11 Among young people in the secure sample, outcomes for those who had been in a residential school were better than for the sample as a whole in that three of the seven had had a good outcome and only one a poor outcome.

9.3.12 Close support or more intensively resourced residential provision was also a potential alternative to secure accommodation. In interviews with key stakeholders there was strong support for developing better resourced and more structured residential services which would have the capacity to manage young people at risk and stop them becoming out of control. Amongst young people in the secure sample it was evident that these resources were seldom accessed before young people reached secure. Correspondingly, none of the young people in the alternative sample or survey of placements following a secure authorisation had been sustained in this kind of setting, though a number had been able to remain in an ordinary residential unit.

9.3.13 Thirteen young people had moved on to close support on leaving the secure unit and for them outcomes had been rated as better than for the sample as a whole, with three being rated as good, ten as medium and none as poor.

9.3.14 Evidence from both samples, the survey of placements following authorisation and the interviews with key stakeholders indicates that residential units are a key resource on the route to secure accommodation, so that strengthening what they can offer would seem to be a key plank in an strategy trying to ensure that young people will only be placed in secure accommodation if they would present an unacceptably high risk to themselves and others within any other setting.

## **4 COSTS OF SECURE PROVISION**

9.4.1 Secure care is obviously one of the most expensive forms of intervention with children and young people. We have seen that while some panel members considered that the reluctance of social work staff to recommend secure care was motivated by keeping down costs, neither reporters nor social work managers thought that cost considerations would stop a local authority from requesting secure authorisation if it was required. We have also seen that patterns of individual need, pathways through services and definitions of outcome are complex, and therefore, it is not possible to come to a straightforward conclusion about whether secure placements or 'alternatives' are ultimately more cost effective.

9.4.2 The changes in the design of the research have also meant that the detailed costing of services which had been envisaged at the start of the project was not possible. Information was gathered on typical packages of care for key subgroups within both secure and alternative samples.

9.4.3 On the basis of the pathways through secure care and open services, costs were linked to placement types and to other aspects of care packages. This information on costs was collated from a number of different sources: service providers; previous research; and costing studies. In the context of the study as a whole, it has not been possible to apply costs of certain types of provision to individual cases. Therefore, what follows is indicative of comparative costs across different care pathways. Previous research on persistent young offenders has shown that residential care is the most significant cost; it could account for as much as four-fifths of local authority expenditure on services (Hill et al, 2005). The Fast Track research also highlighted that expenditure on community services could be highly variable, but was much lower than residential costs. The research shows that even with involvement of intensive community support, “the maximum weekly cost for community based services was normally under £200” (Hill et al, 2005, p. 65) and only three young people received community based services that cost more than £500 per week. The Local Authority Social Services Children in Need Survey 2003 also showed the wide range of average costs for children supported in the family or independently. For example, to take children aged 10 – 15, cases involving ‘abuse or neglect’ or ‘family dysfunction’ cost between £100-150 while ‘socially unacceptable behaviour’ cost between £150-200. The groups of children which cost the most per week to support were boys aged 10 – 15 and 16 and over involving ‘absent parenting’; the average cost was just under £300 per week and just over £300 per week respectively (Knapp et al., 2004, p. 383)

9.4.4 For present purposes, average costs were calculated for a range of placement types: local authority residential unit; residential school; close support unit; secure care; foster care; community support. These are detailed in Table 14 below. It is acknowledged that there are major limitations in that the wide variation in the way in which services are provided to children and young people is masked in these calculations. They do, however, provide indicative costs across the different pathways.

**Table 14: Average costs of placements**

<b>Type of placement</b>	<b>Cost per week</b>	<b>Source</b>
LA residential unit	£1,400	6 local authorities
Residential School	£2,100	11 residential schools
Close Support Unit	£2,775	4 close support units
Secure Care	£3,725	5 secure units
Foster Care	£250	Fostering Organisation
Community Support	£200	Fast Track costings

9.4.5 Full information on the pattern and duration of placements in the year prior to secure authorisation and the year after were available for 42 of the secure care sample and 18 of the non-secure sample. Another factor in interpreting the figures below is the assumption we have made in attributing costs for community-based services. We have not been able to identify the level of community-based services provided to children and young people when they are in residential or foster care. From the evidence in this research, and the evidence from the Fast Track Hearings research, community-based services can be used extensively when children and young people are in residential care: “some young people in residential care required just as much support from community based workers as those living in the community” (Hill et al.,

2005, p. 64). Thus, the costs for young people in residential care will be an underestimate of the expenditure on global services received.

9.4.6 Another issue which needs to be taken into account concerns the costs of education. Secure accommodation services and residential schools include education in their costs as these are provided on site. In relation to other placements, however, we were unable to attribute costs to education provided for the children and young people. This does mean that the costs for children and young people who were placed in residential schools and secure accommodation will be artificially higher because of the inclusion of education costs. To give an indication of the scale of the differences, education in a secondary school costs approximately £5,000 per pupil per year (Scottish Executive, 2005). Few of the young people, however, were in mainstream education without additional educational support. Audit Scotland (2003) found that costs for services to support pupils with special educational needs was approximately £7,800 per year. There was wide variation across local authorities, however, ranging from £3,000 per pupil to £17,500 per pupil.

9.4.7 With these major provisos, the cost figures in the table above were attributed to each of these young people.

9.4.8 The total cost of services for the 42 young people in the secure sample over two years – 1 year before and 1 year after the time of placement into secure - came to over £7.8 million, giving an average (i.e. mean) cost of just over £185,000 for each young person. In contrast, the total cost of services for the 18 young people in the non-secure sample, was £2.1 million, giving an average cost of just under £117,000. Obviously, one of the significant costs in relation to the secure sample will be the cost of secure provision itself. For the 42 young people in the secure sample, the cost of secure provision over the 2 years totalled £4.5 million (58 per cent of total costs). Only one of the young people in the non-secure sample had experienced secure placement

9.4.9 If we break this down to look at the year before the point at which young people were placed in or considered for secure, we find that there is still a significant difference between the two samples. The cost of services for the secure sample (42 young people) totalled approximately £2.6 million with an average cost of just over £61,200 per young person. The costs for services for the non-secure sample (18 young people) totalled £0.72 million with an average cost of just under £40,000 per young person.

9.4.10 In the year after placement commenced, the cost for services for the secure sample was £5.2 million with an average cost of £124,000 per young person. For the non-secure sample, the costs were £1.4 million with an average cost of £77,100 per young person (equivalent to 62% of the average cost for the secure sample).

9.4.11 In looking at the pathways across the two samples, three main routes were identified: entering secure or alternative from children's homes; from residential school; and from home. In the case of the 42 children and young people in the secure sample for whom we have details, the majority (26) entered secure from children's homes; 11 entered from residential schools; and 5 entered from home. For the 18 young people in the non-secure sample; 8 entered alternatives from children's homes;



3 from residential schools and 7 from home. We will look at each of these three main routes in turn.

**Table 15: Pathway costs**

<b>Sample n=60</b>	<b>Pathway</b>	<b>Mean (£)</b>	<b>Median (£)</b>	<b>Range (£)</b>
<b>Secure</b>	Children's unit (26)	182,100	160,800	66,800-354,400
	Residential school (11)	216,100	211,250	144,100-271,700
	Home (5)	136,600	127,600	112,400-166,400
	<b>Total (42)</b>	<b>185,650</b>	<b>172,000</b>	<b>66,800-354,400</b>
<b>Alternative</b>	Children's unit (8)	145,700	139,550	58,200-217,000
	Residential school (3)	169,400	182,000	121,000-205,200
	Home (7)	61,700	52,000	20,800-148,200
	<b>Total (18)</b>	<b>117,000</b>	<b>119,200</b>	<b>20,800-217,100</b>

9.4.12 For those young people who entered secure or alternatives from children's home, the average cost of services over the two years was £182,100 for the secure sample (26 young people) and £145,700 for the non-secure sample (8 young people). The range of costs in this route is exemplified by the following cases. One young person in the secure sample who was in residential care for the full year prior to placement in secure (4 months in secure and 8 months in close support unit) and was in secure accommodation (2 separate units) for the whole of the follow-up year giving a total cost of £354,400 for provision of services. At the other end of the range, one young person was at home for most of the year prior to placement in secure but had moved into a children's unit for one night prior to placement in secure. After a period of 3 months in secure, the young person returned home, giving a total cost of £66,800. One of the young people in the non-secure sample had total costs of just under £217,000. This young person was placed in a children's unit for the whole of the previous year and was placed in a close support unit for the following 12 months. Another young person in the non-secure sample had costs of £58,200 made up of placements in a children's unit for 7 months and foster care for 5 months and was at home for the following 12 months.

9.4.13 As might be anticipated, the costs of the residential school route tended to be higher than the children's unit route. The average cost of services over the two years was £216,100 for the secure sample (11 young people) and £169,400 for the non-secure sample (3 young people). One young person in the secure sample was placed for 5 months in a residential school, for three months in secure care and for 3 months in foster care in the year prior to placement in secure. In the following year, the young person was in secure care for 7 months and placed in a residential school for 5 months. Costs for services totalled £271,700 for the two years. At the other end of the range for the secure sample, was a young person who was at home for six months of the year and then had a placement of 4 months in secure and 2 months in a residential school. This young person was then in secure for a further 3 months before returning home. This package of care totalled £144,100 for the 2 years. In the non-secure sample, the

most expensive package of care for the two years was £205,200. This young person was in residential care for the full year prior to secure authorisation/consideration; 9 months in a children's unit and 3 months in a residential school. The young person continued placement in a residential school for 10 months (therefore, meeting the study criteria for inclusion in the non-secure sample) but was then placed in secure for remaining 2 months of the year. At the other end of the range, one young person was at home for all but 1 week of the first year and was then placed in a residential school where the young person remained for following year. This came to a total of £121,000 for the two year period.

9.4.14 Finally, the route into secure care and alternatives from home tended to be the least costly. The average cost of services over the two years was £136,600 for the secure sample (5 young people) and £61,700 for the non-secure sample (7 young people). One young person in the secure sample had been in secure for 6 months of the previous year and at home for the remainder. In the year following, the young person was in secure for 3 months, moved to a residential school for 1 month and then moved on to supported accommodation. This came to a total of £166,400 for the two years. Another young person was at home for the first year and then placed in secure for 6 months. This came to a total of £112,400. In relation to the non-secure sample, one young person was in a children's unit for just over 6 months of the first year and for almost the full year following was in residential school. This totalled £148,200 for the two years. Finally, the least expensive package of care was for 3 young people who were at home throughout the two year period and we have estimated this to cost £20,800.

9.4.15 We can see then that while across the different routes we have identified, there is a tendency for the non-secure sample to be less expensive than the secure sample, there is wide variation in cost within the two samples and overlap across the two samples.

## **5 SUMMARY POINTS**

9.5.1 Admission to secure accommodation is shaped as much by the service provision context as the needs and behaviour of the young people themselves. Key considerations which shaped patterns of use were: accessibility of secure places; views and attitudes about the role and value of a secure placement; capacity and willingness to manage risk in an open setting; availability open and community-based alternatives, i.e. well resourced open residential provision and intensive community-based supports.

9.5.2 The backgrounds of the two samples of young people were broadly similar. However, those in the alternative sample had had fewer moves in the year prior to being considered for secure accommodation. The alternative sample also included a greater proportion of boys; more young people aged less than 14 years old; and more young people for whom offending is a primary concern.

9.5.3 At the point when they left the secure placement, all young people were considered to have benefited from being there. Two-three years later, half were still thought to be in a better position; for over a third, however, the behaviour which had resulted in secure accommodation remained problematic.

9.5.4 Some intensive community-based support services clearly managed a high level of risk. They did this through frequent contact with the young person, were available out of hours and engaged in a range of activities. Risk factors were constantly assessed and services altered to address them. Intensive community support services could also promote young people's engagement with other services, such as education. They also worked closely with parents and other family members, whereas admission to secure accommodation could potentially cut the young person off. Another important feature of community-based support was that it could be long term.

9.5.5 Open residential provision was a key resource following placement in secure accommodation and outcomes for young people who moved on to residential school or close support provision were better than the sample as a whole. Residential units are a key resource on the route to secure accommodation and strengthening what they can offer to young people is important.

9.5.6 Secure accommodation is an expensive resource and indicative costs for 42 young people over a two-year period showed that secure care made up a significant proportion of costs of services. While there is a tendency for the alternative sample to be less expensive than the secure sample, there is a wide variation in cost within the two samples and overlap across the two samples.

## **CHAPTER 10: IMPLICATIONS FOR POLICY AND PRACTICE**

### **1. INTRODUCTION**

10.1 This study has reviewed the use and effectiveness of secure accommodation in Scotland. Its aims were to inform decision-making by identifying the circumstances in which placement in secure accommodation was likely to be both necessary and/or effective. The research addressed these questions, but has approached them in a different way from what was originally planned.

### **2. DECISION-MAKING**

10.2.1 In terms of decision-making, the study has demonstrated that decision-making about admission to secure accommodation is already quite sophisticated, especially among social work managers. Deciding whether and when a secure placement was required always involved weighing up a range of often competing considerations. The study concluded that these decisions were very context specific, reflecting certain elements of the situation which applied in each local authority. Access to secure places, attitudes towards the role and value of secure accommodation, capacity to manage risk and commitment to developing alternatives together shaped decisions about individual young people's need for secure accommodation in each authority. It follows that changes in decision-making practice would require a shift in one or all of these dimensions. A number of social work managers and panel members thought it would be helpful to introduce a nationally agreed system to determine which young people should be given priority for admission to secure accommodation, but any such system would need to build in a means of taking account of the local context.

10.2.2 This study had difficulty in identifying and recruiting young people who had been considered for secure accommodation but sustained in an open residential or community setting, since far fewer young people than had been expected fitted the criterion. However practice in 'creating' alternatives was developing as the study progressed. Whilst 'creating' alternatives might involve starting a new resource, more often it meant putting together a package of services, built around the young person's needs. Some social work managers described in detail a proactive, incremental approach which involved flexibly adjusting service provision in an attempt to support changes in the young person's behaviour and so reduce the risk and the need for secure placement.

10.2.3 Working in this way meant managing a high level of risk, so required considerable skill and experience and a sound understanding of both what was going on in the young person's life and how he or she was likely to react. Some of the services offering intensive community-based support worked in this way and so did some social workers, but high turnover of area team staff, shortage of time and a high proportion of inexperienced social workers reduced capacity for working safely in this way.

10.2.4 Panel members' lower tolerance for risk was cited by social work managers as an obstacle to developing this kind of flexible practice. In interviews panel chairs also expressed a preference for using specific alternative resources, rather than packages

put together for an individual young person. When asked to make decisions in hypothetical vignettes, only a minority of panel chairs interviewed were able to weigh up competing needs and risks with the skill and understanding shown by social work managers, understandably given the differences in their roles, experience and training. They also tended to expect more positive outcomes from secure placements than are justified by this research.

10.2.5 Taken together these findings do not support the view that secure requirements made by a children's hearing should be automatically implemented. In the one authority which had already adopted this approach, the number of young people admitted to secure accommodation had significantly increased.

### **3. ACCESS TO SECURE PLACES**

10.3.1 Among key stakeholders, a broad consensus existed that it was difficult to access secure placements when they were needed, but differing opinions were expressed on how that difficulty could be remedied. A national system for prioritising access to places, opening smaller local secure units, shortening the length of stays and developing the capacity of open residential care were all suggested as means of making places available when they were needed. Only a minority of panel members thought that the number of secure places should be increased.

10.3.2 As noted above, any national system for prioritising places would not be unproblematic because of the need to take account of local capacity to manage risk. In relation to the preference for local provision, it was difficult to provide education and a full range of services in very small units. Shortening the length of stay would in some respects be supported by the findings of this study in that, among young people whose placement had lasted less than three months, none had outcomes rated as poor and none had been readmitted to secure accommodation (though possibly those with the greatest difficulties were less easy to move on quickly). The study highlighted the crucial nature of transition arrangements following a secure placement, with planned and graduated lessening of support as a key requirement for good progress. It was evident that most young people continued to access support services on leaving secure accommodation and to still be in touch with them approximately two years later. In addition, social workers tended to attribute better outcomes to the availability of good post placement support rather than what had been offered during the secure placement.

10.3.3 However a degree of caution in advocating shorter stays would also be needed. For some young people it took time to fully assess their needs then arrange for resources to be accessed and funded. This applied particularly if the young person required a place in a residential school. Thus, unless the process of finding the subsequent placement can be made quicker, pressure to end placements sooner could result in fewer young people moving on to their placement of choice.

10.3.4 There was evidence from this study to support the view that some secure admissions could be avoided by developing the capacity of open residential care to manage more challenging behaviour and respond to young people in crisis. The survey of placements following secure authorisations indicated that a number of

young people had been sustained in ordinary residential care. Indeed sustaining young people in their existing residential unit was the main alternative used in the survey. Yet the experience of a number of young people in the secure sample, especially young women, had been that admission to a residential unit hastened rather than halted the momentum towards secure accommodation. The study findings support the view that secure accommodation is used when no other kind of resource can keep the young person safe. Since residential units are a key resource on the route towards and out of secure accommodation, increasing their capacity can be expected to reduce the need for secure placements.

#### **4. THE ROLE OF SECURE ACCOMMODATION AND ALTERNATIVES**

10.4.1 The relationship between secure accommodation and alternative services was considered in some detail in chapter nine. One of the key messages from this study is that these are complementary rather than separate options. For the young people included in this study the most relevant ‘alternatives’ were residential accommodation and intensive community-based support. There were clear indications that in order to avoid the need for secure placement altogether, appropriately skilled residential care and community support services had to be introduced when difficulties were developing and well before the young person was in crisis.

10.4.2 It is very clear that secure accommodation is able to hold young people safely and provide an environment in which there can be significant short term gains in their health and well-being. There is also increasing capacity to assess the multiple problems underpinning the behaviours which result in secure accommodation and growing understanding of how these might best be addressed. Yet questions remain about which difficulties can be effectively addressed in a secure setting and what needs to be in place if any benefits are to be sustained when young people move on.

10.4.3 For young people in the secure sample the common underlying difficulties were identified as including attachment and relationship difficulties, faulty social learning and stress resulting from earlier traumatic experiences. Inevitably these combine to impact on individual young people in different ways, so that relationship difficulties or low self-esteem might predominate for some and reckless behaviour for others.

10.4.4 Whilst each unit attempted to take a holistic approach, there were also differences in emphasis. For some units secure accommodation was viewed as an opportunity to learn about consistent and reliable relationships, whilst for others the main aim was to increase young people’s capacity to understand and control their behaviour. With the former approach, there was a strong emphasis on addressing issues through the key worker relationship, whereas the latter was associated with use of evidence based programmes and interventions. This study is not able to declare one approach as preferable to another, but in light of the diversity of young people’s needs, it emerged as important that each unit encompasses elements of both or that young people are placed where the predominant approach corresponds to their needs. The study findings did support the view that relationships with reliable adults were key means through which any benefits from the secure placement might be sustained,

as previous research has underlined in relation to both offending behaviour ( McNeil and Batchelor, 2004) and personal welfare difficulties (Walker et al. 2002).

10.4.5 Whatever the approach, it is clear from this study that in most instances a secure placement can begin to address the serious issues young people face, but not complete the process. There were indications in this study that some young people had come to feel valued and able to manage difficulties which had been overwhelming prior to admission. However this was only the start and unless a high level of support continued, young people began to founder. Outcomes were better for young people who had had a 'step-down' approach and so had people around to get them back on track when their confidence or behaviour began to slide. As with practice prior to admission, an incremental approach which addressed difficulties as soon as they arose helped young people keep out of trouble. As far as this study could ascertain, this follow-up provision was most effectively provided within residential care which offered a higher than usual level of structure and support or by providing intensive community based support. Such facilities are cheaper on a per week basis than secure accommodation, though the need to provide after care over an extended period means they are not cheap overall. Against this must be weighed the costs to individuals and society of prolonged mental health problems or offending behaviour when improvements made in secure accommodation are not sustained.

10.4.6 Irrespective of the nature of the after-care service, the key was that the young person had someone on whom they could rely for help and guidance when the inevitable difficulties arose. For young people who had begun to establish close relationships with staff in the secure setting, it was especially important that they were helped to transfer the trust and confidence they had built in relationships there to new support staff.

10.4.7 The group for whom outcomes were worst were young people who continued to use drugs and offend. Thus the experience of young people seemed to bear out stakeholder views that drug problems were not effectively addressed within the secure setting. The low number of young people in education or employment also suggested that work experience options on offer at the time did not correspond to what young people could manage. These outcomes indicate the need for a different approach with young people using drugs and that further developments in college and work opportunities if they are to be accessible to young people with significant support needs.

## **5.THE ROLE OF THE SOCIAL WORKER**

10.5.1 Though social workers were important informants for this study, it might be argued that their role has been neglected in its reporting. This may mirror what happens in practice, so that the part they play can be overlooked. The case social worker played a key role at each stage of the secure placement, in terms of contributing to the decision to admit to secure accommodation, linking with the young person, family and other services during the placement, ensuring resources were in place to facilitate the young person's release and supporting the young person when they moved on. It is implicit in carrying out these tasks that, for the young person, the social work role provides continuity over time as well as bridging different aspects of

the young person's life, though personal continuity is provided only if the same individual occupies that role throughout.

10.5.2 In practice there was a high turnover of social work staff during the period covered by the research, so in many cases the same person did not always accompany the young person on the entire journey through secure accommodation. In addition social workers often lacked time for frequent visits to the young person, especially if this required a full day trip. Thus the potential benefits of effective social work were not realised for many young people.

10.5.3 This study indicated that effective social work intervention could be especially important in at least three aspects of the service. First their experience and confidence in safely managing risk could enable some young people to be sustained outwith a secure setting. The second potential role relates to effective work with parents and with whole families, though in only a few instances was systematic work being done to help young people and parents manage tensions or change their view of each other. Nominally social workers were often expected to link and 'work' with parents, but in the present climate very limited time could be devoted to this. The third key role is to be a reliable person whom young people can come to trust.

10.5.4 The social workers who took part in the study included several who worked in this way, but this was sometimes against the odds. Their role is not nurtured in the present climate, partly due to staff shortages, but also because the expectation is that intensive support will be offered by a range of independent service providers. This study found that their role was crucial and could potentially be developed further.

## **6. CONCLUDING REMARKS**

10.6.1 This study has highlighted that secure accommodation continues to have an important role in keeping some very vulnerable young people safe. For some it also provides an opportunity to see themselves in a different light and learn to tackle their difficulties in less destructive ways. Developments which have taken place since the study fieldwork was carried out indicate that the capacity to assess and help young people with complex difficulties is increasing.

10.6.2 However taking away a young person's liberty is not to be done lightly and there are aspects of the secure experience which are potentially unhelpful, notably the young person's removal from their family and community. Developments in managing risk in an open setting are therefore also to be welcomed. This study's findings lent support to the view that, with appropriately intensive support, some young people admitted to a secure setting could be sustained in an open residential unit or community-based setting.

10.6.3 The study also shows that thresholds for admission to secure accommodation cannot be objectively determined, but rather reflect what alternative resources are available. At the moment there is considerable variation across authorities in how secure and accommodation and 'alternatives' are used. Developing more strategic links between them is likely to increase the chance of young people spending as short



a time as is necessary in secure accommodation and being helped to make sustainable changes in behaviours which harm themselves and others.

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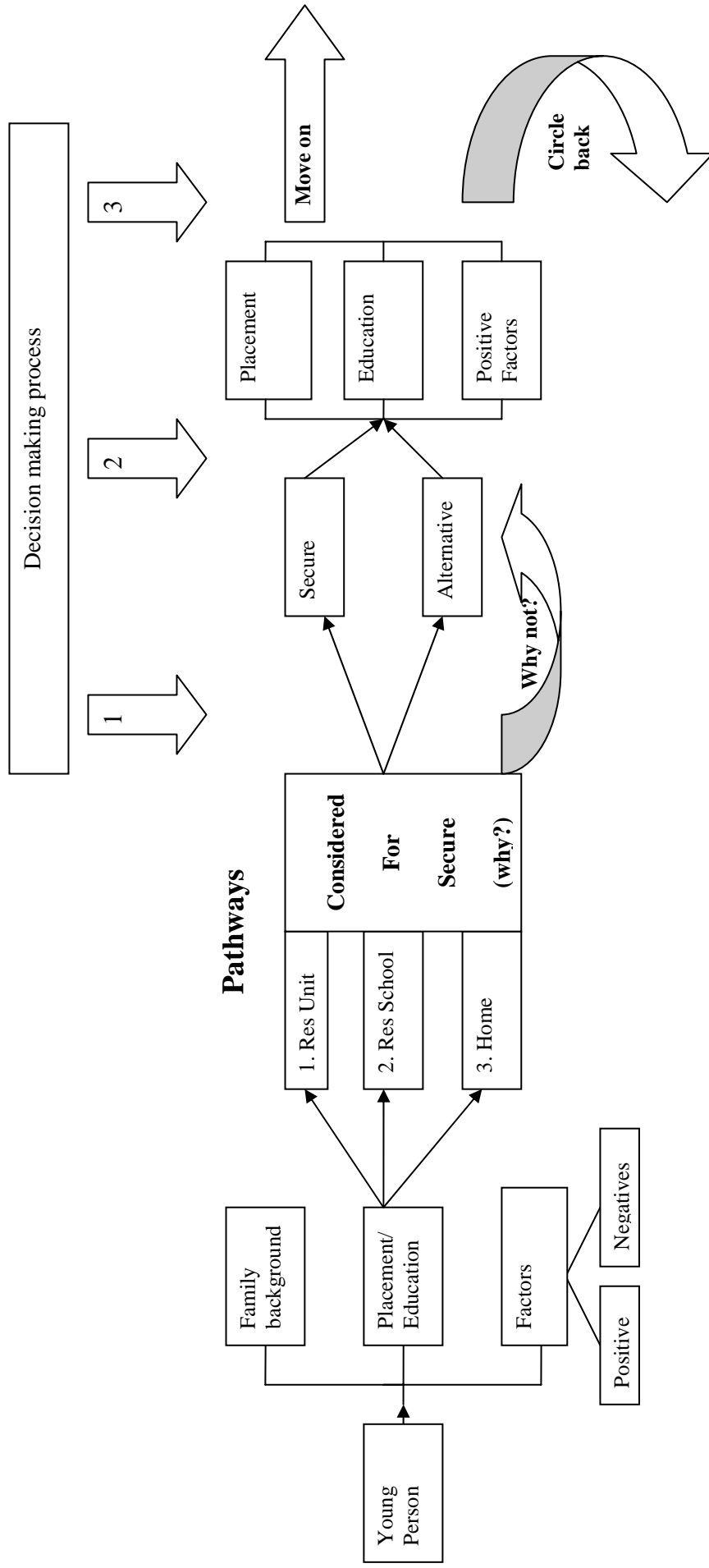
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# APPENDIX ONE: TRANSITION THROUGH CARE DIAGRAM



## **APPENDIX TWO: VIGNETTES FOR SOCIAL WORK MANAGERS AND PANEL MEMBERS**

### **Vignettes**

- 1) Julie is 14 years old. She lives with her mother. Her parents separated when she was eight. Her father lives with his new wife and two children of that marriage, aged 5 and 3. For several years Julie visited her father and his new family every second weekend, but she has seen less of them in recent months. Until she went to secondary school, Julie had been a quiet but apparently content child. Her mother said she and Julie had been particularly close. Julie's mother and father are both in full-time employment.

Six months ago, Julie's mother contacted Social Work Services. She was worried because Julie was sometimes staying out at nights and was truanting from school. Julie would give her mother very little information about where she spent her time when missing. When she came home, she often seemed under the influence of drugs. A social worker was allocated and Julie was referred to a local project offering drugs advice and counselling. She saw the social worker and attended the project a few times, but there was little change in her behaviour.

After three months Julie's mother asked for her to be accommodated. This followed an episode when she had been missing for three days and it came to light that she had virtually stopped attending school. Her mother felt she could no longer cope and feared that Julie was at risk, because she had found out that she spent time in the home of a family known to deal in drugs. Her father and his wife were asked if she could go to live with them, but they were not willing to consider this.

Julie was placed in a children's unit. The plan was to work intensively with Julie, her mother and her school, so that she could return home and to school within a few weeks. However, after a few days in the unit she began to go missing more frequently, sometimes in the company of other residents. She was often away for several days at a time. On one occasion the police found her lying unconscious in a close. When taken to hospital she was found to have taken a number of drugs.

A case review is arranged:

- 2) Tom is 13 years old. He currently lives in a children's unit. He was first accommodated when aged four following the death of his mother. His mother died following a drugs overdose. Prior to this there had been concern about her capacity to care for Tom and his two older siblings. When accommodated, Tom was malnourished, had very little speech and was prone to severe temper tantrums. No members of the extended family offered to care for Tom or his brother and sister, nor have any kept in touch with them.

After a short period with temporary carers, the three children were placed with a long term foster family. After a year the foster carers decided that they could not

manage all three, so Tom was moved. He had become increasingly aggressive to other people and would throw anything which came to hand when angry. He spent some time with another two foster families before being admitted to the residential unit where he had now been living for 2 years.

Tom still finds relationships with adults and peers difficult, and has very little capacity for tolerating frustration. This means he still loses his temper on several occasions has assaulted staff and/or other young people. However he has developed a close relationship with his female key worker, who uses all means available to show she cares about him, help develop his self esteem and teach him how to relate to other people. Tom attends a residential school on a daily basis. He has very little concentration and requires virtually one to one teaching.

Over the last three months Tom has been involved in a number of offences with some boys from his school. These have included stealing a hand bag from and knocking down an old woman, stealing a car (in which Tom was a passenger), vandalising a bus and assaulting a 15 year old boy whose injuries required hospital treatment.

A case review has been arranged:

- 3) John is 15 years old. He lives with his mother and her partner. He has had no contact with his birth father since he left his mother when John was three years old. John's mother and her current partner have each served several prison sentences, his mother for drug related offences and her partner for a wider range of crimes, including theft and robbery. Most members of the extended family have also been in prison.

Though John has been disruptive in school and has been excluded on several occasions, he is still enrolled at mainstream school. He is described as a bright pupil and is a particularly talented artist.

John was first referred to the reporter to the children's panel when aged 10 for shop-lifting. He has been on statutory home supervision since aged 12 and, in addition to social work involvement, has taken part in a number of group activities. However he continued to offend and in the last year has become involved in more serious offending, including taking and driving cars. John was recently referred to the Youth Justice Team where he was offered a standard programme to challenge attitudes to offending. He was a lively group member, but made it clear that he expected that crime would be part of his future life.

John is due to appear at a hearing charged with six car related offences, including driving a stolen car while under the influence of drugs.

A case review has been arranged:

- 4) Jane is 15. She and her older sister were accommodated 10 years ago, after her sister disclosed that she had been sexually abused by their mother's partner. Prior to this there had often been concerns about the girls' welfare. Their mother had a history of drug and alcohol misuse and both girls had been on the child protection

register under the category neglect. Since being accommodated Jane and her sister have had three sets of foster carers. Jane moved to her current foster family three years ago, following breakdown of a placement which had lasted five years. Her sister remained in that placement, but has now moved to her own flat. Jane appears to get on well with her current foster family, which comprises a couple and two children, aged 8 and 10.

With learning and behaviour support Jane has managed to continue to attend mainstream school. She finds it difficult to cope in large classes, but has established good relationships with some teachers and responded well to small group teaching. She is keen on sport.

In the last year, Jane has started to take one or two days off school each week and on these occasions she will say very little about where she spends her days. She has also started to harm herself, both by cutting her arms and by overdosing. The frequency of self-harming has gradually increased, with three incidents requiring hospitalisation in the last month. On each of these occasions she harmed herself while away from the foster home, perhaps because the foster parents are now supervising her very closely. The foster carers find this very stressful and have said that they are unable to guarantee her safety.

Jane has been referred to a mental health project and has been seeing a psychologist for six months. She says she finds this useful, but sometimes misses appointments.

A case review has been arranged.

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