

Secure Care in Scotland: Young People's Voices

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Firstly, a sincere thank you is due to all of the young people who spoke with the Secure Care National Project. It was a privilege to meet you. You shared powerful and insightful accounts of your experiences and what it is like to be in care and to be in secure care. What you told us was sometimes saddening, often uplifting and always made us stop and think.

You told us about what and who helps young people when they are in secure care, and you suggested better ways we could do some things to support other young people in secure care and who are facing challenges and difficulties in their lives.

This report was written to make sure everyone who has a role to play also has the chance to hear from you and to learn from you.

Thank you also to everyone in each of Scotland's five secure care centres for your help to support and encourage young people to have their say, and for your friendly welcome.

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1. Introduction and background

“Challenge the labels and stigma. If you’re in secure then you’ve had bad experiences and you need help and support, not to be blamed or seen as ‘trouble’”

Care experienced young adult

This paper presents key messages and calls for action about secure care from care experienced young people, most of whom were in secure care at the point that they talked about their lives and their care journeys. Their accounts were at the heart of the report [Secure Care in Scotland: Looking Ahead](#) (Gough, 2016) but we made a commitment to the young people we met with to share these accounts with all those who have influence and responsibilities towards young people who are in, and on the edges of, secure care. Much of this paper is therefore in their words.

Secure care in Scotland

Secure care in Scotland is the most containing and intense form of alternative care available, because young people lose their liberty and have many other freedoms restricted when they are detained in secure care. The law, rules and regulations around secure care are clear that because of this, young people can only be secured in certain situations and for as short a time as necessary to keep them, or others, safe. Secure care is a type of care for a very small number of children and young people, whose difficulties and situations are so extreme that the adults responsible for making decisions about them believe that at a point in time their behaviours and situations pose a very high risk of serious harm to themselves and/or others.

Children and young people can be placed in secure care through the Children’s Hearings System (the CHS) or the Courts. At present more than 85% of young people who are in secure care in Scotland are there through the CHS, rather than because they have been remanded or sentenced by the Courts. Less than 1% of all children who are looked after in formal care settings are secured each year and the number of children secured by Scottish local authorities has been on an overall downward trend for several years (Scottish Government, 2017). Children and young people who are secured are almost always

children who have experienced many adverse and difficult experiences which may include physical, emotional and sexual abuse; neglect, bullying, exploitation and loss and bereavement. Many have had difficulties at school and may have additional support needs, for example with speech and language. They are also almost always young people who are already in care or are involved with the CHS (Gough, 2016; Moodie and Gough 2017).

There are five secure care centres in Scotland. The centres consist of between one and five locked children's houses; each having five or six individual ensuite bedrooms and each with its own communal living, dining and relaxation spaces. These individual secure children's houses are connected to a school or education base, and recreational spaces, which are in the same building or complex linked by secure corridors. These spaces, for example the classrooms and sports facilities, are also secured. There are very high levels of staff supervision of, and support to, children and young people. Usually there are a maximum of four or five young people in each class or learning group. The secure care centres also employ a range of people including psychologists and therapists, to offer individual and group support and help to young people whilst they are in secure care. The average stay in a secure care centre is around four months but some young people will stay in secure care much longer, for example if they have been sentenced. Although some children in secure care may have committed serious offences, secure care centres are not young offender institutions (YOI). They are registered and inspected by the Care Inspectorate and Education Scotland as residential children's homes and residential school care settings.

There have been very few formal consultations with young people about their experiences of secure care in Scotland. The Scottish Government asked researchers and Who Cares? Scotland, to explore young people's perceptions and experiences of secure care across the themes of admission, time in secure care, exit from secure care, and reflections once young people had left secure care (Barry and Moodie, 2008). The full report of that project, 'This is Not the Road I Want to Go Down' can be [accessed here](#).

The 76 young people who took part described the advice and information they would want to give to other young people and a range of things that they felt needed to change. Their core messages were that loving, stable relationships were the key to helping young people move forward. They said that young people needed support to overcome trauma, instead of being labelled 'the bad kid'. They told the researchers that after they left secure care, it was

important that young people had an appropriate care placement and good ‘moving on’ support provided by people who cared and who they trusted. They also emphasised the importance of continuing care and having the option of being able to return to care. The report made 17 recommendations. There are striking echoes of many of these in the messages from the young people who spoke to the secure care national project, many of whom will have been pre-school age at the time of that research.

The Secure Care National Project

The Scottish Government funded the Centre for Youth & Criminal Justice (CYCJ), based at the University of Strathclyde, to run the Secure Care National Project from August 2015 to March 2017. The project was described as an *‘independent, analytical, strategic and practice focused review’* of secure care in Scotland. Information about the project and secure care can be found on the [Scottish Government website](#).

During the first year of the project, the Secure Care National Advisor met with and heard from care experienced young people and from a wide range of individual professionals, teams and agencies with responsibilities towards children and young people who are in, or on the edges of, secure care. These included Chief Social Work Officers, senior social work managers, Children’s Panel Members, Children’s Reporters, and the organisations Scottish Children’s Reporter Administration (SCRA) and Children’s Hearings Scotland (CHS) who are responsible for the running of the Children’s Hearings System in Scotland. The project also heard from secure care centre managers, residential childcare workers, teachers, classroom support staff, throughcare workers, Looked after Child nurse practitioners, psychologists and others. Across the centres, nearly 200 people working directly with children and young people in secure care spoke to the project. Meetings were also held with voluntary organisations supporting young people at home and in care, with Child and Adolescent Mental Health Services (CAMHS) staff, with commissioning managers and others. There were two national events which brought people together to discuss their views and perceptions of secure care and their thoughts about the future.

Key messages and calls for action were presented to the Scottish Government in June 2016. These were summarised in the report [Secure Care in Scotland: Looking Ahead](#), which CYCJ published in November 2016.

The Scottish Government has extended the project to help set up and support a Strategic Board, which Secure Care in Scotland: Looking Ahead had recommended, to provide leadership and direction and to give voice to care experienced young people; and involve them in driving a long term programme of change in approaches to young people in and on the edges of secure care in Scotland. The report also suggested that the Board lead on work to progress and action the key findings and recommendations from the Secure Care National Project work. In summary, these were concerned with:

- the need to reach a shared vision and understanding of the purpose, function and place of secure care
- the development of a cohesive national strategy and standards framework for how we respond to, and support, young people who are in, and are on the edges of, secure care including health and care pathways.
- the interface between secure care, the CHS and the adult justice system and consideration of how we respond to 16 to 18 year olds involved in offending; and the place of secure care and imprisonment when young people aged 16 to 18 are sentenced or remanded.
- the importance of engaging all relevant corporate parents and partners in a review of how secure care services are commissioned and funded (a commissioning arm)

The findings and recommendations set out in the report were based on a year-long fact finding and stakeholder engagement programme as outlined previously. At the heart of this was the engagement with care experienced young people, including a series of focused conversations with young people in secure care.

About the conversations with young people

Children in the care system are often interviewed, consulted or asked about their views, and are frequently in situations such as children's hearings and care reviews, where decisions are being made with or about them. Several young people pointed out to us that often young people do not see the evidence that they have been listened to and heard or that their input has made a difference – [read more](#).

We wanted to ask young people a consistent set of questions about the secure care journey relevant to the project's remit. But we also wanted to hear directly from young people about what matters to them, and we recognised that the two might not be the same. So we set up group conversations around a series of open discussion points. The conversations took place during the school day at each of Scotland's five secure care centres. We wanted to make sure that all of the young people in secure care at the time were invited to attend each session on an 'opt in' basis. We made it clear that there was no 'teaching', or compulsory element to the conversations, and that the project wanted to listen to young people, taking a 'you talk, we listen to you' approach. Any young person who chose to take part was also giving an hour of their time and so the sessions were structured so that young people could gain some credit through Curriculum for Excellence for their contribution.

Two group conversations with young people were held at each secure care centre. One explored 'transitions' and the secure care experience and the other looked at mental and emotional health and wellbeing. Of all young people who were in secure care between October 2015 and April 2016, 42% took part. There were also two structured conversations with small groups of young adults who reflected back on their care journeys. In total, 60 care experienced young people and young adults contributed across 12 group conversations and two individual phone conversations.

2. Calls for Action

Across the conversations, young people concluded that there were a range of expectations and standards which should apply for every young person although each young person's situation would be unique to them. They made a series of related calls for action; suggesting policy, practice and attitudinal changes are necessary across a range of themes. These are summarised here and further detailed in each section of the report.

Support for vulnerable young people where there is high risk of significant harm to self and/or others

Young people who find themselves in secure care are not a homogenous group, and there is not a consensus position about whether young people who have committed serious offences should be cared for alongside young people who have been victims of such offences.

There should however be more consistent, compassionate and psychologically containing continuity of care on offer through foster care and children's homes addressing all children's needs and helping them make sense of the hurts they have experienced. Close support services/intensive care should be available as an option in every area of Scotland, so that only those young people who really need physical containment are secured. Secure care or close support should be considered for some young people at an *earlier* point to stabilise those who are at risk of significant harm and to prevent numerous placement breakdowns.

The impact of admission

Young people should always be informed and prepared for a secure care placement. They should be given information about their rights, and about what to expect on arrival, by their social worker or carers *before* they are taken to a secure care centre. Arriving in secure care can be an upsetting and stressful experience and all the involved professionals should ensure young people are sensitively supported through this. Each centre should make sure that they don't apply a 'one size fits all' approach to how they approach admission and particularly risk assessment processes.

Settling in and day to day living and learning

Secure care centres should think carefully about the mix of ages and needs so that the group living environment and activity programme is appropriate for all children and young people there. Buddying schemes and access to peer support is helpful and more could be done to promote this. Every secure care centre should have a wide range of programmes such as holistic therapies, cognitive behavioural therapy (CBT), education and vocational

qualifications, and community based opportunities like college and work placements to prepare young people for the future.

Workers and agencies should always think about the impact of language and in particular what they choose to put in reports and the words they use; as verbal and written reports too often emphasise the past and the negatives, rather than focusing on the young person's achievements, strengths and goals. More needs to be done to ensure that young people's views and opinions are always sought and taken into account when secure care centres are reviewing policies and general approaches to practice standards and day to day 'rules', and every young person should have access to children's rights services and information.

Keeping in touch

There should be better information and consistent support for families including practical help to visit young people whilst in secure care. Young people should not be placed in secure care (especially for long term placements) out with their home area unless absolutely necessary or unavoidable. Young people have a right to keep in touch and have contact with relatives and friends and should never be made to feel that this contact is dependent on the young person's behaviour.

Participation and decision making

Panel members should listen to young people's views and opinions and not pre-judge the situation and there should be more training for panel members on how to listen to young people and look beyond the reports to the young person in front of them. Young people should not have to attend frequent children's hearings so there should be a review of timescales and orders, and how young people are informed about their rights at children's hearings.

Young people in secure care should be contacted and visited by their social worker regularly. They should not experience multiple social workers. Wherever possible the same worker should support the young person with moving on and transition from secure care to their next placement, independent living or return home.

Social workers and others in decision making roles should be open and honest with young people and involve them centrally in all the care planning processes. All report writers should ensure that they share children's hearings reports at the earliest stage and no young person should be shocked or surprised by the content of a report; the young person should be contributing and the author should be consulting with the young person throughout.

The lived expertise of secure care experienced people could inform national and local policy and practice developments, and improve approaches to staff recruitment, staff training and understanding of secure care centre teams, social workers, panel members and other professionals in relation to young people's experiences.

Help and support with moving on

Throughcare plans should be taken at the young person's pace. It is important that young people are fully prepared to make the transition from secure care into an open setting and then on to appropriate independent living arrangements. Throughcare preparation should be multi-agency and should help and support young people with practical day to day living skills such as managing money, cooking, washing, preparation for work as well as psychological readiness. Decision makers should listen to and have more faith in young people's self-assessments in relation to risks and young people's readiness for moving on. Every secure service should have integrated throughcare and aftercare supports including return space so that there is continuity of relationships.

3. Protection or punishment?

Young people in secure care at the time that they shared their experiences expressed mixed views as to whether there were any positive aspects to secure care. Some of the young people questioned whether there could ever be anything beneficial about being locked up and losing your liberty.

"It was depressing coming in. I don't think young people should be locked up"

"It's tough; very, very hard at the start. Let's face it; it's not a place that you want to be"

For some young people, being detained in care felt like being punished, whatever the reasons for them having been secured. Some expressed anger and a sense of injustice.

“I mean I’m in here for nothing - like I stole a few hundred quid and X” [referring to another young person] “you’re in here for really serious stuff. It’s not a fair system. They shouldn’t lock young people up. I don’t know anyone who it’s helped”

Several young people used language that might be usually associated with being in prison or custody rather than in care.

“You go out of here the same as you came in. I’ve been here before. You just have to do your time”

Although only a fifth of young people in secure care at the time of the conversations were there on sentence or remand, this sense that secure care is a form of punishment appeared to be pervasive. Many young people told us that they had been “*threatened*” with secure care by social workers, carers, and sometimes by panel members within children’s hearings. By this, young people indicated that when they had been at points of acute crisis or difficulty, perhaps through being involved in fights, extreme anti-social behaviour, escalating drug and alcohol use and associated risk taking behaviour, adults had warned that “*if you carry on like this, you’ll be locked up*” or “*you’ll get secured.*”

Most young people gave the impression that secure care is described by adults in the caring professions in a way which leaves young people believing that it is at best a punitive response to their behaviours and needs, if not an actual form of imprisonment. The majority of young people articulated this sense of punishment and correction even where, as many did, they simultaneously described feeling safe and cared for within secure care.

“You can call it what you like” [the group were discussing whether changing how secure is described to ‘safe care’ might help to reduce stigma, fears and anxieties] “at the end of the day it is what it is. You’re being locked up and that’s it. It’s depressing and scary when you arrive. You don’t want to be here. You just want to get out”

As a consequence, some young people who had been placed in secure care for their own safety and wellbeing, and not because they presented any risk of serious harm to others, also used similar language to those there on remand or sentence. This echoes perceptions shared by young people during the previous consultation (Barrie and Moodie, 2008) and more recently by young men in Polmont Young Offender Institution who described the care and Justice systems in similar terms, comparing being in care with being in prison (Vaswani, 2016).

The young adults who were reflecting back on their experiences in care said that professionals are too often focused on the impact of children's behaviours and actions and not enough on the underlying reasons or drivers for behaviours which are difficult for others to live with or pose risks of harm. Several described a lack of identification of early problems, which meant that the trauma and early abusive experiences they had lived through had been "*invisible*" and/or went "*untreated*" and as a consequence when this trauma became apparent during middle childhood and adolescence, the focus was on the young person's "*challenging*" or "*risk taking behaviour*". The lack of recognition of needs, alongside an absence of help to articulate and understand these abusive and hurtful experiences, can lead to young people being judged and in their own words "*labelled*" when for example the young person expresses trauma through "*acting out*" at school. Adults respond to the young person's behaviour by labelling them as "*problematic*" or "*aggressive*" and the young person may be excluded from school. The developmental damage caused by bullying, exploitation, harm and abuse is then exacerbated and the young person may also begin to self-identify with these negative labels.

The focus of social workers, education staff and children's hearings turns towards "*managing*" the child or young person and containing and changing their behaviours. Children and young people are often removed from home into care settings which may be uncaring or inappropriate. Young people who are living in fear in this situation, because they are in "*fight or flight*" mode and have had no help to address the trauma and harm which led to them being placed in care in the first place, can present complex behaviours and needs which are difficult for foster carers and residential children's services to respond to or meet and this can then lead to placement disruption and further trauma and loss. For some young people, their distress and subsequent behaviours escalate and they find themselves secured as a result.

“Secure care is still seen as being for young people who are in trouble. I haven’t done anything wrong but I was in with someone who had set fire to another person. But then I guess that young person might have had bad things happen to them. We’re blaming young people instead of the adults who’ve hurt them and let them down”

The young adults who spoke to us experienced additional labels and stigma arising from public perceptions of young people who are in and on the edges of secure care. They felt strongly that more should be done to challenge the stigma associated with being secure care experienced and that more attention must be paid to the language and culture of the secure care environment itself, including the values and motivation for professionals and carers employed in secure care settings.

“It’s a difficult balance because staff are choosing to work in secure care, so in some ways they must be OK with locking kids up? But at the same time, they’re choosing to work with young people who can be really troubled, so you do want staff who are prepared to take this on”

There were mixed feelings within and across the groups of young people about whether young people who have committed serious offences should be alongside those who are secured on welfare grounds for their own protection. Some, and particularly the young adults reflecting back several years after leaving care, said they believed it is important to treat all children as children, regardless of any offending behaviour which might have led to the secure placement.

“It’s difficult cos like I said I hadn’t done anything wrong and I was in with like people that had done really heavy stuff. But then, they’re children first and offenders second”

“Staff need to understand that they’re still children even if they’ve committed offences”

A few of the older young people in secure care said that they thought there was a point at which secure care was not the right place for those who had harmed and continued to harm

others and who had been offered help and support to change behaviours. There was a sense that they believed a line was crossed, where responses to young people should shift. Some also said they worried about the mix of ages and needs in some centres and the impact of this on everyone.

“It was weird having young kids like 12 and 13 in with 16 and 17 year olds”

“But if you’re 16 and you’re still offending? And you’ve had help and chances? You should be in YOI not in secure care”

Despite this, many of the young people in secure care and most of the young adults reflecting back stressed that coming into secure care had been the right thing for them at a certain point. A number of those who had been in secure care for a longer placement described their situations prior to being secured, and said that secure care had saved their lives. Others said that the help and support they had experienced in secure care had been transformative and had changed their lives and their hopes for the future, for the better. When asked were there good things about having been secured, one young person wrote down *“Yes, otherwise I could have been 6 feet under.”* Others said:

“If I hadn’t come in here I wouldn’t be here. I’d be dead or in jail”

“When you first come in you hate it, but I can see that if I wasn’t here I would have ended up dead or something. It’s been good for me”

“It’s really been the best thing for me. I came in here a dafty, but I’ve changed in here. I’ll think twice and do things differently out there”

Calls for action

1. There should be more consistent, compassionate and psychologically containing continuity of care on offer through foster care and children's homes addressing children's needs and helping them make sense of the hurts they have experienced.
2. Close support services/intensive care should be available as an option in every area of Scotland and local authorities should ensure that there are a range of intensive and alternative resources available, such as residential school care, so that only those young people who really need physical containment are secured.
3. Secure care or close support should be considered for some young people at an earlier point to stabilise young people who are at risk of significant harm and to prevent numerous placement breakdowns.

4. The impact of admission

All of the young people who shared their experiences of the day of admission stated that the route into secure care, that is how they had been informed, involved, prepared and supported, had impacted on how they experienced that admission.

Most said they had not been well prepared for the experience of the admission itself. Many for whom this was a first time in secure care, said that no one had really explained to them the extremity of restrictions on day to day living arrangements, for example the levels of security, the constant staff supervision and the highly structured routines.

"It was pure scary. I'd never been in care before at all, then getting locked up, no one told me what was going to happen. You should get given loads more information before you come in"

Indeed, several young people said that it had not been made clear to them that a decision had been made to secure them. They variously described feeling powerless, angry, confused and shocked and felt they had not been involved at all in the decision making process. A few described having been actively misled by carers and others said that they

had not understood that they were going to be taken to a secure care centre. For all of these young people the admission process was particularly stressful and upsetting.

“No one explained properly but I knew it was going to happen, the staff in my last place said ‘you’re getting secured’ and I walked out that night, didn’t get found until early in the morning and was brought here”

“Not knowing. I didn’t know I was going to be locked away from my pals and family, I had no idea. All I was told was to come down stairs, two guys hand cuffed me and put me in a motor and then said you are now going in secure”

“I felt isolated. I had no say at all in coming in here. I was lied to, they didn’t even tell me I was coming into a secure unit; it was bad. I got told it was a road trip”

A few young people described themselves as having been “*out of control*” and two said that on reflection, they could see why carers or social workers had not talked with them about secure care for fear that they would run away or harm themselves or others in response. One young person said “*I was aff my head*” and would have “*kicked off*” if informed that a secure care placement had been agreed. Another said that:

“I think that if they’d told me what was going to happen I would have completely lost it again like, I was off my head before I came here. I can see why they didn’t tell me till the last minute”

For the majority, whether they had been well or poorly informed and prepared for the move to secure care, they reported that they had no one they knew well with them during the arrival and admission itself. This meant they had no one they knew well, or who knew them well, with them to support them on arrival in the secure garage, through the process of completing admission questionnaires, having to be searched where this took place, and supporting them towards spending the first night sleeping in a secure bedroom, with no access to a mobile phone, television or radio. Young people said the experience was “*scary*,” “*horrible*” and “*frightening*” and several recalled strong feelings of abandonment and isolation.

“I came in as an emergency and it just felt rubbish having everything taken away from you”

Those for whom this was a first admission particularly vividly recalled the sense of anxiety and/or fear about what was going to happen to them in secure care. Young people said that there had not been enough information shared with them or their families at children’s hearings, by social workers or by previous carers about secure care, or what to expect and how to ensure their rights. Around a fifth of young people said that they had preconceptions that secure care would be very like a prison setting:

“I thought it was like a prison, you know, like you’d be locked up in your room for 23 hours a day – it’s not like that, it’s better than I thought”

Some of those young people who had felt completely unprepared and/or unsupported recalled in detail the journey to the secure centre and the first moments, hours and day in secure. For these young people, the experience appears to have compounded previous difficult care experiences, as most of them were admitted to secure care following a previous care placement breakdown or after particularly difficult crises in their lives. The sense of shock and rejection caused by the sudden separation from everyone and everything familiar was clear.

“When I came in it was early morning, the search was explained and all that, it just felt like a normal day really. But it’s when you’re in your room and the room’s locked that’s when it’s bad, you have to buzz staff to get out of the room”

“I didn’t know anyone; felt I couldn’t talk to anyone.”

Young people were generally positive about the support and information that secure care staff themselves provided during arrival and the first days and weeks in placement. They described watching short information films, looking at leaflets and booklets, and having been provided with guidance, information and support by care and education staff.

There was a sense that it was *“all a lot to take in”* though for most, and that had they been provided with more information and support *before* the admission by people they knew,

rather than just by the secure care team during the admission; the admission process itself would have been a less stressful experience:

“It’s hard when you come in and you don’t know anybody and it’s like too much at once getting your head round it all”

Calls for action

4. Young people should always be informed and prepared for a secure care placement.
5. Young people should be given information about their rights, and about what to expect on arrival, by their social worker or carers *before* they are taken to a secure care centre.
6. It’s good that the secure care centres want to make the secure garages feel less intimidating, but they should take into account age and stage issues when considering the decoration, furnishing and style of the secure garages and reception/admission rooms, to ensure young people don’t feel patronised or overwhelmed.
7. Each centre should make sure that they don’t apply a ‘one size fits all’ approach to risk assessment. Young people should not be denied televisions or normal bedding for example unless there is a very clear risk of harm to self or others if they have access to these items.

5. Settling in and day to day living and learning

Most young people described feeling cared for and listened to by staff across the secure care service. They said they felt accepted and not judged from the start. Many of the young people were keen to name individual residential childcare workers, teachers, unit managers or senior staff, who they felt were particularly caring, supportive, empathic and helpful. The majority of young people felt that having a key team and key workers had helped them to settle in, to get to know people and to adapt to the routines. Where young people were closely involved in the process of setting their own goals and thinking about what they needed from the placement, they appeared to feel more engaged and reassured. Most described staff treating them with respect and they talked about feeling able to approach

staff with questions and worries and being able to talk things through with care and education staff, who listened to them and were understanding. Several young people articulated a sense of psychological safety and containment and that the very structured regime helped them to feel safe.

“You know where you stand from the minute you’re in here”

“Staff don’t judge you in here. They’ve seen it all before”

“My unit manager, I can talk to her any time I need to”

Getting to know people

Several young people said that it takes too long from the point of arriving in some centres to the point where you begin to meet other young people and staff. In some centres, young people said they had spent considerable time on their own in their room, or one to one with staff in a small lounge area before they were introduced to the group. Young people explained that being stuck in your room not knowing who the staff and young people you are going to be living alongside are, can be stressful and anxiety provoking. They said you may be worrying about whether there are other young people you know, who are “*friends or enemies*” at the centre. They also said these anxieties are heightened as there is very little to do in your room. Some young people can be distressed and still be in shock at being in secure care.

“I cried myself to sleep”

There were mixed views about the influence of peers during the early stages of the placement. Some young people had found it very difficult getting used to the secure environment and felt that there was some negative influence or pressure from other young people. However the majority felt that other young people had been a positive influence and had provided a source of advice and support with getting to know staff and young people and feeling “*part of the group*”.

“Other young people; they explained how things work in here”

At one centre only, there is sometimes contact between secure care senior staff and young people on the edges of secure care before admission. Some of the young people from that area said they had appreciated the input of the Unit Manager who had visited them and their family before the decision to secure them had been made. They hoped that for some young people this might even prevent them from reaching secure care in the first place. But for them, at least they had an understanding to some extent of what to expect.

Overall, it was “*joining the group*” and making friendships and getting support from staff, and from other young people who had been in secure care longer, which had helped them to feel safe and to settle.

“You ken who you’re in with then and that helps”

“You get to know staff and then you feel you can talk to them and they’ll try to help you with any problems you have”

“The first day is hard, but you get a case team and your key staff. Once you’re used to staff you can talk to them”

Safety and risk

In all of the focus sessions, young people were keen to give an insight into what might be described as the culture of that secure care centre, particularly in relation to the balance of care and control.

Most young people said they understood why things are so routinized and controlled in secure care and several said that they appreciated this. Some described the relief of coming into secure care and the release from constant stress and danger due to the circumstances they had been living in. The intense levels of control, structure and routine helped them to feel and to be safe:

“You ken where you stand in here. Most of the staff dinnae let you mess about; they’re straight up with you. I was running wild before I came in here”

“They’re” [referring to the two education support staff present] “a laugh but they can be strict as well. Like you don’t take any crap. That helps us”

Several of the young adults reflecting back described having experienced very unsafe situations in children’s homes and so called ‘open’ community settings, for example having to barricade themselves into their bedroom at night for fear of assault from other young people, and living in a constant state of anxiety. In their experience, there is not enough physical or psychological containment and sometimes young people are “crying out” for this because they know themselves that things are spiralling out of control. They said that in some children’s homes:

“Everyone was out of control...the young people were out of control, and staff couldn’t cope. You could just do what you liked...nobody cared”

“Young children can’t help themselves, help has to be offered”

“Children don’t understand what’s happening to them and no one really asks the right questions to help children talk about feelings and manage feelings”

Several young people who were still in secure care also described how being in a highly regulated and controlled environment had kept them safe and enabled them to feel safe enough to address underlying difficulties and problems.

“I’ve sorted my head out in here. You don’t get that help in [referring to a children’s home]”

Within this, the majority of young people talked positively and often with warmth and affection about individual staff and when they did so, they nearly always mentioned “trust” and “respect” and being understood. Often young people also described staff encouraging, motivating and mentoring them.

“The unit staff; they helped you and kept you going in the right direction”

“Staff tell it like how it is and get you to think about stuff”

However, these relationships were within the context of the locked environment and most young people found this difficult. Many young people also described rules and policies which they found overly restrictive and oppressive.

They indicated clearly during the discussions that they understood that staff had to make sure everyone was safe in the secure care centre; that doors would be locked and movement around the centre would be restricted. However, at every session, young people expressed some level of frustration about aspects of the regime.

Young people felt that the first night and first few days in secure care were particularly difficult. They articulated a sense of a 'one size fits all' approach in relation to risk assessments at several of the centres. One young person who had had previous secure placements described having to sleep under a 'safety blanket' when they arrived:

"Like I'd been in secure before and I'm not a suicide risk, so why did I have to ask for access to toiletries and stuff like that? They even took the staples out of magazines and papers, that's just crazy...why did I have to go through that again?"

Around a third of young people commented on what they experienced as unfair or mechanistic "incentives" and points schemes and/or "risk assessment" processes whereby they described being able to "earn" rewards which included access to items and freedoms which might initially be unavailable to them.

"You can't wear hoods in here and you can't even wear a belt or anything when you first come in. There's too many rules like that, it's not fair"

"You can't wear jewellery even. It would be better if you could get these things sooner" [referring to an incentive based points system]

A small number of young people consistently expressed feelings of injustice, describing staff as lacking flexibility and being overly rigid in asserting control and in how they apply the "rules" and restrictions from the start. For some of these young people, the rules themselves

were overly restrictive, whilst for others; there were particular staff who they regarded as unhelpful.

“It takes way too long to get stuff in your room. It’s hard being locked up and you haven’t got anything to do”

“They’re too quick to threaten you with your room in here for the least thing. It’s sometimes just about control and it’s not right”

“I think it depends which place you’re in” [young adult looking back at the differences between the secure care settings] “like some staff teams seem to like the power of controlling how much time young people spend in the group or limiting phone calls you get to make. That’s not right. Young people should get the same respect and be offered the same rights and opportunities in all of the secure care centres”

Young people felt that more could be done in the early stages of a secure placement to individualise things, so that measures aimed at minimising risk and maximising safety should be specific to each young person, rather than flat rules applying across all young people, for example access to toiletries.

All of the young people spoke positively about group activities and opportunities, such as a football team; and most talked about ‘whole school’ events. They described what this gave them in terms of keeping fit, building confidence, team working skills, and friendships.

However, some of the young people in some centres described how the application of control by staff who had to determine which young people were involved affected the quality of these opportunities, for example only certain young people being allowed to “mix” with certain others on grounds of risk. A few of the older young people expressed particular frustration as over 16s.

“You’re not allowed free weights in the gym but you’re stuck in most of the time and proper weights would help to keep fit”

“I don’t get that you can’t smoke when you’re 16 in here but if you’re out there [in the community] “you get to smoke at 16”

For some, the level of control and regulation was described as obstructive and caused resentment. Some said that this level of control undermined their capacity to manage their own feelings and behaviours.

“They [the secure care setting and social work departments] “should give you more choice and responsibility. I mean you go from being locked up in here to being able to do what you want and back to where you were”

Some young people talked about how helpful the ‘buddying’ scheme was, where there was one, as this formalised peer support approach is not employed by all of the centres. Young adults reflecting back were also keen to see more being done to ensure peer input and mentor roles across secure care. This was echoed by two young people at one of the centres who were in the process of preparing for moving on from secure care. They were keen to act as mentors to young people at primary and secondary schools.

Education and learning

There were varied views and experiences of the quality and choice of formal education and structured activities provided by the different centres. Where there was a wide choice of skills based opportunities and space for self-expression and in particular creative arts and craft subjects, music, IT/multi media studies and trades such as barbering and hairdressing, young people were enthusiastic and described a high quality of teaching, coaching and facilities on offer. They described having been motivated by teachers and others whose company they enjoyed.

“Education staff have helped. X is legend! A really good laugh, too”

Although many young people said they had initially been frustrated at being expected to attend formal education in each centre, overall they were engaging with learning and had lots of positive comments about their education staff. Many young people stated that they had missed out significantly through not attending school or had struggled at previous

schools, and described having found confidence in their abilities and hidden talents such as art or music, whilst in secure care. They also explained that having structure, purpose and focus to your day really helps to combat boredom and loneliness and the potential for stress and depression that can accompany boredom and loneliness.

“Staff really helped me with settling in here and moving units. It’s actually really good here in education and in the unit. Where else would you get 4 or 5 people in a class group? There’s lots of choices in subjects and you can get 1 to 1 support”

“I’m 16 so I don’t have to go to school but I am expected to here and that’s good. I’d missed out on a lot of school and it’s small classes so you get a lot of help here”

“I came in here with nothing. Now I’ve got Nat 4 Maths, English. I’ve done a barbering course”

Calls for action

8. Secure care centres should have different units for young people and younger children so that the group living environment and activity programme is appropriate.
9. Secure care centres should think about buddying schemes and ensuring peer support.
10. There should be a review of smoking rules and regulations as many young people believe it is wrong for a young person who is of an age where they can smoke in their own home to be denied that right in secure care.
11. All young people in secure care should have access to social media and training and support to use social media and mobile technology safely; Policies around IT and social media should be updated and all staff across all secure care settings appropriately trained to consistent standards.
12. Every young person should have access to children’s rights services and information.
13. Secure care services should ensure that they engage with young people and seek their views and experiences when reviewing policies and routines and secure care centres and social workers should think carefully about how young people inform ‘incentive schemes’ such as points systems.

6. Keeping in touch

Young people talked a lot about the importance of family contact and support. They were concerned for young people who were in a different area away from their family and friends. Several young people articulated how distressing and frightening it is for young people and for their families to have such little control over when and how they can communicate.

“My dad didn’t get any help for days after I came in here. How would any parent feel knowing your wee lassie is locked up and can’t even send you a text or phone you or see you?”

“Getting contact with my family helped. Your family worry about you, y’know? How would you like it if your child was locked up and you couldn’t speak to them and you didn’t know what was happening to them?”

Young people who had been placed a long way from their home area talked about how difficult it was to keep in touch. They described the practical challenges for parents and carers having to travel. Most of the young people who talked about keeping in touch with family described the impact of no longer having access to mobile phones to text, message, make and receive phone calls and communicate through social media. In some cases young people said they felt there was not enough access to landlines to make phone calls. In more than one centre young people said that due to the number, physical location and availability of landlines, a form of ‘rota’ system applied which meant that it was very difficult to make phone calls at a reasonable frequency. Some young people perceived that phone calls were being “rationed.”

Some expressed frustration at the level of supervision that happened in relation to phone calls and also when relatives were visiting. There was a lot of discussion about the role of social workers and others in determining “risks”; whereby some felt that there was unnecessary or overly obtrusive monitoring of phone calls or staff presence during face to face contact with family members.

Young people had mixed opinions about the physical environment in relation to the rooms and spaces available for family visits, with some regarding these as welcoming and comfortable and others stating that more needed to be done to make the spaces suitable and well equipped for example in relation to appropriate toys to occupy younger relatives.

Keeping in touch in a meaningful way with family was important on many levels, particularly where relationships had been hurt by events leading up to the secure care placement. Staff support in encouraging and facilitating contact with family members and welcoming and showing warmth to relatives when they visited was appreciated. Several young people named parents and family members as the people who had most helped them whilst they were in secure care.

“My Mum’s been there all the way and she’s really proud of me.”

Keeping in touch with friends and other people who are important in your life during a secure care placement was also difficult for some young people, who talked about missing friends and contacts. Some said that it was frustrating knowing that peers were able to carry on living their day to day lives out in the community whilst the young person in secure care was under constant adult supervision. For others, whilst they missed friends and contacts, some had been unhelpful, harmful, or a negative influence and being away from them helped the young person to focus on themselves and what was best for them as an individual.

A few young people spoke about how hard it was coping with further loss when you become friends with other young people in secure care, who then move on. They talked about the impact of seeing someone every day and then having all contact cut. They explained that the connections and bonds that you make with a friend you meet whilst in secure care can be powerful, as things are so intense when you’re living in this environment.

“They” [other young people who have been in secure care] “know what it’s like”

“You’re going through this together”

“We were so close, I really miss her”

Those who were in for longer placements also talked about how hard it is to see other young people come and go, not knowing when you yourself are going to be able to return home or move on from secure care.

Many young people also talked about the bonds they had made with individual staff members and several young people specifically described the positive impact that adults who had care experience themselves had made, because they “understood” and had “been there”. This empathy was particularly important when young people were missing loved ones.

Young people described how important a role technology plays in communication and relationships and keeping in touch. The role of social workers in determining who was on the “list” of people you could or could not have contact with was questioned by a number of young people. Some said that they felt arbitrary or unfair decisions were made, based on limited knowledge or evidence, about who it was appropriate for the young person to be in contact with.

Several young people also pointed out that once you are out of secure care and back in the community, you’re going to have ready access to social media and to the risks and positive benefits of mobile technology. They said young people should not be overly restricted whilst they are in secure care, but rather supported to learn about keeping yourself safe and being safe in how you use mobile technology and social media in particular.

“I’m telling you, most of those hundreds of Facebook friends I’ve got are getting deleted! I know who I want to avoid out there”

At some centres young people felt not enough was being done to make sure they could have access to the internet out with school hours. Young people at two of the centres talked positively about Internet and social media projects which were aimed at ensuring improvements to young people’s access to tablets and training opportunities in mobile technology.

Calls for action

14. Young people worry about their families and vice versa. There should be better information and support for families including practical help to visit the secure care centre.
15. Young people should not be placed in secure care (especially for long term placements) out with their home area unless absolutely necessary or unavoidable.
16. Secure care can sometimes break relationships with friends and family. We need to investigate how to stop this and how to ensure families get the support they need whilst young people are in secure care.
17. Young people have a right to keep in touch and have contact with relatives and friends and should never be made to feel that this contact is dependent on the young person's behaviour.

7. Mental and emotional wellbeing

All of the young adults reflecting back shared their histories in relation to mental and emotional health. All of them had experienced early traumas or losses. All had been in either close support or secure care settings during their care history and a third also had experience of in-patient mental health services. However, they had differing experiences and views of the mental health help and support they had received in secure care itself.

The young people were keen to share their experiences across childhood and adolescence, in these different care settings and in relation to throughcare and aftercare services. They collectively wanted to voice their concern for children and young people who have experienced trauma and/or are in formal care. They wanted to see more done to 'join up' services and to recognise the mental and emotional health improvement needs of children who experience abuse, neglect and separation from family.

All reflected that they had previously been, or were now, as young adults, on medication for mental health issues, with anxiety and depression featuring most prominently. The young adults commented that it is not surprising that most children in care will face challenges in terms of mental and emotional wellbeing.

“I don’t think I know anyone who grew up in care who isn’t mentally ill or on meds for depression or something, it’s no wonder”

“We’re all [the young people involved in the conversation] on medication for different things, bi polar, anxiety, depression, PTSD. Most young people who end up in secure care are there because of what’s happened to them, not what they’ve done to other people. We’re punishing young people who’ve been hurt and abused”

Most of the young adults believed that the underlying reasons for the poor mental and emotional wellbeing they’d experienced growing up had not been addressed during their early childhood. They said that needs had often been overlooked or missed. In some cases there had been further impact on mental and emotional wellbeing as a result of being taken into care and experiencing multiple carers and placements. Consequently, meaningful help was only offered once their behaviours in response to psychological distress had ‘escalated’ and the young person was ‘escalated’ through the care system into close support, residential school care, or secure care.

“I had a really traumatic time when I was really young. I had severe anxiety it was a form of PTSD cos of what had happened to me. I used to think I was mad but I’m not. It’s because of the abuse done to me. No one really talked about that or got me the help I needed until the [residential school] team”

It was the secure care service staff, particularly the close support and later the throughcare team, who had asked the right questions, had helped young people to identify and understand their own needs, and who referred them for treatment.

“I was really, really bad with self-harming and trying to kill myself several times. They [secure care and close support teams] really helped. They made up this distraction box of stuff so I could like get my feelings out without hurting myself. They’ve got me linked in to adult mental health services and they’ve stuck with me”

The young adults stated more could and should be done at an early stage to raise awareness and understanding universally, of the links between early experiences and development and risks of later emotional and mental health and wellbeing difficulties. They

said this should happen for all children and young people who are involved with social work services, and certainly for all children in care.

They suggested that schools and social workers should find ways to talk to children about mental and emotional health and managing feelings. This shouldn't wait until there is an evident *"problem."*

"No one in there" [open residential units] "ever really asked me about what was going on in my head and what had happened to me"

"It's really sad that for some young people they don't feel safe anywhere cos of what happened to them and they'll do anything to get back into jail or secure. There should be more routine and safety in the open residential units and the staff there should show the same care that they do here" [Throughcare hub with 'return beds']

They said that adults in caring roles, whether they are health visitors, nursery staff, teachers, social workers or GPs, should make sure there is much more explicit attention and recognition of mental and emotional health and wellbeing.

"Mental and emotional health and wellbeing should be taught in primary and secondary schools, learning about self-esteem and how to look after yourself and get help should be in the classroom"

All the young adults who had been secured agreed that for them, the physical and psychological containment had been vital and for all it was a *"turning point"* which for some had *"saved my life"*. But there were differing views on the quality of environment, help and support they had experienced in secure care itself. Young people said that *how* and *by whom* this containment is provided; i.e. the quality of staff training, and the relational and physical climate and regime in each of the centres, is crucial. However, when comparing experiences between different secure care settings they were agreed that even where staff were kind, empathic and attuned to young people's emotional needs, the nature of secure care can present real difficulties in that young people are living in an artificial and limiting environment which can in and of itself be difficult.

“They” [secure care services] “need to think about what works for each young person. I needed a lot of time in my room to reflect and give me head space. Without that time and the boundaries they gave me I couldn’t have changed what I was doing and the risks I was taking. I needed to focus on one person – me. But that might not work for everyone”

“Everything is magnified in secure care. It’s intense, so staff need to always remember that”

Young adults described variable quality in the formal “interventions” offered to young people to support mental and emotional wellbeing and/or treat mental illness whilst in secure care, with some stating that they had experienced difficulties with continuity of clinician or treatment. But they all said that just as important as clinical care was the sense of being cared for and being cared about by all of the staff, and that the culture and opportunities in a centre was what impacted most on emotional wellbeing.

“I had loads of opportunities like the [theatre group] drama therapy, creative therapies and stress massage and relaxation classes. There should be loads more like that on offer for children in care and secure”

Young people in secure care also described the impact that living in a locked environment, for example sleeping in a small en-suite bedroom with non-ligature point design features, and the oppressive nature of all the related restrictions on individual choices, freedoms and self-expression, can have. Several said that the physical environment alone impacted negatively on their sense of wellbeing.

“If I wasnae depressed before, then I am now”

“Sitting in your room stuff just goes round and round in your head”

Many young people talked positively however about the therapy and support they had been offered whilst in secure care. They named individual staff, including clinicians, secure care staff and social workers, as having helped them in terms of their mental and emotional wellbeing.

[Programmes] *“have helped. Like you do get to think about things that happened before and how you’d do things different. Like consequential thinking and reflecting on stuff, I’ll use that my whole life”*

Calls for action

18. Much more needs to be done across universal services, from help and support available to parents of babies and young children, through to schools and GPs and health services to ensure awareness and understanding of the impact of trauma and adverse childhood experiences on children’s emotional wellbeing and their development.
19. Secure care should provide psychologically safe, containing and therapeutic care to help young people make sense of the trauma and hurts they have experienced.
20. Every secure care centre should have a wide range of programmes such as holistic therapies, cognitive behavioural therapy (CBT), education and vocational qualifications, and community based opportunities like college and work placements to prepare young people for the future.
21. Workers and agencies should always think about the impact of language and tone and in particular what they choose to put in reports and the words they use; as verbal and written reports too often emphasise the past and the negatives, and what young people have ‘done’ rather than focusing on the young person’s needs and their achievements, strengths, hopes and goals.

8. Participation and decision making

Experiences and views on decision making and participation were mixed. Many young people described care and education staff at the secure care centre - their social workers; and/or children’s rights workers - actively engaging, involving and advocating for them in day to day decisions. Others articulated a sense of not being listened to in the context of day to day living and also in relation to contact with people who were important to them, as outlined in earlier sections. There was often a sense that young people experienced incentive scheme approaches as disempowering rather than motivational.

“Sanctions don’t work, it’s all like ‘do this and you lose that’ or ‘do this and you earn that’”

Within the formal decision making process, particularly at children’s hearings and reviews, some felt that panel members and other decision makers, had pre-judged them. During each of the group conversations about transition support, at least one of the young people present articulated a sense of powerlessness and not having been consulted before or during a decision making process.

“I feel panels have already made their decision, you go in there and what’s the point? They don’t listen to you”

“Panel members judge you off a bit of paper and they don’t look at you now they just look at the past”

“My social worker never visits; they don’t know me so how can they decide things?”

Several young people also expressed frustration at the number of children’s hearings and reviews they had to attend. They described the stress and anxiety before children’s hearings and how difficult it was in the lead up where it was not clear what the decision would be. Examples were given of young people being unable to sleep because they had a children’s hearing the next day and did not know whether they would be returning to the secure care centre after that meeting, or if they would be moved elsewhere. A few young people talked about the early stages of placement when they had been to a number of hearings in a relatively short space of time, each time being told that they would be returning to another hearing. They said that it would have been better for them if they had been told from the start of the placement in secure care that they were going to be there for six months or even longer, as then they would *“know where you stand”*.

Some young people also articulated confusion and uncertainty throughout the formal decision making processes, in that they were unclear about what was expected to happen, or what was expected of them, before a decision would be made that meant they could move on from secure care.

“They tell you” [in reviews and hearings] “that you’re going to be here for months and months but don’t tell you the steps to get out”

Others had more positive experiences of decision making meetings; with a few describing how they had worried about being judged but instead had felt listened to and understood.

“I totally kicked off in the panel, I was really angry. I got restrained and that and it was the same three panel members at the next one! I was like, no way! But they were OK; they didn’t judge me, they could see I’d changed”

Some young people at each centre acknowledged the positive role that their social worker had played and talked about how they had got to know their social worker better whilst they were in secure care. Most young people differentiated between the role of their social worker and that of their secure care key worker. Many of the young people, even some of those who acknowledged that they had a poor relationship with their social work team, said that there should be greater consistency of social work support. Those who described a good, or an improving, relationship with their social worker felt that they were *“there for me”* and would be there to give support in the future.

“My social worker, I think she hated me before cos I used to kick off. I didn’t like her either but she’s on my side now, she thinks I’m brilliant”

“My social worker has really helped me and I’ve got a clear plan in place”

However, young people had had varying experiences of support from their social work departments, with some stating that their social worker had supported them in the early stages and throughout the placement and others saying that there had been very little contact. Some felt that their social worker didn’t know them well, and/or didn’t keep in contact enough. Others had experienced several changes of worker and this meant having to go over and over their story each time. A number of young people said they had no relationship with their social worker, or that the relationship was very poor due to the young person feeling that their social worker didn’t understand or fully involve them in the way they

should. A small number of young people had felt abandoned by their local authority due to limited contact or frequent change of worker.

“Having a plan really helps, but they need to involve us; half the time you don’t know what’s in your plan or you’re seeing it at the last minute”

Young people felt it was important to have clear goals and to see that things were moving forward through increasing “mobility”, which is the term used by professionals, and therefore also by young people, to describe supervised or unsupervised time outside of the locked environment out in the community, for family contact or to attend college for example. The process for ensuring young people’s central involvement in decisions about increasing mobility, alongside other increasing freedoms and responsibilities, was not always clear. Several young people felt that things didn’t always happen as quickly as they might, and they wanted to see more recognition of progress and change. They wanted staff to respond by taking a less restrictive and controlling approach. But this needed to be balanced with good support once the young person was back in a community setting.

The issue of language and tone was raised repeatedly, with young people providing numerous examples where they felt that reports had been written or comments and statements had been made about them which were unkind, unfair or unsubstantiated, or were focused on past situations or behaviours.

There were differing views about the programmes and interventions offered to help young people deal with past experiences and find different ways of managing their feelings and reactions.

“I can see what they mean” [staff] “but like it’s my life, if I choose to mess it up that’s my choice”

“We” [young people] “make choices, it’s up to me if I want to drink and stuff. I’ll get out of here and then do what I like”

Many of the young people talked about being “ready” or not, for the opportunities and help that was available; and that the outcomes from being secured were partly about where you

were yourself as an individual young person. One group were in agreement that in some ways it doesn't matter what help is on offer or what the staff and social work teams do to engage with you and support you; it is the young person themselves who will determine whether the placement in secure care is 'successful'.

"It's up to you isn't it? I mean they" [staff and social workers] "can tell you how it is and you can do all these programmes and stuff but at the end of the day, I can tell them what they want to hear or I can decide how things are going to be when I get out of here"

"I don't think the programmes do help. I've done one and I'm doing another one, I just tell them what they want to hear and they're like 'oh look at the progress you're making!' I just say whatever I need to get through it"

"You get out of it what you put in, ken? I've been in three times; the first time I just messed it up again, the second time I was like pretty much the same. But this time I've changed. I know what I want for me when I get out of here. I know what I want to do for myself and what's good for me"

The young adults reflecting back agreed with each other that staff recruitment and training was critical to the 'culture' and quality of environment and care provided by secure care services. This included the relational tone which impacted on how empowered or disempowered young people felt in relation to day to day and forward planning and decision making.

"They" [secure care managers] "should involve young people with secure care experience in staff recruitment and training, make sure that staff have real empathy and sensitivity, staff who are not afraid to talk to young people and listen to them and help them think about difficult feelings and manage feelings"

Calls for action

22. Panel members should listen to young people's views and opinions and not pre-judge the situation. So there should be better training for panel members on how to listen to young people and look beyond the reports to the young person in front of them.
23. Young people should not have to attend frequent children's hearings so there should be a review of timescales and orders. In addition there should be a review of how young people are informed about their rights at children's hearings, including the right to ask for continuity of panel members.
24. Young people in secure care should be contacted and visited by their social worker regularly. They should not experience multiple social workers. Social workers should visit young people regularly when they are preparing to leave secure care and wherever possible the same worker should support the young person with moving on and transition from secure care to their next placement, independent living or return home.
25. Social workers and others in decision making roles should be open and honest with young people and involve them centrally in all the care planning processes. Young people have the right to be involved and have their say about the recommendations and decisions that affect them; this includes reports to reviews, children's hearings and care planning meetings. All report writers should ensure that they share children's hearings reports at the earliest stage and no young person should be shocked or surprised by the content of a report; the young person should be contributing and the author should be consulting with the young person throughout.
26. Some young people with secure care experience want to share this and the Scottish Government should consider a programme where young people with secure care experience mentor and educate children and young people in school to encourage young people to seek help and to address problems before they escalate to a secure care situation.
27. Young people should be fully informed about staff codes of conduct and the Scottish Government, local authorities and the secure care centres could consider involving young people with secure care experience in staff recruitment, and in training and briefing secure care centre teams, social workers, panel members and other professionals.

9. Help and support with moving on

Overall, the majority of young people described having had very good support, help and opportunities to reflect on the situations that had brought them into secure care and to think about what they wanted for the future. Most said that there were lots of opportunities for change although not all of them felt able or ready to take these up.

Those who did talked positively about what they had achieved. They were clear about the next steps and stated that they had gained skills, confidence, qualifications and hopes for the future whilst in the secure care setting, including plans for their working lives and careers and/or for further education. They talked about the help and guidance they had received from care staff, interventions and wellbeing staff, education and careers, their social workers, their children's rights workers and their families.

"As you get more freedom and independence, I get to go out and do stuff in the community, work experience, cadets; loads of opportunities"

"My children's rights worker has stood by me, my social worker too"

"At the end of the day some of these staff have genuinely changed my life and changed me for good in different ways, they really have"

They urged other young people to take the opportunities on offer in secure care and to look forward to the future.

"I've said to staff I want to tell other young people, go out to schools and say to them [about dangerous behaviour] "don't do it! Take advantage of the opportunities you've got"

"You're getting school and qualifications and that, so you can do stuff when you leave here"

“You’ve got to use your time in here wisely, take the opportunities and that, and dinnae bother about anyone else. You have to be selfish for yourself. It’s your life”

Looking forward positively and preparing for moving on could be difficult though if you were going to be moving a long way away to your next placement or back to your home area. Young people said it had been frustrating for them to begin work experience or ‘mobility’ whilst in secure care, then facing having to move and “start again.”

“I’ve had help from care and education, there’s lots of opportunities. I was in the middle of nowhere in the last place so it’s much better being here nearer to home”

“How can that be right? You start work experience or something but then you’re going all the way to the other side of the country so you can’t carry on with that”

Many of the young people still in secure care were very unclear about when they might be moving on from secure care so for them it was difficult to envisage what the future held.

Young people who had experienced a number of placements in secure care and the young adults reflecting back all stressed the importance of practical *and* emotional preparation for moving on from secure care and for throughcare and aftercare planning. The young adults described feeling particularly emotionally vulnerable during the latter stages of their care experience; this was when support from trusted adults was most vital to help them sustain the hope and resilience required to “make it” in terms of the move to adulthood. This was especially important for those who were parents.

“It was just mental; I mean your hormones are all over the place. You’re a teenager still and then you’re pregnant and you’re terrified and don’t know what to do and what to expect and you’ve got to make it on your own and manage your bills and manage your door and all this stuff that you’ve never had to do. I don’t know what I would have done without them” [the throughcare team] “I was just terrified”

For all of the young adults, the continuity of relationships with staff who knew them well and who they trusted, had been absolutely key. These supportive relationships were valued, as was the drop in and ‘stay over’ throughcare hub/house, where young adults could have a

meal, get some practical and emotional help, advice and support. Moving on to your own place was described as scary, and this was particularly so for young people moving from a very restricted environment straight into a tenancy. For young parents there were additional worries and pressures.

“You are scared that they’ll take them away, because you’ve been in care and you were in trouble you always feel that you’ll not be good enough, that you’ll mess up. You worry, all the time; can I do this? Am I doing right? So having the staff here has been brilliant. They’re like family. I trust them more than my own family. They give you a boost, you can drop in or call them up and ask daft questions and just get advice and reassurance”

“It’s not easy, and being on your own or on your own with a wee one, there’s still stuff you have to cope with from the past, you still might fall down at that last bridge. It’s a mix of your own inner strength and the resources and supports you get offered here. It’s up to you if you take the help like counselling and that”

Emotional readiness was also identified as key by young people still in secure care who were looking towards the end of their placements:

“I don’t know, it’s sometimes like a switch in your head, like you might be wild but then you’re just ready to change”

Some young people said that more needed to be done to make sure moving on plans happened at their pace; that things moved either too slowly or too quickly so that young people didn’t feel ready to cope with the challenges and choices they would face in less restrictive settings.

“You just have to work for your mobility and work out what you want after here, but it’s too much sometimes and too quick. You get a wee bit mobility and then you’re out and expected to get on with it and do OK”

The closing words come from the young adults. They wanted to see changes for all young people leaving care and particularly improvements for young people whose difficulties have

brought them into secure care. They urged decision makers to recognise and value young people's strengths and capacity and provide ongoing recognition and support, through effective relationship based throughcare Hubs.

“They should bottle this place and how things work here. Every young person who gets secured should have the same kind of through care support to make sure they get help and support to move on and make something of their life”

“Look at what we’ve all achieved despite everything we’ve been through. They should listen to young people who’ve been through it and step in our shoes”

Calls for action

28. Throughcare plans should be taken at the young person's pace. It is important that young people are fully prepared to make the transition from secure care into an open setting and then on to appropriate independent living arrangements.
29. Through care preparation should be multi-agency and should help and support young people with practical day to day living skills such as managing money, cooking, washing and preparation for work as well as psychological readiness.
30. Decision makers should listen to and have more faith in young people's self-assessments in relation to risks and young people's readiness for moving on.
31. Every secure service should have integrated through care and aftercare supports, and 'return' space, so that there is continuity of relationships for young people.

10. References

Barry, M. & Moodie, K. (2008) This Isn't the Road I Want to Go Down, Who Cares?
Scotland

Gough, A. (2016) Secure Care in Scotland: Looking Ahead, CYCJ

Moodie, K. & Gough, A. (2017) Chief Social Work Officers and Secure Care in Scotland,
CYCJ

Vaswani, N. (2016) Our Lives with Others: An evaluation of trauma, loss and
bereavement developments at HMYOI Polmont, CYCJ and the University of Strathclyde

11. Acronyms, definitions and explanatory notes

(ACE) Adverse childhood experiences are traumatic events or experiences in childhood that can have long-lasting negative impacts on health and wellbeing. There are at least ten events and experiences generally regarded as adverse childhood experiences. The Scottish Public Health Network report from May 2016 provides more information:

www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf

Additional support needs The Education (Additional Support for Learning) (Scotland) Act 2004 places duties on local authorities, and other agencies, to provide additional support where needed to enable any child or young person to benefit from education. Young people may have additional support needs due to a range of learning difficulties and individual circumstances and situations. Scottish Government school statistics provide more detail:

www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/PubPupilCensus

Alternative care refers to the care provided to children and young people who cannot live with their birth families, and who are formally looked after in care, for example children and young people who are living with foster carers or in various residential care settings such as children's homes, or residential school.

CAMHS Child and Adolescent Mental Health Services is the range of services across agencies that contribute to the mental health and care of children and young people. CAMHS provision delivered nationally in Scotland through the National Health Service (NHS) includes community based assessment and care and treatment and in-patient mental health (hospital) services.

Care Inspectorate was formed under the Public Services Reform (Scotland) Act 2010, and is the independent regulator of social care and social work services across Scotland. Secure care services are regularly inspected against standards for Residential School Care Accommodation and as Care Homes for Children and Young People. See website:

www.careinspectorate.com/

Chief Social Work Officer The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of

certain social work functions. In relation to secure care, CSWOs have considerable duties and powers. The Scottish Government published revised statutory guidance in June 2016: www.gov.scot/Resource/0050/00503219.pdf

Child In law, the definition of a ‘child’ applies to children and young people, aged under 16 or 18 years, in all legislation and regulation around the formal systems (the United Nations Convention on the Rights of the Child, UNCRC, defines a child as someone aged below 18 years). However, as the vast majority of children who come into secure care are aged over 14 years, and the young people described themselves with this term, the term ‘young people’ is used when referring to young people in secure care, and the term young adults is used for those people aged over 18 who also spoke to the project.

The CHS (Children’s Hearings System) is Scotland’s unique system of juvenile care and justice. Children and young people may appear before a lay tribunal, called a children’s hearing, which consists of three children’s panel members, who are trained volunteers and who make decisions in the best interests of the child, taking into account the views of the child and all those present and involved. See the Scottish Government relevant pages: www.gov.scot/Topics/People/Young-People/protecting/childrens-hearings

Close support describes foster care, residential care and/or packages of individual support which provide additional and intensive relationship based help and supervision to young people whose circumstances and behaviours significantly jeopardise their wellbeing and safety. These young people are often young people who might meet the ‘secure care criteria’ and be described as ‘on the edges’ of secure care.

CYCJ (Centre for Youth & Criminal Justice) supports improvement in youth justice. CYCJ is engaged in practice development, research and knowledge exchange activities across Scotland and is funded by the Scottish Government and hosted by the University of Strathclyde. See www.cycj.org.uk

Mobility is a term used to describe young people’s opportunities to spend time outside of the secure environment; either supervised or unsupervised by staff (see also restrictive practice).

Restrictive practice refers to the restrictions on liberty and certain rights which result from being secured, and living day to day in a locked environment. Link to the Scottish Government information leaflet for young people here:

www.gov.scot/Resource/0048/00484268.pdf

Scottish Government Children's Social Work Statistics Every year this publication gives the characteristics of certain children in Scotland. This includes information about children who are looked after, involved with child protection systems and young people in secure care: www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork

Secure care criteria Under the Children's Hearings (Scotland) Act 2011, there are two stages to the secure care authorisation process. The children's hearing may authorise secure care but the Chief Social Work Officer (see above) will decide whether or not that authorisation is implemented. The Head of the secure centre also has a role. A children's hearing must be satisfied that one or more of the criteria in s83 (6) of the 2011 Act are met AND having considered the other options available (including a Movement Restriction Condition) whether a secure accommodation authorisation within the order is necessary.

Single separation refers to a legal definition regarding the use of 'time out' in secure care. Each secure care centre has clear procedures in relation to the use of 'single separation' and how this is managed and recorded (see also restrictive practice).

YOI - Young Offender Institution The Scottish Prison Service is responsible for running HMYOI Polmont which is Scotland's national holding facility for young offenders aged between 16 to 21 years of age. Link to the April 2016 Scottish Government publication about Polmont is here: www.prisonsspectoratescotland.gov.uk/publications/longitudinal-inspection-hmyoi-polmont-19-21-april-2016