

**Crossing the 'threshold of risk': A study of local
secure accommodation decision making in
Scotland.**

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STATEMENT OF AUTHORSIP

This thesis has been composed by me, Autumn Roesch-Marsh.

It is all my own work and has not been submitted for any other degree or professional qualification.

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ABSTRACT

Secure accommodation is locked residential child care for children, usually under the age of 16, who may represent a risk to themselves and/ or others. This thesis examines the findings of a study into decision making processes which determine the provision and legitimacy of secure accommodation for young people in one local authority area in Scotland. The thesis begins by investigating the legislative and policy context, arguing that policy confusion in this area means secure accommodation is likely to face an uncertain future. It goes on to provide an overview of relevant research and contends that there is a need to better understand the processes and factors influencing local decision making. The case study methodology employed is explicated which included the use of interviews, questionnaires, observations, and focus groups in order to gain the perspectives of managers, social workers, children's panel members, residential workers and young people. The thesis explores the range of factors which were found to influence local decision makers including: their role in the decision making system and the operation of that system; their use of legislation and guidance; their subjective understanding of risk and risk assessment; their personal and collective 'thresholds of risk' which were linked to ideas about gender, age and vulnerability; the quality of 'evidence' about risks and needs which was influenced by who and how this 'evidence' of risk was presented; available resources and perceptions about the suitability of those resources to meet the needs of particular young people and the resident group already in secure placement. Participant conceptualisations of risk are analysed. In contrast to adult decision makers, this thesis demonstrates that young people often understand their own 'risky' behaviour as an attempt to communicate with social work systems within which they feel disempowered. The thesis concludes by making a number of recommendations for improvements to decision making policy and practice, including the need for greater transparency in relation to decision making systems and processes and more opportunities for service user participation at every level of local decision making.

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Finally, I would like to thank my family and friends for supporting my efforts over the years and showing me so much love.

DEDICATION

This PhD is dedicated to the young people past, present and future who find themselves referred to secure accommodation and to the staff, often working in difficult circumstances, who must decide what is in their best interests. Speaking to some of these young people for this research project, and working with them over the years, has taught me so much. I have been continually struck by the insight and resilience of young people, even in the most difficult of circumstances. I have also learned that one of the most important things we can do as adults is listen. I hope that researchers, practitioners, parents and neighbours will listen more and that, in time, by keeping our promises and not giving up, more young people will feel heard and cared for.

This PhD is also dedicated to my husband Dr Edward Roesch-Marsh. He is my secure base and my best friend. Without his sense of humour and unwavering support I would surely have been lost along the way.

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ABBREVIATIONS

(CSA)	Children's (Scotland) Act 1995
(CH)	Children's Hearing
(CP)	Children's Panel
(CPRP)	Child Protection Reform Programme
(CSWO)	Chief Social Work Officer
(DoH)	Department of Health
(EC)	European Commission
(HRE)	Head of Residential Establishment
(NRCCI)	National Residential Child Care Initiative
(SCRA)	Scottish Children's Reporter Administration
(SIRCC)	Scottish Institute for Residential Child Care
(SSSC)	Scottish Social Services Council
(SOFI)	Securing Our Future Initiative
(SRG)	Secure Referral Group
(SCIE)	Social Care Institute for Excellence
(SWIA)	Social Work Inspection Agency
(SWSI)	Social Work Services Inspectorate
(UNCRC)	United Nations Convention on the Rights of the Child
(YPC)	Young Person's Centre (usually an open residential unit)

THRESHOLD, *n.* the place or point of entering; the outset; the point, stage, level, etc, at which something will happen, become true, etc.

Chapter 1

Introduction

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. - Cheryl¹

They could listen to the young people a bit more. . . Cuz I feel they treat you like just a minor because you are under sixteen . . . They [young people] probably just need more attention and affection, just like to reassure them. – Jenny

Introduction

Secure accommodation is locked residential child care for children, usually under the age of 16, who may represent a risk to themselves and/ or others. This thesis examines the findings of a study into the decision making processes which determine the provision and legitimacy of secure accommodation for young people in one local authority area in Scotland. Drawing on the views of young people like Cheryl and Jenny, as well as the perspectives of managers, social workers, residential workers and Children's Panel members, this study aims to determine how decision making systems,

¹ All the names of study participants have been changed to protect their anonymity. See chapter 4 for a detailed overview of the ethical considerations relating to this study.

procedures and practices work and how they might be improved for the benefit of young people.

The personal motivation for undertaking this study into secure accommodation decision making arose out of my experiences of working as a social worker in the community and as a residential care officer in both open and secure settings. These practice experiences made me curious about decision making procedures and practices. This was not because I felt all the decision making I had seen was 'bad' or 'wrong', but rather that I recognised it was difficult and fraught with dilemmas.

I hoped that by undertaking this investigation I might learn more about the challenges inherent in secure accommodation decision making. I also hoped that my findings might be of use to others grappling with these issues. This thesis presents my findings from this journey and highlights the further questions it has raised for me as a social worker, a researcher and as a human being.

Overview of the Study

This thesis begins by investigating the legislative and policy context for secure accommodation. Chapter 2 provides a critical analysis of how secure accommodation, the most restrictive and expensive provision in the 'continuum' of 'care' for looked after children in Scotland, has been variously positioned by policy and service provision developments since Devolution.

Chapter 3 provides an overview of relevant previous research and theory and contends that there is a need to better understand the processes and factors influencing local decision making (Walker et al. 2006; Sinclair and Geraghty 2008). Drawing on decision making theory and research chapter 3 goes on to explore how previous studies of secure accommodation have not engaged in some of the wider debates about how decision making should be

investigated (O'Sullivan 1999; Munro 1999, 2005; C. Taylor 2006; Fish et al. 2008). The chapter also highlights how this investigation of decision making necessitates an engagement with theories of risk (Beck 1992, 2000; Webb 2006; Kemshall 2008).

Chapter 4 provides an overview and justification of the chosen case study methodology which included the use of interviews, observations, questionnaires and focus groups in order to gain the perspectives of managers, social workers, residential workers, Children's Panel members and young people about local decision making (Yin 2003).

Chapters 5, 6, 7, and 8 present the findings of this study. Chapter 5 explores the workings of the decision making system. Chapter 6 and chapter 7 explore the central role that risk, risk assessment and risk thresholds played in the logic of secure accommodation decision making. Chapter 8 examines how perceptions about the role and potential benefits of secure accommodation influenced decision makers.

Chapter 9 draws together all of these findings. It consolidates the key implications of this study and makes some recommendations for policy, procedure, practice and future research which, if implemented, could help to improve secure accommodation decision making for the benefit of young people like Cheryl and Jenny.

Chapter 2

Legislative and Policy Review

Introduction

This chapter will review the developments in legislation and policy relating to secure accommodation. The aim of this review is to identify the context for secure accommodation decision making before and during the period of this study. The review will examine how secure accommodation is defined and described in policy, legislation and guidance.

Present Legislation and Guidance

In April 1997 the Children (Scotland) Act 1995 came into force. Under this Act and its accompanying guidance and regulation secure accommodation is defined as ‘a form of residential care for children in buildings which they cannot freely leave’ (Scottish Office 1997: 92). It is described as having two aims, ‘to rehabilitate’ and ‘to protect the public’; ‘this involves 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: 92). The guidance is categorically positive about the opportunity for change that secure accommodation can represent: ‘a secure placement offers opportunities for change at a vital point in the child’s life’ (Scottish Office 1997: 99).

Children are primarily placed in secure accommodation through the Children's Hearing System under the terms of the Children (Scotland) Act 1995 (Scottish Executive 2003b, 2004b, 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b).² In many cases children who are placed in secure accommodation are already known to the Children's Hearing System and have been previously placed on a 'supervision requirement' under the Act (SWSI 1996). The Act stipulates that a Children's Reporter should consider all referrals to the Children's Hearing. A Reporter should call a Children's Hearing if it seems a supervision requirement may be deemed necessary to promote the child's best interests. According to S. 52(2) of the Act, there may be grounds to place a child on a supervision order if the child:

- (a) is beyond the control of any relevant person;
- (b) is falling into bad associations or is exposed to moral danger;
- (c) is likely – (i) to suffer unnecessarily; or (ii) be impaired in his health or development due to a lack of parental care

The Act goes on to include further grounds including children who have been victims of schedule 1 offences (under the Criminal Procedure (Scotland) Act 1975) or who are likely to become a member of a household with a schedule 1 offender or an offender under s. 2A to 2C of the Sexual Offences (Scotland) Act 1976. Conditions (h) through (l) in S. 52(2) include children who have failed to attend school regularly without reasonable excuse; those who have committed an offence; those who have misused alcohol, drugs, or other volatile substances; and those who are accommodated by the local authority due to abandonment or a parental responsibilities order.

² The Children's Hearing system is a unique system in Scotland for making decisions about measures to support young people under 16, and sometimes up to the age of 18, 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. The system was introduced under the Social Work (Scotland) Act 1968 and amended by the Children (Scotland) Act 1995 in order to replace the system of juvenile courts which had previously existed.

So a supervision requirement, under section 70 of the Act, can be placed on a child for a variety of reasons and additional stipulations can be included in the requirement for the purposes of protecting, guiding, treating or controlling the child in question. Requirements may include a condition of residence, which may stipulate a foster carer or open residential unit as the substitute care setting most appropriate to the child's needs.

The most controlling placement to which the Children's Hearing System can place a child, outlined in section 70 (9) and (10), is to specify that a child should be kept in secure accommodation. Under section 70 (10) the criteria for secure accommodation is that the child-

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

Under section 16 (1) of the CSA Act the most important test for this or any other decision should be that it is 'in the best interests of the child' (Scottish Office 1997: 92). Linked to this is the idea of the 'no order' principle, which is a fundamental principle of the Children's Hearing system. This principle specifies that a Children's Hearing should only make, vary or continue an order or grant a warrant if it would be better for the child than not doing so.

Clearly, there will be differences of opinion about what constitutes these 'best interests'; however, section 16(2) of the Act also specifies that the Children's Hearing or the sheriff must give the child the chance to express his/ her views and must have regard to those views. Section 16 (5) does make the exception that for the purposes of protecting members of the public from serious harm decisions may be made which are not necessarily in the best interests of the child.

It is important to note that under present legislation and guidance if a Children's Hearing authorises the use of secure accommodation by varying the supervision requirement of a child or young person, this decision cannot be implemented without the agreement of the Chief Social Work Officer (CSWO) and the Head of the Residential Establishment (HRE) (Scottish Office 1996: Regulation 6). For this reason secure authorisations made by Children's Hearings are commonly referred to as 'discretionary', in other words the local authority is not under a legal obligation to implement this secure order (Walker et al. 2006). If this variation to their supervision requirement is implemented and they do get placed in a secure unit, there is a statutory requirement that this is reviewed by a Children's Hearing within three months of their placement in secure (SCRA 2010).

In some cases children can also be placed in secure accommodation as a 'place of safety' and this can be under the authority of the CSWO on an emergency basis without the approval of a Children's Hearing or court order. A Children's Hearing may also make a range of different 'place of safety' warrants, which under Regulation 9 allow the placement of a child in secure accommodation only if the CSWO and the HRE agree that the child meets the secure criteria³. The HRE must also agree with the CSWO that a placement would be in the child's best interests. If the child is placed in secure accommodation on an emergency basis the CSWO has the duty under Regulation 6(2) to ensure that any relevant person and the child themselves are notified of this decision. If the authorisation has been made on an emergency basis the CSWO has 24 hours to notify the Principle Reporter of this and specify the details of the placement and any subsequent placement or release and the reasons why at the time of the placement the CSWO and

³ There are a range of 'place of safety' warrants which a Children's Hearing can make, see Sections 63(5), 66(1), 69(4), and 69(7) of the CSA 1995.

HRE deemed the placement in secure accommodation to be necessary. There must then be an application for authorisation made to a sheriff or Children's Hearing within 72 hours of the placement being made (Scottish Office 1997: 92). Children placed in secure on a place of safety warrant must also have their case reviewed by a Children's Hearing within 22 days of their placement in secure (SCRA 2010).

Every effort must be made to consult with the child on his/her views prior to this placement. The guidance is also quite clear that 'all other options for meeting a young person's needs must be explored' before they are placed in secure accommodation and that there are clear 'aims and objectives for the placement based on assessed behaviour and needs' before they are placed in secure accommodation (Scottish Office 1997: 92).

The child and/ or relevant persons in that child's life, have the right to appeal, through the sheriff's court, any decision of Children's Hearing under S. 51 of the Children (Scotland) Act 1995. At present there are no national statistics available about the number of appeals made regarding placements in secure accommodation so it is not known how many children and families are exercising this right. However, SCRA's (2010) recent study of 100 secure authorisations showed that only 2% of cases appealed to sheriff court after the decision of a Children's Hearing.

Rights to legal representation for young people within the Children's Hearing have been strengthened in recent years. According to Rule 3 of The Children's Hearings (Legal Representation) (Scotland) Rules 2002 the Principal Reporter may appoint to any child who is due to appear before the Children's Hearing a legal representative if it appears that: (a) legal representation is required to allow the child to effectively participate at the Hearing; or (b) it may be necessary to make a supervision requirement (or a review of such requirement) which includes a requirement for the child to

reside in a named residential establishment and the child is likely to meet the criteria specified in section 70(10) of the Act and the Secure Accommodation (Scotland) Regulations 1996 (Scottish Executive 2003f). These rules were introduced to ensure that Article 5 of the European Convention on Human Rights (ECHR), the right to liberty, would not be denied without independent representation and access to legal proceedings (Norrie 2004).

The Children's Hearing (Scotland) Bill was introduced into the Scottish Parliament on the 23rd of February 2010. Section 145 addresses secure accommodation. For the most part this bill supports the arrangements outlined in the Children (Scotland) Act 1995 and The Children's Hearings (Legal Representation) (Scotland) Rules 2002. In particular it maintains the discretionary nature of secure authorisations by specifying in Section 145 (3) that the final decision to place a child in secure lies with the CSWO and the HRE. It also specifies in Part 5A, 28C that legal aid will be automatically made available to children in cases where placement in secure accommodation is being considered.

The main changes relating to secure accommodation in the Children's Hearing (Scotland) Bill relate to new provisions under Section 145, 146 and 147 which enable Scottish Ministers to make new regulations. Section 145(7) sets out the areas relating to the work of the CSWO and the HRE in making secure authorisations that may be covered by regulations. These areas include: the timescales for the decision; the procedures to be followed, the criteria to be applied; who must be consulted; and who must consent to a decision. Regulations may also make provision about the notification of decisions, the giving of reasons for decisions, the reviewing of decisions and the review of an order or warrant containing a secure accommodation authorisation where the head of unit does not consent.

Section 147 makes it clear that Scottish Ministers may also impose new regulations in relation to the Principle Reporter and the relevant local authority including: the procedure to be followed in deciding whether to place a child in secure accommodation; the notification of decisions; the giving of reasons for decisions; the review of decisions; and the review of placements by Children's Hearings.

These changes are significant because they signal recognition of the need to clarify and better regulate local decision making practice. In particular the work of the CSWO and the HRE has operated under little regulation, and as this study will show, this has raised problems for social workers and others within the decision making system.

In Scotland offenders less than sixteen years of age are most often brought before a Children's Hearing, rather than the court, and for this reason most disposals for juvenile offenders are made with reference to welfare rather than justice principles (Hill et al. 2007). This system does have several exceptions.

In the case of serious offences a child may be tried in an adult court and under section 44 of the Criminal Procedure (Scotland) Act 1995. If a child is found or pleads guilty to an offence which applies to this section a sheriff may order the child's detention in residential accommodation for a up to a year. This young person may then be detained in secure accommodation if the CSWO and the HRE believe the child meets the requirements of section 70 (10) (a) or (b).

Under section 51 (1) (a) (i) of the Criminal Procedure (Scotland) Act 1995 the courts also have the power to commit or remand a child directly to secure accommodation. Also, if a child is detained under section 205 or 208 of the Criminal Procedures (Scotland) Act 1995 the Secretary of State is responsible for where he or she is placed and under what conditions.

Table 1 shows the collated data on admission routes for the last four years compiled from statistics published by the Scottish Executive and Scottish Government between 2004 and 2009. This shows that in the last five years most young people were placed in secure accommodation through the Children’s Hearing system. However, a significant number were also placed through the adult criminal justice system and this percentage has fluctuated a great deal in recent years. There is little analysis and no rationale for the variance in government statistics and there is often a great deal of missing data; this makes it difficult to know what these number indicate about trends in routes for admission to secure accommodation.

Table 1: Overall Admission Routes 2004 to 2009

Admission Route	04-05	05-06	06-07	07-08	08-09
Children’s Hearing	122 (45%)	128 (51%)	177 (58%)	129 (37%)	115 (42%)
Criminal Justice	54 (18%)	90 (36%)	19 (6%)	145 (41%)	100 (37%)
Emergency	23 (8%)	22 (9%)	65 (21%)	24 (7%)	35 (13%)
Not Known	75 (29%)	11 (4%)	46 (15%)	48 (15%)	21 (8%)
Total Overall Admissions	273 (100%)	251 (100%)	307 (100%)	346 (100%)	271 (100%)

(Scottish Executive 2003b, 2004b, 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b)

One of the additional difficulties related to this data is that it does not necessarily tell us why a young person has been placed in secure accommodation. The reason for placement is important because it provides a clue as to the function of secure accommodation. If the population is primarily admitted due to their offending behaviour then the role of secure accommodation becomes about protecting the public and rehabilitating the

offender. If the reason for secure accommodation is primarily about protecting the young person, either because he or she present a risk to himself/herself, or because he/she is at risk of exploitation from someone else, then the function of secure accommodation becomes focused on protection and treatment.

The definitions, laid down in legislation and guidance, are broad enough to include a wide range of children and young people who present a risk to themselves, others or both. The welfare orientation of the Children's Hearing system means that a good number of young people placed in secure accommodation through this system may still be placed primarily because of their offending and concerns about the risk they present to others. This is because of the wide range of reasons for referral to a Children's Hearing which are outline in section 52 of the Children (Scotland) Act 1995. Data from the Scottish Children's Reporter Administration has shown that over the last several years just under half of all referrals to a Children's Hearing are on offence grounds (Scottish Children's Reporter Administration 2006, 2007, 2008). Official statistics provide no further detail relating to this because of their focus on the legal basis for admission rather than the reasons for admission, which are not always the same thing. To understand the characteristics, backgrounds and behaviours of young people who are placed in secure accommodation will require a detailed look at previous studies in the next chapter. First, however, we will turn to an examination of the development of the secure estate since the 1996 in order to understand the present context for secure provision in Scotland.

First Review of the 'Secure Estate'

In 1996 ahead of the implementation of the Children (Scotland) Act 1995 the Social Work Inspectorate published *A Secure Remedy*. This was the

first government review of the role, availability and quality of secure accommodation in Scotland. It provides a brief overview of the history and development of what is now known as the 'secure estate' in Scotland and details that at that time there were seven units registered to provide secure accommodation for children 8 to 18, offering a total of 89 secure places.⁴

This report was important for a number of reasons. First of all it explicitly directed decision makers to take into account the principle, strengthened by Article 4 and Article 40 of the United Nations Convention on the Rights of the Child, that secure accommodation 'should be used only as a measure of last resort and for the shortest appropriate period of time' (SWSI 1996: 5).

Using the 1985 Code of Practice on Secure Care as its starting point the report also goes further than any other previous document in defining the role of secure care and in recommending an approach to what it describes as the 'treatment' of children placed there. The report states that regardless of the length of stay or the reasons for admission 'the basic role of secure care remains the same: to control, and to teach the child to control, the behaviours that made secure care necessary' (SWSI 1996: 6). It also makes a clear statement that secure is not about punishing children.

Secure care is positive, active and demanding. It is not focused on punishment, and it involves much more than just holding children, waiting for them to calm down or for some other form of care to be found. Secure units hold children in a safe place and, by working directly with them and with social workers and others, change their disruptive and dangerous behaviour so that they can return to open care and education (SWSI 1996: 6).

⁴ The two smaller secure units mentioned in the report, which were in Fife and Dumfries and Galloway, have now been closed.

There is a clear emphasis here on purposeful containment and creating positive change in the young person. Indeed the title of the report, *A Secure Remedy*, suggests the view that secure accommodation is a place for 'curing' troubled and troubling children and young people.

The other key task of the report was to try and determine if enough secure provision existed in Scotland. At the time there was concern about some children being placed in adult prisons or in secure accommodation provision in England because there were not enough secure beds in Scotland (SWSI 1996). It recommends the expansion and improvement of 'other forms of care' particularly residential schools, children's homes and foster care and community based projects to address offending. It also recommends an expansion of the secure estate to ensure few young people are placed in adult prisons.

While *A Secure Remedy* frames secure accommodation as a 'positive' and 'active' intervention it also emphasises that it should be provision of 'last resort'. This view of secure accommodation as the end of a 'continuum' of care options persists, as do these contradictory ideas about it being 'positive' and it being 'the last resort'.

In total there were 28 Recommendations made by the *A Secure Remedy* report. The majority of the recommendations relate to improving assessment and care planning in secure units, improving training for staff, and improving the facilities and programmes in secure units. Some of these recommendations have been implemented with the re-development of the secure estate, which we will look at in the next section. There are, however, three significant recommendations that have not been progressed which deserve further discussion:

- Recommendation 3- The main secure units should, after consulting local authorities, develop and agree on standard admission forms and assessment procedures.
- Recommendation 19- The Scottish Office should, in consultation with local authorities and the secure units set up a Secure Accommodation Admissions Bureau to serve as the first point of contact for any agency wanting to send a child to secure care. The Bureau should also monitor demand and produce monthly reports.
- Recommendation 28- A National Planning Group should be set up to oversee the planning management and development of secure units and care and education services for young people with behavioural problems which include offending. They should pay special attention to developing more effective, early intervention. The Planning Group should report each year to the Secretary of State. (SWSI 1996:55-57)

As we will see in the sections that follow, if action had been taken on these three recommendations the present difficulties relating to the future of the secure estate might not be what they are.

Recent Policy Perspective

As we have already begun to see, secure accommodation has been tasked with the dual function of providing 'care' and 'control'. It has been expected to meet welfare needs whilst also addressing deeds and protecting the public. As a consequence of these dual and sometimes competing functions secure accommodation has always sat at the complex interface between a range of policy initiatives, in particular: youth justice, child protection and looked after children and residential child care. The following timeline provides an overview of some of the key developments in the last ten years, which will be followed by analysis.

Table 2: Timeline of Developments in Legislation and Policy

Year	Key Developments
1999	<ul style="list-style-type: none"> - The Labour- Liberal coalition leading the new Scottish Parliament hold their first cabinet meeting. Youth crime is one of the key issues discussed at this meeting
2000	<ul style="list-style-type: none"> - Mr Galbraith, then Minister for Children and Education, introduces a policy review for secure accommodation in Scotland. To undertake this review a Secure Accommodation Advisory Group is set up.
2001	<ul style="list-style-type: none"> - Regulation of Care (Scotland) Act 2001 is passed - The Secure Accommodation Advisory Group makes its first report.
2002	<ul style="list-style-type: none"> - The audit and review of child protection, <i>It's Everyone's Job to Make Sure I'm Alright</i> is published. A three year child protection reform programme is also launched. - <i>A Ten Point Action Plan on Youth Crime</i> is published. - Minister for Education and Young People, Cathy Jamieson, announces a 30% increase in the 'secure estate'.
2003	<ul style="list-style-type: none"> - Pilot of youth courts for persistent young offenders begins in two areas. - Pilot of fast track Children's Hearings for persistent offenders under 16 begins in six local authority areas.
2004	<ul style="list-style-type: none"> - The Antisocial Behaviour etc. (Scotland) Act 2004 is passed. - The Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003 come into force 1 April 2004
2005	<ul style="list-style-type: none"> - Pilot of intensive support and monitoring services (ISMS) commences in seven local authorities - <i>Children's Charter</i> is published, it pledges improvements in child protection for all young people in Scotland - <i>Getting it Right for Every Child: Proposals for Action</i> is published

2006	<ul style="list-style-type: none"> - The Social Work Inspection Agency publishes its review of looked after children and young people called <i>Extraordinary Lives</i>. - Youth Justice Improvement Programme 2006 is launched - Kerelaw secure unit is closed. An <i>Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit</i> begins in 2007.
2007	<ul style="list-style-type: none"> - <i>Looked After Children and Young People: We Can and Must Do Better</i> is published - 3 May 2007 the Scottish National Party wins the most seats in Scottish Parliament and form a minority government. The Scottish Executive is re-branded the Scottish Government.
2008	<ul style="list-style-type: none"> - National Residential Child Care Initiative (NRCCI), led by the Scottish Institute for Residential Childcare, is launched. - <i>Preventing Offending by Young People: A Framework for Action</i> (2008) is published. - <i>These Are Our Bairns</i> is published which outlines how the government plans to promote its corporate parenting agenda. - <i>Strengthening For The Future – A Consultation On The Reform Of The Children’s Hearing System</i> is published.
2009	<ul style="list-style-type: none"> - The Securing Our Future Initiative reports on the findings of its review. - Criminal Justice and Licensing (Scotland) Bill is introduced to the Scottish Parliament, Part 3 proposes raising the age of criminal responsibility from 8 to 12.
2010	<ul style="list-style-type: none"> - 23 February the Children’s Hearing (Scotland) Bill is introduced to the Scottish Parliament.

Expansion and Contraction of the Secure Estate

In 2000, four years after the Social Work Inspectorate published *A Secure Remedy* (1996), Mr Galbraith, then Minister for Children and Education, introduced a policy review for secure accommodation in Scotland. To undertake this review a Secure Accommodation Advisory

Group was set up 'to assist Scottish Ministers in further developing the strategic approach to the use of secure accommodation and its alternatives' (Scottish Executive 2001a: 1). The membership of this group was limited to those with professional investments in the 'secure estate' and professional insiders: executives and principles of secure units, one prison governor, members of the Social Work Inspectorate, a sheriff, a director of social worker and members from the Children's Reporter Administration. Notably absent from the membership list were those from independent research institutions, advocacy groups (such as Who Cares? Scotland⁵) or children's rights groups.

The work of the Secure Accommodation Advisory Group included a consideration of, among other things, 'secure units as designated national resources', the 'efficacy of secure placements', and 'consultation with service users, and access to healthcare' (Scottish Executive 2001a: 3). In the initial stage of their work they identified that although there had been requests from some local authorities to increase the secure estate there was a lack of information upon which to base advice on what level of increase should be made. They also identified the need for 'a national plan for residential accommodation for children and young people' (Scottish Executive 2001a: 3). Eight years later this work was finally begun with the launch of the National Residential Child Care Initiative (NRCCI) led by the Scottish Institute for Residential Childcare (SIRCC 2009).

The Advisory Group initially asserted that 'strategic decisions about secure accommodation should be informed by up-to-date information and research, centrally collected and widely disseminated' (Scottish Executive 2001a: 3). They also argued that the issue of secure care provision had to be

⁵ A national advocacy organisation representing looked after and accommodated young people.

addressed within a wider framework for child and family services that was aimed at 'prevention'. They suggested that part of the reason for the increase in the use of secure accommodation might be linked to the decrease in residential care provision over the years and that secure care was now being used to fill the gap left by a lack of other provision (Scottish Executive 2001a: 14).

The Group defined their remit in the light of other developments in policy and legislation at the time, which included the Youth Crime Review, the National Care Standards, and the Human Rights Act 1998. As such, their recommendations represented a number of competing priorities. They initiated a review of the need for additional secure places and highlighted research into foster care as an alternative to secure accommodation (Walker et al. 2002), the development of community based offenders programmes, and the need to review and develop the use of 'closed support units' as an alternative to secure care. They recommend that until these initiatives 'bear fruit' there would need to be a 'further investment in the present alternative' (Scottish Executive 2001a: 18).

Despite their assertion that investigation and critical reflection on the efficacy of secure accommodation should proceed further investment in the secure estate, there is a clear statement, even at this early stage in their role, that they plan to 'urge' for an increase in the secure estate. They also seem to continue to ignore the recommendation of *A Secure Remedy* (SWSI 1996) which advised the development of a more uniform system for secure referrals and a national system for monitoring the demand for secure places.

Even in 2002 secure accommodation was very expensive provision, costing between £2,000 and £2,900 a week per child placed (Audit General Accounts Commission 2002: 23). From 1997/98 the price of secure care had risen by around 46% and in 2002 Scotland was spending 'over £30 million

per year' on secure accommodation and residential school placements (Audit General Accounts Commission 2002: 26). Despite these rising costs and the developments to improve community based provision which were going on at the time, the decision was taken in March 2003 by the then Labour and Liberal Democrat coalition government to increase the secure estate by another 30% by 2007, adding an additional 29 secure places to the existing 96 (Scottish Executive 2003a). The projected cost of these developments was £45 million pounds (Scottish Executive 2003a). At the time the Minister for Education and Young People, Cathy Jamieson, stated that this increase in the 'secure estate' was to allow for 'much needed facilities for girls and young women as well as programmes for young people who offend' (Scottish Executive 2003a: 1).

Looking back at the evidence about the need for additional secure placements at the time, a very murky picture emerges. In Scotland the 'secure estate' had fluctuated but slowly risen from 86 to 96 places since 1995, which is not surprising given that the recommendations of *A Secure Remedy* included increasing the number of secure places (SWSI 1996).

In June 2003 the Secure Accommodation Advisory Group presented to the Scottish Executive a report suggesting that the total amount of unmet need for secure accommodation between 2001 and 2002, across all Scottish Local Authorities, translated into 71 cases of young people who while placed on secure authorisations could not be offered secure beds. They did not analyse these authorisations by gender. With closer scrutiny of their data, however, it becomes immediately obvious that it is incomplete and inconsistent, so much so that their final figure of 71 unmet places seems very suspect indeed. For example the data on Aberdeen suggests the local authority had 12 unmet cases for secure care in 2000/2001; however, in adding up the other data they provide it seems there were only fourteen

authorisations for secure made by Aberdeen in 2000/01 and they provided a total of 20 places for those in need of secure care, 9 girls and 11 boys. Does this mean admissions from the previous year were still in placements and they could not, therefore, provide for these twelve cases? The data are unclear and the report writers offer no analysis of its various anomalies.

The report does not provide any clear evidence about the number of young women placed on secure authorisations compared to the number actually placed. This is important given the government's claim at the time that there was a need for more secure provision for young women (Scottish Executive 2003a). They also provide no analysis of what measures local authorities took in the absence of secure provision being available and how successful these measures were.

What the report does show is a finding that had also been shown in England and Wales (see Harris and Timms 1993; Dennington and Pitts 1991): there is significant variance in the use of secure care across different geographical regions that does not strictly relate to population. In their report the Advisory Group acknowledge this but they do not suggest that one of the reasons might be to do with insufficiently rigorous gate keeping mechanisms, something that Harris and Timms (1993) found in England. What is interesting is that authorities with regular access (either because they have a secure unit nearby or because the unit is run by the local authority) seem to use the provision more often (Harris and Timms 1993; Goldson 2002a; Walker et al. 2006). This research suggests that if the provision is available it will be used, sometimes without full regard to the appropriateness of this.

The perception that further places were needed for young women is particularly curious given the statistical data at the time and subsequently. In general there are less young women 'looked after' away from home in

Scotland then young men, about 40% of looked after children in 2001 rising to 45% in 2009, so it would make sense that they represent a smaller number in secure care (Scottish Parliament 2001; Scottish Government 2009b). In actual fact they represent a smaller proportion of the secure population, since 1995 girls have remained between 20 and 30 % of the secure population (SWSI 1996; Scottish Parliament 2001; Scottish Executive 2003b, 2004b, 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b). The most recent data below shows that this trend continued between 2005 and 2009; this is particularly interesting at a time when dedicated secure provision for girls had been increased.

Table 3: Admissions by Sex 2004 to 2009

Admission Route	04-05	05-06	06-07	07-08	08-09
Total Male admissions	198 (72%)	188 (75%)	211 (69%)	251 (73%)	184 (68%)
Total Female admissions	75 (28%)	63 (25%)	96 (31%)	95 (27%)	87 (32%)
Total Overall admissions	273 (100%)	251 (100%)	307 (100%)	346 (100%)	271 (100%)

(Scottish Executive 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b)

Despite the lack of clear evidence and research to justify the decision, the expansion in the secure estate went ahead. Table 3 charts the developments in the secure estate between 2004 and 2009. What this table shows is that the demand for secure accommodation has increased very slowly despite the increase in available beds. Since 2004 when the capacity of the secure estate was actually reduced from a total of 96 beds to 93 beds due to re-development there was still spare capacity in secure provision. By

2007 when the final development of the new secure units was complete the excess capacity averaged at 28 unused beds.

Table 4: Developments in Secure Provision between 2004 and 2008

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Number of Secure Units	5	5 (one unit closed and other opened)	6 (a new unit is opened, it includes single sex provision for girls)	7 (another new unit opens)	7
Places Available on 31 March	93	95	112	100 ⁶	124
Average Occupancy Rates	87	81	94	102	90
Excess Capacity	6 beds	14 beds	18 beds	28 beds	34 beds
Average weekly cost per bed	£3,458	£4,100	£4,400	£4,500	£4,900

(Scottish Executive 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b)

Alongside problems with unused capacity the cost of secure accommodation has risen much faster than inflation, as can be seen in Table 4. Audit Scotland reported in 2007 that it was concerned about the rising cost of secure accommodation. In their performance update on dealing with youth offending they urged government to ‘work with the local authorities and delivery agencies to address the increased cost of secure accommodation

⁶ One unit was temporarily closed during the year due to some children escaping from one of the secure units. This temporarily reduced the number of beds on the 31st of March 2008 from 130 to 100 but throughout most of the rest of the year there were 130 beds available resulting in excess capacity of 28 beds.

and achieve improved value for money from these services' (Audit Scotland 2007: 6).

In June 2008 the new Scottish Government responded to this. Justice Ministers announced that a short life working group called the Securing Our Future Initiative (SOFI) would be established as part of the work of the National Residential Child Care Initiative (NRCCI). It was agreed that NRCCI and SOFI would be led by the Scottish Institute for Residential Childcare (SIRCC). The strongest representation on the group was from the secure units and from the Scottish Government Care and Justice Division; several of the members of this group were also involved with the previous government's Secure Advisory Group which had recommended the original increase in the secure estate. As had been the case with the Secure Advisory Group, there were no representatives from advocacy or children's rights organisations.

In their report they define secure accommodation as a necessary part of the 'spectrum of child care for young people' (SIRCC 2009: 8). Their objectives were to find consensus among key stakeholders, 'those who provide, purchase, regulate, and use secure care', about:

- The type of young people who need to be in secure,
- The best use of the secure estate for 'improving outcomes for children and young people', and
- How to ensure 'that decisions are made on a child-centred rather than on a financial basis' (SIRCC 2009: 8)

They suggest that this 'crisis' in secure care has been triggered by the oversupply of secure places because 'the projected increase in total demand for secure places has not come to pass' (SIRCC 2009: 8).

The remit of the group was not to critically examine how such a mistake, essentially the investment of £45 million pounds of tax payers' money into a service that was seemingly not needed, could have taken place.

However, the group's failure to explore some of the reasons for this mistake is a missed opportunity because of the risk that it could happen again. The increase in the secure estate that was announced to much political fanfare in 2002 was not supported at the time by Associate Directors of Social Work (The Scotsman 17 September 2002; BBC 18 September 2002; The Herald 27 January 2009). Press coverage at the time was mixed but the decision to increase the secure estate was clearly not based on available evidence and therefore seems most likely to have been made for political reasons, an argument supported by Smith and Milligan (2005).

The nine recommendations of SOFI have real similarities to those made by the Secure Advisory Group and include: improving prevention and early intervention, improving assessment and care planning in line with the recommendations of *Getting it Right for Every Child* (Scottish Executive 2006g), strengthening access to universal health services, and continuing to develop community based support and treatment for young offenders. Several of the recommendations deserve some further analysis.

Recommendation 2 relates to the commissioning of secure placements. What is shocking about this recommendation is that the use of secure placements has been done on such a localized basis for such a long time without agreed 'service specification, roles and accountability arrangements' in place (SIRCC 2009: 4). The report recommends a three year cycle of financial planning, commissioning and contracting for 'financial reasons'. However, the other important function of these changes would be to ensure clarity about what type of service each secure unit provides.

Recommendation 5 relates to the need to provide a more in-depth analysis of the use of secure care and the use of alternatives for those meeting the secure care threshold. They recommend that SOFI should gather data on the demand for secure accommodation over the next year and identify

patterns relating to 'geographical proximity, gender and any specialist input required for children and young people' (SIRCC 2009: 6). They also say that they need to 'work with SCRA and the Sheriffs' Association to better understand the decision-making process; the factors that influence decision makers; and the impact this has on outcomes for children and young people' (SIRCC 2009: 6). Interestingly the process of secure accommodation decision making has been of concern to researchers in this field for quite some time (Kelly 1992; Littlewood 1996; O'Neill 2001; Goldson 2002a; Walker et al. 2006) and yet, as this report identified, understanding remains limited.

Recommendation 6 relates to the targeted reduction of the secure estate, beginning with the 'mothballing' of 12 secure beds in the independent sector. This would reduce the number of secure beds in Scotland to 106. Recommendations 7 and 8 relate closely to this one because of their focus on the possibility of developing new types of secure or semi-secure provision out of this surplus capacity; in particular they identify a possible need for mental health provision and residential drug and alcohol treatment. Given the localized way that secure provision has been developed in the past, the report should have suggested how external scrutiny of any future developments could be ensured. One possible danger of this exploratory work is that yet more unnecessary provision is developed because there is pressure to 'do something' with the spare secure capacity.

All nine recommendations of the SOFI report have been fully endorsed by the Scottish Government and COSLA in their written response. In particular the government endorses the vision outlined in the SOFI report stating:

Our ultimate ambition must be to have no child in Scotland in secure care and we must actively work to reduce the need for secure care . . . Where it is possible to meet the needs of high-risk young people safely and cost effectively in their communities, then these opportunities

should be maximized. For the very small number of children whose needs can only be met in secure care, then we have to provide a high quality and nurturing environment that addresses their needs. A placement in secure care must be part of a planned journey through the care system. (Scottish Government 2009a: 1).

Despite the problems with some of the recommendations outlined above and the lack of detail about how particular work will be progressed and developments objectively scrutinised, the vision outlined by the SOFI and endorsed by the government is a radical one. It firmly re-asserts this idea that secure accommodation is an exceptional measure that should be a very small part of a child care system focused on prevention, early intervention and community based approaches. It is the first government report to state that the ultimate aim should be to ensure that none of Scotland's children end up in secure accommodation.

Other Policy Influences

As the timeline of policy developments earlier in this chapter shows, the last ten years has seen a proliferation of policy initiatives and legislative developments which relate in different ways to the populations of children and young people who may end up in secure accommodation. While the previous section has examined in detail the changes in policy and provision relating directly to secure accommodation, policy developments relating to youth justice, child protection, looked after children and residential childcare also deserve a brief examination due to their impact on the wider context within which secure accommodation operates.

Youth Justice

In 2002 the Scottish Executive published a *Ten Point Action Plan on Youth Crime*. This action plan guided many of the developments in youth justice. Point 7 of this plan was to 'reconfigure the secure accommodation available nationally to provide girl-only accommodation, further consideration of additional places and improving the range and provision of programmes in secure units' (Scottish Executive 2002b: 1). This was important because it firmly located secure accommodation as youth justice provision first and foremost.

In 2007 Audit Scotland completed a comprehensive review of policy and service developments relating to youth offending which emerged from the 2002 *Action Plan*. In their performance update entitled *Dealing with Offending by Young People* they identify that despite the huge expenditure, funding increased from £235 million in 2000/01 to over £330 million in 2005/06, the outcomes of these new measures and programmes were not available and performance management of programmes had been weak. They conclude it is therefore 'not possible to assess the effectiveness of the additional expenditure in reducing offending and improving the quality of life of local communities' (Audit Scotland 2007: 1).⁷

Secure accommodation remains the most expensive provision within the young justice system; however it is used primarily for young people under the age of 16 (Audit Scotland 2007). Despite the welfare principles laid

⁷ The report is particularly critical of the use of Anti-Social Behaviour etc. (Scotland) Act 2004 because: 'Most councils have found it difficult, both strategically and operationally, to overcome the differences between the child-centred focus of the children's hearings system and the community-focused design of the antisocial behaviour legislation' (Audit Scotland 2007: 2). Section 135 of this Act gave the Children Hearing powers to impose a movement restriction condition (MRC) on a child who is already under a supervision order, if that child's behaviour meets the secure criteria. However, these measures must be accompanied by Intensive Support for the young person.

down in the Children (Scotland) Act 1995, the lack of a consistent rationale for how offending should be addressed means that there are real contradictions and conflicts in the way that young offenders are treated in Scotland (Croall 2006; Hill et al. 2007; Whyte 2009). Those that are referred to the Children's Hearing system before the age of fifteen and a half are likely to have their criminal behaviour dealt with on the basis of the welfare principle, and may continue to be dealt with under this system until they are 18; while those who have not been within this system are likely to be dealt with by the adult criminal justice system, leading to Scotland having very high rates of conviction for young people aged 16 to 17 years (Whyte 2009).

The European Commission has noted that in the United Kingdom:

Juvenile trouble makers are too rapidly drawn into the criminal justice system and . . . too readily placed in detention, when greater attention to alternative forms of supervision and targeted early intervention would be more effective. (2005 para 81)

Whyte's (2009) analysis of youth justice policy in the UK and Scotland shows that there are 'barriers' and 'perverse incentives' at work which mean that this situation persists. The barriers include the varying definition of 'childhood' in legislation, the fact that the United Nation Convention on the Rights of the Child (1989) is not enforceable, and the very low age of criminal responsibility⁸.

Perverse incentives include the central funding of prosecution, probation and custody and local funding of secure accommodation, wraparound support and tagging schemes. This means that young people dealt with by the adult system will cost local authorities much less than those placed in secure accommodation (Whyte 2009).

⁸ The age of criminal responsibility was still 8 in Scotland at the time of writing this. However, Part 3 of the Criminal Justice and Licensing (Scotland) Bill introduced to the Scottish Parliament in March 2009 proposes an increase in the age of immunity to prosecution to 12.

The confusion about who should be placed in secure accommodation and how these young people should be categorised and defined reflects broader confusion about who counts as a child and who 'deserves' a welfare based approach or a justice based approach (Goldson 2002c). Whyte (2009) and others (see Pitts 2005a,b, Muncie 2004, Goldson 1999, 2002b, 2008) have repeatedly drawn attention to the politicised nature of youth justice policy and provision in the UK and Scotland. Many approaches for dealing with youth crime illustrate 'the long-standing specious schism which separates the 'undeserving' from the 'deserving' child, the 'threats' from the 'threatened', the 'dangerous' from the 'endangered' and the 'damaging' from the 'damaged' and 'vulnerable' '(Goldson 2002c: 652).

Secure accommodation, because it is defined as provision for children and young people who are a risk to themselves as well as other, sits at the complex interface between needs and deeds based approaches, but primarily for young people under 16.⁹ Young people who are 16, 17 or 18 continue to be treated in a very punitive way in Scotland and are most likely to find themselves in the adult criminal justice system (Whyte 2009).

Child Protection

The most recent review of child protection in Scotland is summarised in the report *It's Everyone's Job to Make Sure I'm Alright* (Scottish Executive 2002a). On the front cover of this document is a picture of a small child, probably two or three years of age, suggesting something significant about the focus of most child protection research and policy: it is predominantly focused on children of pre-school or primary school age.

⁹ According the Scottish Executive and Scottish Government statistics collected every year from 2000 to 2009 the percentage of those 16 or over in secure care has fluctuated between 23% and 31%.

The protection of older children, particularly adolescents, is rarely discussed in detail in child protection texts or guidelines. This may be because of the 'in-between' nature of adolescence; as a transition phase from childhood to adulthood, adolescence means occupying dual spheres (Sharland 2006; Bancroft and Wilson 2007). Increasingly adolescents are 'perceived as being like miniature adults engaging in adult-like activities' and yet they are not legally entitled to the rights and responsibilities of adults, such as employment or voting, until they are 16 or 18 (Frydenberg 1997: 6).

With increasing autonomy from parents and carers being a natural part of adolescent development, many child protection concerns for adolescents relate to them putting themselves 'at risk' in some way. For young women their behaviours are likely to be seen as placing themselves 'at risk' of sexual exploitation (Lloyd 2005; Sharland 2006; Hoggart 2007), while young men are far more likely to be seen to be putting themselves at risk through their offending behaviour and are more likely to be victims of violent crime by other men (Stanko and Hobdell 1993). Analysis of offender behaviour is more focused on the risks posed to others than on the possible risk this behaviour poses to the young person themselves (Muncie 2004; Hill et al. 2007). The interface between the social and developmental imperative for increased autonomy, responsibility and freedom in adolescence and the continuing legal responsibility upon parents and carers to provide supervision, guidance and protection complicates the dynamics around good practice in child protection where adolescents are concerned (Thom et al. 2007).

Increasingly there are calls for work with adolescents to be termed 'safeguarding' rather than 'protection' in order to signal the differences inherent in working with risk of harm for adolescents who are more

autonomous and, because of their age and stage of development, more likely to be making more choices to engage in risk taking behaviours (Stanley 2009; Lowe and Pearce 2006). There have also been efforts to draw attention to the policy and practice divide between youth justice and child protection (Sutherland and Cleland 2001; Hill et al. 2007).

It's Everyone's Job to Make Sure I'm Alright made some first steps in Scotland to begin addressing these child protection issues for older children by including 'children who need protecting from harming themselves, through self inflicted injuries or reckless behaviour' in their definition of child abuse and neglect (Scottish Executive 2002a: 36). In their audit of 188 child protection cases they found a very small number of cases where 'the main risk to the children and young people derived from their own uninhibited or risky behaviours' (Scottish Executive 2002a: 49). The reason for finding such a small number of these cases may have to do with the fact that fewer older children are placed on the Child Protection Register, especially if they are already being monitored as a 'looked after child' through the Children's Hearing System (Scottish Executive 2002a; Cleland 2008).

The recommendations of *It's Everyone's Job to Make Sure I'm Alright* do not specifically address how child protection practice in such cases might be improved or indeed that it should be. This is despite the fact that the report highlights 'the circumstances of 50 looked after children who died between 1997 and the end of 2001'; they found that looked after children have a .13% mortality rate compared to a rate of .04% for the general population (Scottish Executive 2002: 134). In a proportion of these cases children will have died as a result of their risky behaviour.

In 2003 the *Child Protection Reform Programme* (CPRP) was launched by the Scottish Executive (Daniel et al. 2007). This was a three year initiative,

developed in response to the findings of *It's Everyone's Job to make Sure I'm Alright*, which had the aim of improving the protection of children at risk of neglect and abuse and reducing the number of children who need protection. There were a range of projects developed as part of this reform programme, including: the development of *Protecting Children and Young People: The Children's Charter* and *The Framework for Standards* (Scottish Executive 2004a) and new guidance on working with young people who are vulnerable to sexual exploitation (Scottish Executive 2003d).

The Framework for Standards and *The Children's Charter* provide a very broad framework for all children, however the guidance for schools *Safe and Well: Good Practice in Schools and Education Authorities for Keeping Children Safe and Well* (Scottish Executive 2005e) does briefly explore some of the complexities around protection with young people becoming sexually active under the age of 16 and the need to be aware of issues of capacity and consent.

The *Vulnerable Children Guidance* produced in 2003 by the Scottish Executive lays out examples of good practice in working with children and young people who run away or who may be being exploited through prostitution. Unfortunately this guidance was not well linked into the CPRP and the implementation of this guidance has not been reviewed. Daniel et al. (2007) found that there was some confusion about the aims of different policy developments relating to child protection and how these fit together.

Hill et al.'s (2007) international review of youth justice and child protection systems examines the advantages and disadvantages to using segregated and integrated systems. The fact that offenders and non-offenders often come from similar backgrounds in terms of material deprivation and experiences of loss and abuse strengthens the argument for an integrated and welfare based system, such as the Children's Hearing

system (Buist and Whyte 2004; McGhee and Waterhouse 2007). Some of the costs related to this integration is the lack of procedural rights and the risks of net widening due to a focus on status offences in integrated systems (Sutherland and Cleland 2001; Hill et al. 2007).

Hill et al. (2007) conclude that there is 'the need for all systems to take account of children's welfare whatever the basis for action, as required by the UNCRC' but this does not lead to 'a presumption that either integration or separation is inherently right' (2007: 300). While the *Getting it Right for Every Child* agenda purports to be moving Scotland in such a direction, it is clear that we are not there yet (Scottish Government 2008d; Bayes 2009).

Looked After Children and Residential Child Care

As we have already seen, most children who end up in secure accommodation do so because of decisions made through the Children's Hearing System. The literature review provided in the next chapter will examine more of the evidence about the various pathways into secure accommodation for young people. To establish a context for this examination it is necessary to provide a brief overview of the present policy context for looked after children generally.

Children can become looked after by the local authority for three main reasons under the Children (Scotland) Act 1995:

- Under section 25 because they have been provided with accommodation on a voluntary basis or because they have been abandoned
- Under section 70 because they have been placed on a supervision requirement by a Children's Hearing
- Under chapters 2, 3 or 4 of Part II of the Act because they have been placed on a child protection, child assessment or place of safety order

The Act specifies that local authorities have specific duties towards all children who became looked after. These are outlined in section 17 of the Act and include: safeguarding and promoting the child's interests, providing advice and assistance, promoting contact with their family (so long as it does not conflict with the duty to safeguard the child), and to take account of the views of the child and his or her parent(s). Under section 17(5) the local authority is only permitted to deviate from compliance with these duties when to do so is necessary to prevent serious harm to members of the public.

If a child has been looked after the local authority also has duties under section 17, 29 and 30 to provide advice, guidance and assistance to them when they are leaving care. Research in Scotland, England and Wales has shown that care leavers experience high instances of homelessness and unemployment and find their transitions to adulthood are more abrupt and unsupported than other young people their age (Jackson and Thomas 2001; Stein 2004, 2006; Stein and Wade 2000).

To begin to address these disparities improvements were made to financial support and care planning for care leavers under the Children (Leaving Care) Act 2000 and the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003. Marshall (2008) suggests that some progress has been made; however, her report makes 23 recommendations for further improvements including changes to the process of prioritising care leavers for housing.

At 31st of March 2008 there were 14,886 looked after children, this is about 1% of the population of children in Scotland (Scottish Government 2008c). The number of looked after children have been increasing every year since 2001 but in 2008 there were the highest number of looked after children recorded since 1983 (Scottish Government 2008c). Forty-five percent of these children are looked after at home with parents and 57% are looked after

away from home. Of those who are looked after away from home, 16% are with friends or relatives, 29% are in foster care and 11% are in residential accommodation. Fifty-five percent of looked after children are male and 87% are white. Seventy-two percent had no known disabilities; however, the Scottish Government has only recently begun asking for details relating to disability and acknowledges difficulties around gathering data in this area (Scottish Government 2008c).

Of the 1,613 children and young people in residential child care settings on 31st March 2008 only 6% were in secure accommodation (Scottish Government 2008c). The remaining young people were in other types of residential provision including:

- 43% in residential homes run by local authorities
- 4% in residential homes run by voluntary organizations
- 40% in residential schools
- 2% in crisis care
- 5% in other residential care (Scottish Government 2008c)

Elsley's (2008) review showed that while the number of looked after children has increased sharply since 2000, the number of looked after children in residential child care has greatly reduced since the 1970s.

In 2006 the Scottish Executive re-focused the agenda around looked after children when it published *Extraordinary Lives* (SWIA 2006). This report brought together a range of research into different groups of looked after children and young people in order to explore the population as a whole. The review included the commissioning of research into kinship care, looked after children's daily activities, the legislation relating to looked after children in Scotland and the health of looked after children (see Aldgate and MacIntosh 2006a,b; Happer et al. 2006; McRae 2006; Hill and Scott 2006).

The *Extraordinary Lives* report (SWIA 2006) includes the views of over 200 respondents, including young people, alongside a range of research evidence. It highlights key problem areas relating to outcomes for looked after children including: poor educational attainment, higher levels of drug and alcohol use and more mental health problems, and higher rates of unemployment, homelessness and imprisonment among care leavers (SWIA 2006). The report makes specific recommendations about how these areas might be addressed, including strategies and recommendations in four key areas: safety, nurture, health, educational achievement, respected and responsible children, and included children.

In the first section which addresses safety they recommend: more training for staff so that they are aware of the law and know how to work with young people who have been abused, consultation with young people, and providing safe and attractive looked after environments. In this section of the report secure accommodation is identified as a resource for keeping young people safe and the report states there is a need to 'develop a national strategy on the allocation and priority of places, the funding of secure placements and the range of support options for young people both in and on leaving secure care' (SWIA 2006). This positioning of secure accommodation suggests a view that it is about creating safety rather than punishing young people.

Their review concludes with the following statement:

The single most important thing that will improve the futures of Scotland's looked after children is for local authorities to focus on and improve their corporate parenting skills. . . Looked after children need to belong and feel confident that everyone is working with and for them to achieve their best possible care. As we have found throughout this review, to be 'ordinary' they need extra-ordinary help and support. (SWIA 2006: 113)

These sentiments were developed and strengthened with the publication of two further policy documents: *Looked After Children and Young People: We Can and Must Do Better* (Scottish Executive 2007a) and *These Are Our Bairns: A guide for community planning partnerships on being a good corporate parent* (Scottish Government 2008d).

We Can and Must Do Better (Scottish Executive 2007a) highlights importance of all services working together as corporate parents but it is most specifically focused on the educational outcomes of looked after children. It makes a number of pledges for action which include: further guidance for local authorities on how to improve corporate parenting; increasing scrutiny of educational outcomes in inspection cycles; improving training for managers and front line staff; improvements in data collection related to the education of looked after children; and proposals for senior managers within each local authority to have strategic responsibility for looked after children.

These Are Our Bairns (Scottish Government 2008d), develops this work in more detail by providing guidance on how local authorities can fulfil their responsibilities as corporate parents. It identifies that corporate parenting must operate at a strategic, operational and individual level. It clarifies the statutory duties placed on health, housing and social work to work together for the benefit of looked after children (Scottish Government 2008d: 3)

These Are Our Bairns states that the overarching aim of the corporate parents should be to ensure that young people who have experienced the care system 'will be successful learners, confident individuals, responsible citizens and effective contributors whose life outcomes mirror those of their peers' (Scottish Government 2008d: 6).

Due in no small part to the work of SIRCC, the previous government and the current government have both made looked after children a major

priority within their policy agendas (Elsley 2008). In particular the increased clarity about duties, aims and outcomes means that inspection agencies and researchers now have a framework from which to judge national progress on improving services and outcomes for looked after children.

In *These Are Our Bairns* (Scottish Government 2008d) it is made clear that these policies on looked after children sit within a wider policy agenda, laid out in *Early Years and Early Intervention* and the *Getting It Right For Every Child (GIRFEC)* change programme, that is increasingly focused around prevention and early intervention. Many in social work have applauded this sentiment (Stafford and Vincent 2008). However, uncertainty remains about how this will be implemented in the midst of a wider context where demands on social work services are increasing with child protection referrals going up year on year (Scottish Government 2009g) and budgets under more pressure in a slowed economic environment (Scottish Government 2010b).

There also remain shortages in the supply of trained social work staff to work with all of these children and families at the point of crisis, never mind at an earlier stage of intervention (Unison 2008). The lack of attention to the needs of children who are looked after at home highlights a lack of insight into what works at earlier stages of intervention, before young people must be accommodated out-with the family home (Aldgate and McIntosh 2006a). Little data exist in this area but in 2002 Audit Scotland found that a fifth of children on supervision orders had no allocated social worker. Even when children are allocated a social worker, little is known about what kind of services and supports these children and their families receive (Aldgate and McIntosh 2006a). The Scottish Government's own statistics suggest significant gaps in care planning for all looked after children (Scottish Government 2008d).

Conclusion

This review has shown that secure accommodation sits at the interface between child welfare and youth justice policy developments. In this way it has to some extent reflected the desire of society as a whole to both protect and to punish children and young people. The contradictions and ambivalence around what to do about troubled and troubling young people has become more visible as the policy landscape has grown in complexity over recent years. The pace of developments in policies and programmes has not always been matched by clarity, leading to unwise investments in the secure estate and an uncertain situation for secure provision in Scotland for the future.

This policy review has shown how policy developments in a range of areas including child protection, youth justice and looked after children are relevant to secure accommodation. Unfortunately the lack of lucidity from central government about the role and remit of secure accommodation in relationship to other policy initiatives has led to different priorities and localised decision making arrangements. As the next chapter will explore in more detail, the reality is that most young people who end up in secure accommodation will usually interface with all of these systems and services at some point.

Recent developments from the government led by the Scottish Nationalists suggest there may be some movement towards a more integrated, holistic and preventative approach towards children, young people and their families. How this proposed approach will be implemented is not clear and there remain huge logistical problems to overcome. It seems important, however, that the role and remit of secure accommodation is

factored into these developments in a way that it has not always been in the past. Hopefully the findings of this study may help to inform this process.

Chapter 3

Literature Review

Introduction

The previous chapter explored how legislation and policy relating to secure accommodation has undergone a period of significant change over the last nine years. During this time there has been some confusion and a lack of strategic oversight in relation to the role and place of secure provision in Scotland.

In seeking to define and refine the focus of this study a review of previous research on the subject of secure accommodation is called for. This chapter will provide a critical overview of the literature surveyed in order to illuminate the present knowledge base and justify the distinctive focus of this study.

Research Overview

Research relating to secure accommodation in Scotland has been limited. Four studies were completed in the 1980s which examined secure units within List D schools¹⁰ (Petrie 1980; Petrie 1986; Littlewood 1987; Kelly

¹⁰ The Kilbrandon Report (1964) argued that secure units, which were then referred to as Approved Schools, be re-named List D schools to help remove some of the stigma of being

1992). Two further studies were completed more recently. Walker et al.'s (2006) study was a longitudinal evaluation of secure accommodation and its alternatives, commissioned by the Scottish Executive. Creegan et al. (2005) were also funded by the Scottish Executive to investigate *The use of Secure Accommodation and Alternative Provisions for Sexually Exploited Young People in Scotland*. In 2004, 2006 and again in 2008 Who Cares? Scotland also published research reports examining the views of young people in secure units (Foreman 2004; Foreman and McAllister 2006; Barry and Moodie 2008).

More recently the Scottish Government have published the *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit* (Frizzell 2009). While Kerelaw secure unit closed in March 2006, the findings of the Inquiry do provide an insight into some historical practices within the secure estate in Scotland. The Scottish Children's Reporter Administration (2010) has also recently published a study into the implementation of 100 secure authorisations made in 2008/2009.

Over the years there has been more research into secure accommodation carried out in England and Wales than in Scotland (Millham et al. 1978; Cawson and Martell 1979; Stewart and Tutt 1987; Dennington and Pitts 1991; Harris and Timms 1993; Bailey et al. 1994; Vernon 1995; Brown and Falshaw 1996; Epps 1997; Falshaw and Browne 1997; Howard League for Penal Reform 1997; Brogi and Bagley 1998; Bullock et al. 1998; Crowley 1998; Kurtz et al. 1998; O'Neill 2001; Goldson 1995, 2002a; Neustalter 2002; Rose 2002; Hindley et al. 2003; Howard League for Penal Reform 2006; Jane Held Consulting Ltd 2006; Mooney et al. 2007; Hart 2009; National Children's

placed there. In 1983 the Health and Social Services and Social Security Adjudications Act (HASSASSAA) provided, for the first time, legal criteria for secure accommodation decision making. It was at this point that secure accommodation, secure care and secure units became the commonly used terms for locked residential provision in Scotland (Smith and Milligan 2005).

Bureau 2009; Ofsted 2009). The wider range of secure provision available in England and Wales, together with a different legislative context, does make comparisons with Scotland difficult¹¹. The review undertaken here will focus on studies that have included or focused on local authority run secure units as these studies provide the closest comparison to the Scottish experience.

One recent study has also been carried out in Northern Ireland (Sinclair and Geraghty 2008). The system of secure accommodation in Northern Ireland is also different to that of Scotland; however, this review will show that some of these findings are pertinent¹².

Role, Remit and Outcomes

Previous research relating to secure accommodation identifies it primarily as a place for containing young people who represent a risk to themselves and/or others. Sometimes this containment has been judged to be primarily negative and punitive (Millham *et al.* 1978, Cawson and Martell 1979; Stewart and Tutt 1987; Littlewood 1987; Kelly 1992; Goldson 1995, 2002a; O'Neill 2001; Howard League for Penal Reform 2006). While other times it has been seen in more mixed terms, with an identification for the need to have more clarity about how it does what it says it does and the need to measure outcomes (Harris and Timms 1993; Bullock *et al.* 1998; Sinclair and Geraghty 2008). Rose (2002), as one of the few practitioner perspectives,

¹¹ There are three types of secure provision in England and Wales: secure children's homes, Secure Training Centres, and Young Offenders Institutions. In England and Wales there are 340 secure placements provided across 19 secure children's homes (they were previously known as 'secure units' in England and Wales but were renamed secure children's homes in 2004) run by local authorities (Youth Justice Board 2009). This provision is closest in remit to the secure units in Scotland because these units include young people referred on welfare, as well as justice grounds, and generally work with those under 16 years of age only.

¹² As in England and Wales, the legal basis for placing a child in secure in Northern Ireland is decided through the courts. However, the screening of all referrals and decisions about which units children will be placed in is done through the four regional health boards; these health boards then buy places when children in their area are in need of secure care. There are a total of 16 secure beds available in Northern Ireland (Sinclair and Geraghty 2008).

frames secure accommodation in primarily positive terms, emphasising the therapeutic possibilities of secure placement.

Recent studies which draw exclusively on the perspectives of young people (Foreman 2004; Foreman and McAllister 2006; Barry and Moodie 2008; Ofsted 2009) also suggest a more mixed view of secure accommodation. Young people say they find some aspects helpful, such as contact with caring members of staff and access to education, but can also feel bored, miss their freedom and feel disconnected from family and friends. It has also been found that young people often do not understand their rights within the secure accommodation system (Barry and Moodie 2008; Ofsted 2009). Although not representative of the sector as a whole, the Kerelaw Inquiry (Frizzell 2009) does demonstrate how secure units can also be abusive environments, particularly when leadership is poor and regular opportunities are not taken to reflect on and improve organisational cultures.

Creegan et al. (2005) suggest that the therapeutic possibilities of secure care for sexually exploited young people or those at risk of sexual exploitation in Scotland are limited by a range of factors including staff training, available space for therapeutic work, and provision for throughcare and aftercare. Their research raises doubts about the value of short-term containment for these young people and recommends community based intervention is put in place whenever possible.

Walker et al.'s (2006) study was the first longitudinal study of secure accommodation to be completed in Scotland. It found that the primary functions of secure accommodation were:

- To protect the young person and the public
- To assess needs and allow young people to take stock of their situation
- To engage with young people and effect change

- To equip young people to move back into the community (Walker et al. 2006:20).

Unfortunately, most respondents felt there were gaps in the capacity of secure units to fulfil all of these functions, which is supported by findings elsewhere (Sinclair and Geraghty 2008; Jane Held Consulting 2006).

Despite a surge in interest relating to the study of residential childcare practice and outcomes (see DoH 1998), few studies have scrutinised treatment approaches within secure accommodation settings (Kelly 1992; Bullock et al. 1998; O'Neill 2001). At present, there are only two available longitudinal outcome studies relating to secure accommodation: Bullock et al.'s (1998) study focusing on secure Youth Treatment Centres in England and Walker et al.'s (2006) study. Both of these studies followed young people over a two year period post discharge.

Bullock et al. (1998) analysed outcomes under four headings during their two year follow-up period: living circumstances, family and social relationships, physical and psychological health, education and employment, social and anti-social behaviour. In following up their sample of 204 young people two years after discharge they found 46% of the total sample was 'adjusted' against wider social norms. Young people who had been in long term care or long term specialist education and those that left treatment programmes early had the poorest overall outcomes. They highlight the need for research beyond the first two years of discharge, and more research in general relating to those between the ages of 18 and 30.

Walker et al. (2006) followed a sample of 53 young people who had been in secure and 23 young people placed in 'alternatives' to secure for between 18 and 30 months. Like Bullock et al. (1998) who spoke to professionals only, they measured outcomes by speaking to social workers and asking them about the progress of young people. For the sample of 53

young people placed in secure, they interviewed social workers at the end of placement and on at least one further occasion 18 to 30 months after the young person had been discharged from secure.

Their first measure of progress at the point of discharge showed that 33 social workers felt there had been clear benefits to the placement and 20 felt there had been some benefits but also some drawbacks. None of the social workers felt there had been no benefits. A higher percentage of girls were felt to have clearly benefited. A third of the sample was felt to have made no progress in terms of changing their behaviour by the end of the placement. In only one case was it felt there had been significant improvement in family circumstances and relationships.

When young people were followed up 18 to 30 months after leaving secure their progress was rated good, medium or poor depending on four variables:

- Whether the young person was in a safe and stable placement at the point when their progress was last updated
- Whether the young person was in work or education at the point when their progress was last updated
- Whether the behaviour which resulted in their admission had been modified
- Social worker's rating of their general well-being compared with when they were admitted to secure accommodation. (Walker et al. 2006: 83)

Those with a positive rating for all four dimensions were judged to have made good progress. Those with a least one poor dimension were judged as medium and those with no positive aspects were judged as poor. The ratings for the sample were 14 good (26%), 24 medium (45%) and 15 poor (29%).

There were similar outcomes across age, gender and placement.

Walker et al. (2006) conclude that it is difficult to pinpoint the specific factors which impact on outcomes. However, they identify several key factors that seemed important:

- Continuity and the opportunity to develop relationships with one or more reliable adults who can help with problems as they arise.
- Providing a graduated transition, which kept in place some of the close support provided in the secure setting. (Walker et al. 2006: 90)

They suggest that some young people really suffered because there was a lack of specialized help made available to them when they were in secure accommodation.

Walker et al.'s (2006) sample of 23 placed in alternatives to secure were not followed up to the same extent as the secure sample so it is impossible to compare long term outcomes. However, workers perceived closed support or residential school provision to have the best short term outcomes for this sample. As a result Walker et al. (2006) suggest that strengthening residential provision is a key way of decreasing the need for secure accommodation and improving outcomes for young people leaving secure who often return to these units.

Intensive support projects in the community were found to offer advantages over secure settings because work was completed with families and young people remained connected to their community. However, a disadvantage is that these young people often lacked educational provision which they would have received in secure units.

Cost comparisons show that community based resources and foster care are the most cost effective and secure provision is by far the very most expensive provision. Walker et al. (2006) found the average annual cost per person of secure accommodation to be £61, 200 whereas for community

based services (including residential units and schools) it was £40,000 per year.

The weakness of both these studies is that they lack the perspective of young people themselves on outcomes. What the studies do offer is the insight that outcomes relating to secure accommodation are heavily reliant on the aftercare arrangements for young people. Crucial to this is having a stable place to live, continuity of support and employment and educational opportunities. Both studies suggest this is more important than the particular treatment approaches adopted by secure units themselves. Both studies also suggest that a very high percentage of young people will return to their family home, and they both make the recommendation that more work should be done with young people and their families to improve family functioning.

SCRA's (2010) more recent study only examined outcomes for a sample of 100 young people six months after the point of initial secure authorisation. Tracking outcomes using available paper documents provided to the Children's Hearing, they found that 95% of young people were placed in secure after authorisation. They found that 96% of the young people were continuing with some offending, risky behaviour and substance misuse at the six month follow-up, while 81% had also had further referrals to the Children's Reporter. They found that only 24% of were felt to have benefited from secure placement (SCRA 2010: 6).

All of these findings relate to relatively small studies and further work is clearly needed to understand the outcomes related to placement in secure accommodation. In particular, following up young people later in their lives would provide a richer picture of how particular pathways develop over time. What the findings do show is that there is currently limited evidence to suggest that secure accommodation has a long term positive impact on

outcomes for young people placed there. It also suggests that support post placement may in fact be more influential than the secure placement itself in determining outcomes. This raises further questions about if, when and why secure accommodation should be used.

Characteristics and Backgrounds of Young People

A range of studies have shown that the characteristics and background circumstances of young people placed in secure units have a number of common features. Not surprisingly these young people most often come from family backgrounds characterised by family breakdown, parental substance misuse, and domestic violence; with young people often experiencing multiple losses and separations through incarceration or death of a parent or significant care giver and multiple care placements (O'Neill 2001; Goldson 2002a; Creegan et al. 2005; Walker et al. 2006; Sinclair and Geraghty 2008; National Children's Bureau 2009; SCRA 2010). O'Neill (2001) also suggests there is often an intergenerational pattern of family disruption, abuse, mental health difficulties and loss in the families of these young people.

The families of these children have generally been found to have had significant involvement with social services over the two years prior to the young person's admission to secure accommodation and, in many cases, the contact with social services dates back to primary school or earlier (O'Neill; 2001; Goldson 2002a; Walker et al. 2006; Sinclair and Geraghty 2008; SCRA 2010). The year prior to secure admission has also been found to be marked by upheaval, stress and change for the young person and their family (Bullock et al. 1998; Walker et al. 2006).

Studies have found that abuse is also a common experience among this population of young people. Studies suggest that rates of sexual abuse

could be anywhere between 30% (Walker et al. 2006) and 95% (Brogi and Bagley 1998; Creegan et al. 2005), while physical abuse has been found to be present in between 23% (Walker et al. 2006) and 100% (O'Neill 2001; Goldson 2002a) of cases. Rates of neglect have also been found to be high, often at over 40% of cases sampled (Falshaw and Browne 1997; Creegan et al. 2005; SCRA 2010). Although often not recorded in studies, SCRA (2010) found that 24% of their sample of 100 cases had previously been on the Child Protection Register.

Given these experiences of abuse, neglect, violence and family disruption it is not surprising that young people placed in secure accommodation have also been shown to have experienced difficulties at school, including truanting and repeat exclusions (Walker et al. 2006; SCRA 2010). Studies have shown that these young people have often missed out on educational opportunities due to a lack of appropriate school placements, permanent exclusion, and frequent moves (Bullock et al. 1998; O'Neill 2001; Goldson 2002a). A significant number of these young people also show evidence of learning disabilities and/ or emotional, social and behavioural difficulties (Walker et al. 2006; Mooney et al. 2007; Sinclair and Geraghty 2008).

Young people placed in secure units show high rates of self-harm and a range of different mental health difficulties including depression and suicidal ideation (Mooney et al. 2007) and the looked after children population generally face difficulties accessing specialist mental health services (Kendrick et al. 2004; Hill and Scott 2006). This has led a number of studies to conclude that more needs to be understood about the mental health needs of young people in secure settings (Bullock et al. 1998; Goldson 2002a; Walker et al. 2006; Mooney et al. 2007; SCRA 2010).

While most studies of secure accommodation have not looked explicitly at the issue of poverty and material deprivation in the lives of young people placed in secure accommodation, Bullock et al. (1998) and SCRA (2010) both found evidence of chronic unemployment, homelessness and severe financial difficulties among the families of young people placed in secure units.

Young People's Behaviour

Understanding the types of behaviours which cause young people to be placed in secure accommodation requires knowing more than just whether they presented a risk to themselves, others or both or whether they were admitted to secure through a Children's Hearing or Criminal Justice route. This is because notions of risk are notoriously subjective (Beck 1992; Giddens 1991; Lupton 1999; Kemshall 2006; Webb 2006) and admission routes through the Children's Hearing system may still mean behaviours which are causing concern relate primarily to offending.¹³

Studies have, however, identified differences in 'risky' behaviour according to gender. For example, in Walker et al.'s (2006) study 89% of young men and young women were referred to secure because they presented a risk to themselves. Young men were, however, more likely to have also been referred because they were viewed as a danger to others. Young women were more likely to be viewed as a danger to themselves. Evidence from a range of studies has highlighted that not only are young women more likely to be admitted to secure accommodation on the basis of their being 'at risk' and 'in need of protection' but that for young women being 'at risk' is often defined in terms of being at risk *sexually* (Stewart and Tutt 1987; Petrie 1986; Kelly 1992; Harris and Timms 1993; Bullock et al. 1998;

¹³ See Chapter 2 for overview of admission routes.

O'Neill 2001; Goldson 2002a; Creegan et al. 2005; Scottish Government 2009a; SCRA 2010).

Most young people placed in secure who present a risk to themselves engage in a combination of behaviours including: absconding from placements, spending time with 'unsuitable' people, excessive drug and/or alcohol use, behaviour which increases risk of sexual exploitation, and self-harming behaviours including cutting or overdosing (O'Neill 2001; Walker et al. 2006; Creegan et al. 2005; SCRA 2010).

Studies of secure accommodation in Scotland have tended to focus on young people admitted via the welfare route and have therefore not explored in as much detail the patterns of offending behaviour which results in placement in secure accommodation. However O'Neill (2001) and Goldson (2002a) both suggest that placement instability and drug and alcohol abuse play a significant role in escalating offending behaviour.

Walker et al. (2006) suggest that the failure of care placements and other service provision plays a role in a range of behaviours continuing to escalate. They conclude that a key feature of all of these behaviours, whether they present a risk to the young person or to someone else, is that they are evidence of a young person who is 'out of control' and that this leads professionals to form the view that secure accommodation is 'needed to bring them under control' (Walker et al. 2006: 65).

While all of these studies of secure accommodation have collected information on the types of behaviours causing concern, they have rarely examined these in detail or included the perspectives of young people on these behaviours.

Secure Accommodation Decision Making

Studies of secure accommodation have not tended to focus exclusively on the issue of decision making, but a number have provided some analysis of decision making as part of their wider enquiry into the operation and outcomes of secure accommodation. All of these studies have identified decision making as problematic for different reasons.

For example, Kelly found that social workers were the ones to make the referrals to the secure units and she found that 'referrals varied greatly in source, content, quantity and quality' (1992: 73). She highlighted that referrals made from open residential units linked to secure units were much more likely to be 'fast-tracked' and the quantity and standard of information provided was usually very limited. She found the decision making process difficult to study because often decisions were made out-with the official meetings which she observed. She also found that the language used in reports and referral meetings did not present a clear and objective picture of the young person, which made it difficult to determine under what, if any, circumstances secure placement was really necessary.

While the decision making system in England and Wales is very different to that of Scotland, there have also been concerns raised in these countries about secure accommodation decision making since the 1980s (Stewart and Tutt 1987; Dennington and Pitts 1991; Harris and Timms 1993; National Children's Bureau 1995; Littlewood 1996; O'Neill 2001; Goldson 2002a; Pitts 2005b). A recent study in Northern Ireland found that while satisfaction with decision making was high among professionals, many young people did not understand the process and were not happy with decision making (Sinclair and Geraghty 2008).

The variation in decision making practice throughout Scotland has been of concern to policy makers for a long time (SWSI 1996; Scottish Executive 2001a). For this reason one of the key aims of Walker et al.'s (2006) study was to provide, 'a framework to assist the decision-making process on the use of secure accommodation by children's hearings and social work departments' (Walker et al 2006: 4).

This focus on Children's Hearings and social work departments meant that Walker et al.'s study (2006) only examined the welfare route into secure accommodation. Their interviews with a focus on decision making included social work managers, Children's Panel Chairs, and senior staff at secure units across eight different local authorities but did not include young people.

They found that the process of decision making usually involved two stages:

- Stage One: Social work staff would make a decision about the need for a secure place and then ask a children's hearing for authorisation
- Stage Two: The secure units would then decide if a young person should be prioritised and offered a place in their unit. (Walker et al. 2006: 35)

At the first stage of decision making three out of the eight local authorities took a pro-active approach, attempting to avoid the use of secure accommodation by using more general screening groups to allocate various community based resources to young people whose situations were beginning to deteriorate. Other local authorities saw secure accommodation as a more potentially useful part of the care plan and were less pro-active in their attempts to divert young people from secure placement. This suggests that the perceived role of secure accommodation has an impact on the process of decision making.

Stage one decision making within the social work department is described as an ongoing and fluid process. In explaining the process they say:

. . . 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 absolutely 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. (Walker et al. 2006: 37)

Walker et al. (2006) do not provide an analysis of what is meant by these 'thresholds' but they do suggest that these perceptions of young people are shifting all of the time, as are the available resources and views about the adequacy of these resources.

Stage one decision making also involved the Children's Hearing. Panel chairs, reporters and social work managers interviewed said that there was almost always agreement about secure authorisations. When differences did occur it was usually that panel members were keen to make a secure authorisation because they saw it as being in the best interests of the child, even when social workers disagreed. Panel members attributed differences in such cases to a lack of confidence in community based measures to keep young people safe. Social workers felt panel members could be too risk averse, unrealistic about the positive benefits of secure accommodation, and felt that at times they used secure as a threat to gain compliance with care plan arrangements.

Walker et al. (2006) highlight that at stage two of the secure accommodation decision making process there are huge regional differences: local authorities out-with the central belt have much greater difficulty accessing secure places. The three local authorities with access to their own secure units make much more use of the provision than other authorities.

Members of staff working in secure units in these authorities were also much more positive in their descriptions of secure accommodation and in their views of its role as part of an overall care plan. SCRA (2010) have recently found that only 5% of young people on secure authorisations had not been placed six months after authorisation. This suggests that despite the regional differences in access to secure places most young people now receive a secure placement.

Walker et al. (2006) did not examine the workings of the second stage of decision making in much detail, however they did provide this brief summary about decision making on the part of secure unit managers:

Unit managers interviewed indicated that a range of considerations were taken into account when deciding which young people should take priority. Whilst the level of risk was a key consideration, staff also had to consider how the young person would fit with the current resident group. (Walker et al. 2006: 46)

The full range of considerations which influenced decision making were not detailed in their report but they did find that both unit managers and social work managers felt that secure placements could be more easily obtained where there were 'good working relationships between staff in their authority and the secure units' and secure unit managers felt referring social workers were credible and had 'shared agendas' (Walker et al. 2006: 46).

Although local authorities with their own secure units generally reported more transparency in the decision making process most respondents felt there needed to be more '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' (Walker et al. 2006: 46). As we have seen in the previous chapter, changes under the new Children's Hearing (Scotland) Bill should allow for further regulation of local authority decision making.

Despite the increase in secure accommodation having been already agreed by the Scottish Executive¹⁴, Walker et al. (2006) were also asked to provide an analysis of the availability and access to secure placements. The fact that increases were already agreed makes their findings very interesting indeed:

- The majority of managers interviewed felt strongly that if the number of places were increased the more secure would be used, regardless of whether this was really necessary
- Panel chairs generally felt that there were not enough secure placements
- Some managers felt there needed to be more local provision to prevent placing young people in other parts of the country

Their survey of all secure authorisations during a six month period showed that out of a total of 104 authorisations, 59 boys and 45 girls, just under a quarter, 25 young people, were still without a secure placement when the survey ended and for most there had been no change of placement. Three more were later placed in secure.

For half of this sample, who was never placed in secure, the risk had been reduced and they were felt to no longer be in need of secure. For four young people secure was no longer viewed as in their best interests. For three secure unit staff felt they did not meet the secure criteria (they disagreed with the authorisation for secure made by the Children's Panel). Only four remained without a secure bed due to a lack of available places. This suggests that at the time of the study the need for additional secure beds was very limited and certainly far less than the 30% increase the Scottish Executive had already planned.¹⁵

¹⁴ For a review of policy relating to secure accommodation see chapter 2.

¹⁵ See chapter 2 for an overview of the policy developments relating to the provision of secure places in Scotland.

Walker et al. (2006) conclude that decision making about secure accommodation varies greatly between local authorities and that much of this has to do with the range of other service provision that has been developed in the area and how easy it is to access secure placements. This would suggest that secure accommodation decision making is largely 'resource-led' rather than needs led, although the authors do not describe it this way. Sinclair and Geraghty (2008) have also found this to be the case in Northern Ireland.

Walker et al. (2006) identify four key features which strongly influenced how secure accommodation is used across the eight local authorities they studied:

- Ease of access to places
- The availability of alternative resources which offer intensive support
- Views about the role of secure accommodation
- Practice in and attitudes towards risk management

While their research explores differences in access to places, the range of alternative resources provided, and some of the views of the role of secure accommodation, it does not look at the issue of risk or thresholds of risk in any detail. This has also not been attended to in other recent research on secure accommodation.

Walker et al.'s (2006) summary of the findings of their secure authorisation survey concludes the following:

- There is no absolute standard against which it can be judged whether a young person meets the secure criteria or not
- There is a significant group for whom decisions 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.

- Boosting workers' capacity to assess and manage risk will be a means of enabling some young people to remain in an open setting (Walker et al. 2006: 52)

These conclusions raise serious questions about the process of secure accommodation decision making in Scotland.

Firstly, it is of concern that there is so little consistency in secure accommodation decision making. While it might be right to take into consideration some local variation, surely the present variation in secure accommodation is unjust as young people in one area are much more likely to be placed in secure than others. Perhaps this is why a number of panel members and social work managers interviewed suggested that there should be 'a nationally agreed system to determine which young people should be given priority for admission to secure accommodation' (Walker et al. 2005). Doing this would require some clarity about the level and type of risk that should be addressed by a placement in secure accommodation and at present we lack a clear and detailed picture of the types of risks presented.

The remit of secure accommodation itself also continues to be unclear. This adds to confusion about who should be placed there. There is also a lack of understanding about the practice of decision making itself. For example, what processes and concepts are important to decision makers as they review these very complex cases to determine if a placement in secure accommodation is necessary?

Walker et al. (2006) do not provide an analysis of young people's views of secure accommodation decision making. And, in fact, young people's views on secure accommodation decision making has been notably missing from previous research. When Sinclair and Geraghty (2008) did ask both professionals and young people about decision making they found that professionals were mostly happy with secure accommodation decision

making, while young people were not. They found that professionals rationalised the lack of involvement from young people in decision making on the grounds that they were 'in crisis' and 'out of control' and therefore unable to participate in the decision making process. Young people were generally unhappy with decision making and wanted to be more informed and involved in decision making; a finding supported by Who Cares? Scotland's research (Foreman 2004; Barry and Moodie 2008).

Sinclair and Geraghty (2008) also make the point that the rationale given by adult decision makers contradicts crisis intervention theory which suggests that crisis points are often a good opportunity to change attitudes. They suggest that maximum engagement with service users should be sought during such times of 'crisis'.

Gender and Secure Accommodation Decision Making

Some studies of secure accommodation have also suggested that gender may play a significant role in decision making (Dennington and Pitts 1991; O'Neill 2001; Goldson 2002a; Jane Held Consulting Ltd. 2006). When O'Neill (2001) compared a cohort of 18 girls with 11 boys she found that 83% of the girls were admitted through the welfare route while 81% of the boys were admitted through the criminal route (2001: 86). She also found that 61% of girls had been admitted to secure care on at least one prior occasion, as opposed to only 18% of boys (2001: 91).

O'Neill, like Petrie (1986), found professionals pre-occupied with the sexual behaviour of young women admitted to secure accommodation as opposed to the young men; 'prostitution, suspected prostitution, and the risk of sexual harm figured in the reasons for admission through the welfare route of most of the girls' (2001: 97).

Goldson's (2002a) study across six secure units in England showed that many secure unit managers recognise the problem of referring young women to secure units on the basis of judgements regarding their 'promiscuity' or other concerns about sexual activity. He quotes one secure unit manager as saying:

Local authorities are quicker to secure girls and young women and you still see that bloody word 'promiscuous' on referral forms – you never see that for boys. Boys tend to do a lot more before anything is mooted on Section 25 – they normally go down the criminal route. (Goldson 2002a: 97)

He also finds considerable concern among unit managers about how to work with girls involved with child prostitution. One secure unit manager acknowledges that locking up the victim can seem 'absurd' but he argues that in some cases it is 'a question of life or death' (Goldson 2002a: 96).

Unfortunately recent studies with an emphasis on young people's experience of secure accommodation do not provide an analysis along gender lines (Ofsted 2009; Foreman 2004; Foreman and McAllister 2006; Barry and Moodie 2008). Walker et al. (2006) also provide little analysis of gender and routes into secure accommodation, beyond identifying that young women are much more likely to be admitted because they represent a risk to themselves. Sinclair and Geraghty (2008) provide no analysis along gender lines, either in relation to behaviours or types of risk presented.

Risk and Social Work Decision Making

As we have seen in the previous section, decision making is crucial to the provision of secure accommodation; the decision making process determines which young people end up in secure units and which ones do not. While there is some emerging understanding of how these processes do or do not work, studies of secure accommodation have not engaged with

wider debates about how decision making should be studied or the dilemmas of social work decision making more generally.

Decision Making

The Chamber's English dictionary defines a decision as a noun meaning the act or product of deciding. Decide is a verb meaning to determine; to end; to settle; to resolve; to make up one's mind. The etymological origins of the word decide relate to the French word *decider* and the Latin word *decidere* which means 'to cut off' or to 'settle a dispute', also meaning 'to make up one's mind' (Online Etymological Dictionary 2010). The definition implies the end of a process and suggests that a choice between various options has been made.

Decision making is a universal activity; all human beings have to do it on a regular basis in order to survive in their environment (Gross 2001). This involves related activities such as processing and evaluating information of various kinds (Plous 1993). Decision making is a core social work activity and twenty-one elements in the *National Occupational Standards for Social Work in the United Kingdom* (Topss 2004) relate to decision making. However, the study of decision making includes a wide range of academic disciplines including psychology (e.g. Janis and Mann 1977; Plous 1993; Janis 1982; Gross 2001; Kerr and Tindale 2004), anthropology (e.g. Miller 2000; Crowshoe and Mannes Schmidt 2002) and sociology (e.g. Lupton 1999; Douglas 1992). It has also been the object of interest in research related to practice areas such as health care and health promotion (e.g. Chapman and Sonnenberg 2003; Tones and Green 2004), business and organisational studies (e.g. Pfeffer 1981; Johnson and Johnson 2003), and education (e.g. Shapiro and Stefkovich 1998).

The study of social work decision making and the application of findings from other disciplines to social work decision making has only begun to develop momentum relatively recently and has been closely allied to the study of risk, risk assessment and risk management (Munro 1999; Dalglish 2003; B.J. Taylor 2006; Webb 2006; Denvall 2008). This is because uncertainty about outcomes and consequences makes choosing between options in a decision situation more difficult (Hammond 1996). Managing this uncertainty in decision making is something society and social work, among other public service professions, is increasingly focused on (Beck 1992; Lupton 1999). As a result, risk has become an increasingly important concept within social work policy and decision making practice (Kemshall 2002, 2008; Webb 2006).

Defining Risk

The term 'risk' is characterised by polyvalence and as such is a notoriously difficult concept to define. While some define it as 'the recognition and assessment of uncertainty as to what to do' (Webb 2006: 34); it also connotes 'a hazard' or 'a set of circumstances which may cause harmful consequences', with risk then being seen as 'the likelihood of its doing so' (British Medical Association 1987:13). Others define risk as 'a synonym for danger or peril, for some unhappy event which may happen to someone' (Ewald 1991: 199).

Definitions of risk vary according to time and place (Mythen 2004).

Beck has noted that definitions of risk

... can be changed, magnified, dramatized or minimized within knowledge, and to that extent they are particularly open to social definition and construction. (Beck 1992: 23)

This is an important point: risk is not a fixed concept. Its meaning is always socially constructed and those with the power to define it within social work knowledge may re-define it for particular reasons at particular times.

Despite the complexity of defining risk, for Beck the concept refers to:

. . . those practices and methods by which the future consequences of individual and institutional decisions are controlled in the present. In this respect, risks are a form of institutionalised reflexivity and they are fundamentally ambivalent. On the one hand, they give expression to the adventure principle; on the other hand, risks raise the question as to who will take responsibility for the consequences. (2000:xii)

This definition highlights that the concept of risk is defined not just through words but through institutional practices and methods and that the aim of these practices is to try and control the future. This foregrounds the fact that risk is a future oriented concept and when used in the process of organisational planning often requires what Beck calls 'reflexivity'; which is best understood here as a process of thinking about what we are doing, how we are doing it and what the consequences of such action or inaction might be.

Beck's (2000) definition also highlights the notion of risk gesturing to the possibility of positive futures as well as negative ones and this has often been raised by social workers. They point out that risk taking is important for learning and that a life without any risk taking is less interesting, less exciting and less rewarding (Kemshall and Pritchard 1996, 1997; Barry 2007). Newman (2002: 3) also contends that 'the successful management of risk is a powerful resilience-promoting factor' since learning to negotiate risks helps to develop judgement and coping strategies which may aid children in bouncing back from difficulties in life.

Risk Society

Despite the possible positive aspects of risk, risk taking and risk making by children and young people is viewed with increasing anxiety by adult populations in modern industrial societies; it is often responded to with overly paternalistic and risk averse approaches (Milligan and Stevens 2006; Pearce 2007; Thom et al. 2007; Kemshall 2008; Sharland 2008). Giddens (1991) and Beck (1992) have both argued that this pre-occupation with risk tells us something important about the state of modern society. They argue that society can be understood as a 'risk society'. Beck describes the 'risk society' as:

A phase of development of modern society in which the social, political, ecological and individual risks created by the momentum of innovation increasingly allude the control and protective institutions of industrial society. (Beck 1994: 27)

Beck contends that with the rise of empirical science, and the diversification of technology it has facilitated, late modern society faces a proliferation of 'manufactured risks' generated by 'people, firms, state agencies and politicians' (Beck 1992: 98). These manufactured risks are different from natural hazards, such as draughts or plagues experienced by people in the pre-industrial period, because they are socially produced (Beck 1992). The paradox of the risk society is that as reliance on technology and scientific or objectivist knowledge grows, so too does disillusionment with the ability of the state and other public institutions to keep us safe from these manufactured risks.

In the risk society thesis, structural shifts and social transitions such as 'globalisation, the individualisation of experience, the questioning of expert systems and the burden of identity construction' all ensure that individuals

are increasingly aware of and pre-occupied with risk and therefore with the future (Mythen 2004: 17). Changes in the nature of risk, how it is perceived, defined and created are also tied for Beck (1992) to what he calls the development of 'reflexive modernity'. He argues that with fewer structural certainties, for example, in terms of gender expectations and the role of the family, people cannot rely on tradition to guide their life choices. Instead they must reflect on their choices and are increasingly seen as responsible for the outcomes of their decisions (Beck 1992: 2). So again there is a paradox: as risk becomes more globalized and less localised, as in the example of global warming, the individual assumes more responsibility for risk in his/her daily life.

Webb's (2006) work has been influential in explaining changes in the role and function of social work from the perspective of the 'risk society' thesis, which he accepts with very little critical analysis. Webb (2006) argues that the increasing use of 'technologies of care' in social work reflect the transformation from a late modern industrial society, where the welfare state provided universal services, into the neo-liberal 'risk society', described by Giddens (1991) and Beck (1992), where 'risk populations' are targeted for services and the majority of individuals are expected to take responsibility for and manage their own 'risk'.

Webb (2006) and Kemshall (2002, 2008) make the argument that in this neo-liberal risk society social workers are increasingly forced to make decisions on the basis of risk rather than need, and that this signals a troubling shift in social work practice. They argue that the caring therapeutic relationship between service user and social worker is increasingly devalued. Instead, Webb argues (2006), the 'logic of regulation' and the 'logic of security' have come to dominate social work institutions with practitioners encouraged to rely on 'technologies of care' which include: 'care

management', 'risk assessment and evaluation', 'decision pathway analysis', 'evidence-based practice', and 'networked information technologies' to carry out their work (Webb 2006: 143).

Webb (2006) argues that risk identification, risk assessment and risk management activities in particular are crucial to the 'logic of regulation' and the 'logic of security'. In the neo-liberal risk society the state does not provide a universal safety net; instead the emphasis is on 'enterprise culture, mixed-economy service and most significantly, prudent service users who through individual choice and responsibility maintain their liberty' (Webb 2006: 57). While the 'logic of regulation' is both about regulating social work as a profession, to minimise the risk of the profession to service users (as in the case of institutional abuse or mistakes in child protection decision making), and about social work practice itself *as regulation*, where the focus of practice is to target particular populations and regulate their risky behaviours. Risk is also used here to regulate the use of resources, with only those most 'at risk' receiving services.

In the risk society individuals are expected to monitor risks and plan to ensure their own security (Giddens 2001). The 'logic of security' relates to the role of social work in providing a safety net for those who are unlucky or unable, for whatever reason, keep themselves safe. Webb (2006) argues that security is central to the social work discourse as it speaks to something essential about what social workers are trying to do.

In social work basic security in trusting relations with clients is achieved through dialogic relations of proximity and interactions. Unlike other abstract expert systems in scientific professions or engineering or telecommunications, social work develops trust relations through face-to-face work. (Webb 2006: 83)

Drawing on Furedi (1997), Webb (2006) argues that the a preoccupation with risk is undermining trust in social work, trust which is very much needed if

social workers hope to succeed in their efforts to support individuals. Regulation is increased to try and 'shore-up' trust, and ever more 'expert technologies', preferably based on a more credible 'scientific rationality', are advanced 'to shore up fragile professional identities and public confidence' (Webb 2006: 135).

Unfortunately Webb (2006) draws on little empirical evidence about how social workers actually use the concept of risk in the process of decision making and how this relates to ideas about needs. Previous research shows the concept of risk is important to secure accommodation decision making but little is understood about how or why particular behaviours are labelled as 'risky' by practitioners (Walker et al. 2006). Webb (2006) suggests the use of 'technologies of care' like 'risk assessment and evaluation' are undermining needs based approaches and the 'practice of values' in social work. In fact a number of models of risk assessment and risk management involve working closely with service users and empowering them to define and manage risk for themselves (Kemshall and Pritchard 1996; Turnell and Essex 2006; Barry 2007). This suggests that some notions of risk and some risk assessment practices may not fit with the risk society thesis as interpreted by Webb (2006); however further empirical work is needed to understand what is going on and how it is understood by practitioners and young people themselves.

Childhood, Youth and Thresholds of Risk

Drawing on the 'risk society' thesis, Jackson and Scott have argued that risk is also increasingly important to how notions of childhood are socially constructed: 'risk anxiety helps to construct childhood and maintain its boundaries' (1999: 86). This, they argue, is because the kind of risks which children must be protected from help to define what childhood is. So for

example, the age of sexual consent marks a movement from childhood to adulthood. We are concerned about the sexual exploitation of children in part because we view childhood as a time of innocence.

Jackson and Scott (1999) argue that childhood is increasingly seen as under siege in the risk society; both in terms of the innocence of childhood being undermined by forces such as consumerism and in terms of over protective adult attitudes which mean children are not allowed to take risks and enjoy their childhood. They highlight the contradiction in which:

Childhood is regarded as a natural state and yet also as perpetually at risk. Constant vigilance is required in order to protect, preserve and manage childhood for the sake of the children. (1999: 97)

In such a society, children who are judged by adults to be 'out of control' are viewed not only as a danger to themselves or others but are seen as 'threatening the institution of childhood' itself (1999: 97). Children referred to secure units are just such a population of children and therefore the argument advanced by Jackson and Scott (1999) suggests that decisions about who to place in secure accommodation may be tied up with ideas about the 'nature' of childhood. These ideas then shape subjective judgements of risk.

The fact that the term 'child' is itself contested, contributes to this ambiguity (James et al. 1998). For although children are generally defined in legislation as those under the age of 16, there are exceptions to this definition, as in the example of looked after children who remain looked after beyond their sixteenth birthday (Marshall 2008). Although legally defined as 'adults' some entitlements, such as the right to vote, are also not extended to children until they are 18 (Electoral Commission 2010). Meanwhile some responsibilities, signalled by the age of criminal responsibility beginning at 8 years of age, are conferred before 'childhood' is 'officially' over (Whyte 2009).

To compound matters further, the term 'youth' or 'young people' is often used to denote those in transition between 'childhood' and 'adulthood' (James and James 2008). The years between the ages of 13 and 18 are often described by those who take a developmental or biological approach to childhood as 'adolescence' (Cotterall 1996). As we have noted in this review, previous research into secure accommodation usually refers to the population in secure accommodation as 'young people', rather than 'children', presumably because most of them fall into this age bracket. Although this issue of definition and categorisation is rarely discussed explicitly in secure accommodation research studies, the decision to define those human beings who end up in secure accommodation as 'young people' rather than 'children' is significant, and perhaps supports Jackson and Scott's (1999) thesis that issues of risk help to define the boundaries of childhood. Those in secure units are defined more as 'young people' than 'children' because the risks they engage in or are exposed to mean it is harder to define them as children: their innocence has been compromised.

Although they do not define what they mean by 'youth', Sharland (2006) and Kemshall (2008) have highlighted that social work has been slow to engage with discourses related to the idea of youth and risk. They suggest that youth and risk have increasingly become 'synonymous', with young people being defined in relation to risk in three main ways: as 'a risk to themselves', as 'at risk' from the adult world, or as 'a risk' to 'us' in the community. Sharland (2006) argues that social work has not engaged to any extent with these dimensions of risk as they relate to young people, focusing instead on risks relating to child protection or adult mental health; thus leaving the youth work and youth inclusion agenda to the voluntary sector and the youth justice or youth offending agenda to probation or related services. Drawing on the work of Beck (1992), Sharland challenges social

work to look beyond 'neo-liberal orthodoxies' and 'question the distinction between what is normal and abnormal, acceptable and unacceptable risk – between youth in transition, youth in trouble and youth as trouble' (2006: 260).

In order to do this, however, further empirical evidence is needed in order to understand how practitioners define risk and use 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; Webb 2006; Kemshall 2008), less is understood about what is happening in practice settings (Mythen 2004). 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: 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: 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.

There are parallels between Lupton's notion of 'risk logics' and Dalglish's (2003) general model for assessment and decision making which tries to explain how risk assessment and action to address risk operate in real world settings. Dalglish (2003) contends that much of the conflict between practitioners about how to respond to risk in situations of child protection arises out of differences in thresholds of risk between practitioners. Evidence from his empirical work carried out with large cohorts of social work practitioners in Australia showed that often assessments of risk are similar.

Practitioners may agree about what the risks are, but they disagree about when to take action.

Dalgleish (2003) defines this willingness to take action as an individual's 'threshold of risk' which he says is determined by practitioners' personal value base and 'the values they attach to particular outcomes' (2003: 95). In secure accommodation research there has been no attempt to examine how practitioners describe their risk thresholds and what influences these. Again, empirical work is needed to understand if this is a meaningful way of understanding risk decision making.

Approaches to Researching Risk and Decision Making

Broadly speaking, theoretical approaches to studying decision making and risk in social work operate on a continuum (Houston 2001; Helm 2010). At one end of the continuum is what Webb (2006) characterises as 'instrumental rationality', which others have characterised as the technorationalist or objectivist perspective (Sheppard et al. 2000; Houston 2001). From this perspective epistemological claims are seen as universal and it is claimed that science can uncover these 'truths'; although there are those within this perspective who see this as an evolutionary process without a likely end point (Popper 1972).

Generally speaking studies of decision making which proceed from this perspective:

- Systematically examine the logic of decision making – identifying and categorizing heuristics and biases
- Often use probability calculus or decision trees to weigh up and quantify decision options
- Take a linear view of causality
- Are interested in quantifying and measuring outcomes

Those who subscribe to this approach suggest that social work decision makers should be encouraged to be more systematic, 'rational' and evidenced based (Gambrill 2004; B.J. Taylor 2006).

A growing recognition of and pre-occupation with minimising the risk of tragic outcomes in social work has led to an increased interest in developing decision aids, based on this techno-rationalist approach to studying decision making, in order to limit practitioner error (Kemshall and Pritchard 1996; Munro 2004; Stalker 2003; Taylor and White 2006; Webb 2006).

The proliferation of actuarial tools and decision aids in recent years supports Webb (2006) and Kemshall's (2002, 2008) argument about the shifting focus in social work practice; these actuarial tools and decision aids, or 'expert technologies', were developed on the basis of objective claims to knowledge about what constitutes risk in particular populations and it was hoped that their use would reduce practitioner error (Porteous 2007). The evidence of their effectiveness in more successfully regulating 'risky populations' is mixed and supports the idea that context and subjectivity are central to their use in real world settings (Jones 2001; Baker et al. 2002; Scourfield and Welsh 2003; Baker 2004, 2008). Yates et al.'s (2003) review of the use of such decision aids across a range of professional settings suggest they are often unpopular with decision makers because they make the decision making process feel unnatural and they are perceived as making decision making more difficult to do because they are time consuming.

These tools require the practitioner to collect reliable information which can best be facilitated if the practitioner has a good relationship with the service user and a range of professionals (Barry 2007). On the part of the practitioner, making sense of such information requires qualities such as flexibility and criticality, which in-turn need to be supported by

organisational and professional cultures where supervision and continuous professional development are encouraged (Sheppard 1995; Kemshall 1998; Benbenishty et al. 2003; Baker 2008). One of the consequences of the objectivist/ techno-rationalist approach to decision making and risk assessment in social work is that it tends to focus blame on individual practitioners when things go wrong (Munro 2005).

In contrast to the techno-rationalist approach to decision making and risk management, are a range of approaches to decision making which can be defined broadly as subjectivist/ intuitive in nature (Hammond et al. 1999; Houston 2001). This approach to decision making is characterised by its fluidity, where a focus on 'rational analysis' is seen as 'impractical' and in some cases even 'theoretically impossible' because of the perceived impossibility of arriving at an objective fact (van de Luitgaarden 2009: 249). Generally speaking studies which proceed from this perspective:

- Study how people make decisions in 'real world', 'naturalistic' situations
- Want to understand the role context plays in decision making
- Recognize that decision making is a value laden activity
- Focus on understanding the process rather than the outcomes, which are not necessarily seen as fixed

Those who subscribe to this approach argue that decision makers often exercise their judgment based on the 'practice wisdom' they have developed over time and make use of intuition, experience and authority (Fook et al. 1997).

Webb (2006) argues that rather than seeking answers from those pedalling 'techno-rationalist' tools for practice, there is a need for social work to 'return to ethics' and ground decision making and other activities in the 'practice of values' (2006: 8). The 'practice of values' he describes is one based on 'the ethical relation' (as described by Cornell 1993: 13), as opposed

to one rooted in rules where the social worker adheres mechanistically to a professional code of practice. Webb (2006) argues that social workers should direct their focus to providing a safety net for the most vulnerable members of the risk society, while also working to increase the social capital of communities and families by fostering relationships and supporting positive networks between individuals, groups and communities.

Sheldon (2001) has argued that the attack against scientific rationality and evidenced based practice led by Webb (2001, 2006) has been unhelpful. Sheldon (2001) contends that too often poor or inefficient practices have continued in social work on the basis of tradition, with practitioners congratulating themselves on their good practice, when evaluation from the outside would tell a very different story about the efficacy of their chosen approach. Often it is not until the empirical, 'scientific' evidence can be gathered that these practices are forced to change (Sheldon 2001; Smith 2004; Gambrill 2005).

Mythen (2004) has also challenged the 'crude separation' in Beck's (1992) work (upon which Webb (2006) draws) between 'scientific' and 'social' rationality; scientific rationality referring to 'dominant technical discourses utilised by scientific experts', while social rationality 'stems from cultural evaluations convened through everyday lived experience' (Mythen 2004: 56). Clearly this dichotomy resembles that between the techno-rationalist/objectivist and intuitive/subjectivist approaches to the study of decision making discussed here. Indeed there is increasing recognition that the polarisation between these two perspectives is unhelpful (Houston 2001; Taylor and White 2001, 2006).

In attempting to bridge the gap and make use of insights from both perspectives, Munro (2005) has suggested that a 'systems investigation' approach could be used to good effect in studying social work decision

making. Munro (2005) argues that approaches to improving child protection decision making practice in recent years have been primarily unsuccessful because of their focus on the individual decision operators. She positions a systems approach, between the poles of objectivist and subjectivist research, 'because it has a complex view of causality and the role the individual front line worker has in the sequence of events' (Munro 2005: 382). This is further supported by findings in which the use of actuarial approaches and other decision aids have been shown to be heavily influenced by context (Baker et al. 2002; Baker 2004, 2008; Kemshall 1998; Benbenishty et al. 2003; Sheppard 1995). In a systems approach 'the operator is seen as only one factor; the final outcome is a product of the interaction of organizational culture, technical support, and human performance factors' (Munro 2005: 382).

Munro's systems model proposes analysing the influences on professional performance in decision making by including attention to 'factors in the individual; resources and constraints; [and] organizational contexts' (Munro 2005: 384). She uses evidence and theory to identify the factors that influence the individual decision maker, including the impact of emotions on cognitive performance (see also Ash 1992; Morrison 1990; Ruch 2007) and the role that stress can play in poor decision making (see also Gibson et al. 1989; Jones et al. 1991). She suggests attention be paid to factors such as resources and constraints because these impact on 'what services are available to help practitioners assess or work with families' (Munro 2005: 385).

Drawing on evidence from descriptive studies she highlights the importance of organisational context because it 'influences the amount of knowledge and skills brought to bear on the front line worker through investments in training and provision of support' (Munro 2005: 388). She also discusses how performance indicators and policy initiatives can create

organisational confusion leading to 'conflicting demands and double-bind situations' (Munro 2005: 389).

It seems that Munro's (2005) systems perspective on decision making provides an integrated model for analysing decision making that makes use of insights from both poles in decision research. The model has been further developed and is now being empirically tested as an approach to learning from serious case reviews in child protection (Fish et al. 2008). Fish et al.'s (2008) systems model analysis of decision making is focused around three areas: front line factors, local strategic-level factors, and national/governmental factors. While helpful as a tool for reflecting back on decision making in order to learn from mistakes, the model has not been used in order to understand decision making as it happens.

To date little research from any of the approaches outlined here has been done into the mechanisms that best support social work practitioners in their decision making practice (Sheppard et al. 2000; B.J. Taylor 2006). Although, fostering reflexivity through regular professional supervision and continuous professional development opportunities are increasingly seen as concrete strategies which foster a healthy organisational context for decision making (D'Cruz et al. 2006; Ruch 2007, 2009).

Denvall (2008) argues that, given the relative lack of research into social work decision making, there is a need for empirical and theoretical research of all kinds. What this brief review identifies, however, is that whatever approach is adopted carries with it theoretical and methodological implications. These issues will be discussed further in chapter 4.

Conclusion

The current evidence base suggests that young people in secure units are a group of young people with significant needs and difficulties who come from backgrounds characterised by loss and abuse. Many of them reach secure accommodation after having exhausted a range of other provision, from foster care to residential child care. This suggests that these young people bring difficult behaviours and a range of complex needs. It also suggests these young people have not been well served by the systems and services that are meant to support them and their families at an earlier stage.

This review has shown that there is some evidence that young people will get some short term benefits from being in a secure unit in Scotland. In particular they are more likely to be safe in the short term and may gain access to education and health services. When young people do leave secure units they will do best where they are placed in closed support or similar provision and where there is continuity in their care plans.

There remain, however, a range of important unanswered questions relating to secure accommodation. In particular decision making has been identified as a problem area in the use of secure accommodation. The local systems and influencing factors have not been investigated in depth since the implementation of the Children (Scotland) Act 1995. This means that while we know broadly what the mechanics of decision making are, local detail about how this works in practice is lacking.

The key concepts and approaches applied by decision makers when they are weighing up decisions about secure accommodation are also not well understood. This review highlighted that the study of decision making and risk have been closely allied in social work research. Theoretical developments in the study of risk suggest that this is an increasingly

important concept for professions such as social work because of changes in society more generally. However, there is a lack of evidence about how concepts such as risk are actually being used in real world settings. In particular, how and why certain behaviours come to be labelled as sufficiently 'risky' to warrant secure placement needs to be better understood.

The review also found that unfortunately, young people's perspectives on secure accommodation decision making in Scotland are not well understood. Understanding these perspectives better is a priority given the present situation where the number of secure placements has expanded and contracted, the cost of secure care continues to rise, and there are huge regional variations in the use of secure accommodation.

This study sought to fill some of this gap in knowledge about secure accommodation decision making and in chapter 4 the methodology that was employed in this task is assayed.

Chapter 4

Research Design and Methodology

Introduction

This chapter will outline the design and methodology of this research project, highlighting the skills and rationale that were used in developing this approach. As is often the case, the final approach adopted was a modification of some of the original plans. These modifications were made in response to problems and opportunities encountered in the field. These changes will be discussed and justified and the limitations of the chosen methodology identified.

The chapter will begin with a review of the research problem. The aims of the study and key research questions will then be outlined and related theoretical problems discussed, before moving on to an explication of the research design. The final section of this chapter will look at the approach adopted in this study for the analysis of data.

The Research Problem

Chapter 2 identified some important policy developments in the area of secure accommodation, youth justice, child protection, looked after children and residential child care. It was highlighted that secure

accommodation decision making has been an area of concern for policy makers since the early 1990s. The most recent review of secure accommodation in Scotland has also identified the need for research 'to better understand the decision-making process; the factors that influence decision makers; and the impact this has on outcomes for children and young people' (SIRCC 2009: 6).

The literature review in chapter 3 noted that despite the recent increased investment in the secure estate, secure accommodation in Scotland has not been a well researched area of social work provision. It suggested that while we know a good deal about the backgrounds and characteristics of this group of young people, we need to better understand the nature of their behaviours and their pathways into secure accommodation.

The complexity of the process of secure accommodation decision making needs to be better understood, building on the work Walker et al. (2006) did to broadly outline the two phases of the process. In particular, the process of decision making within secure units and local authorities is poorly understood, and has not been explored in depth since Kelly's (1992) study.

Walker et al. (2006) have suggested that a range of factors influence decision making and that these include: the availability of secure places and alternative resources, views about the role of secure accommodation, and practice in and attitudes towards risk management. Further research is needed to understand the interplay of these factors and their significance. In particular, there needs to be an exploration of the practice in and attitudes towards risk management as little is understood about the kinds of behaviours that are labelled by professionals as 'risky' and why? Given the developments in risk theory (Beck 1992; Giddens 1991) and the debates about the impact of the 'risk society' on social work practice (Webb 2006; Kemshall 2008), such findings ought to be informed by these wider discussions about

the role and relationship between risk definition, risk assessment and decision making.

Young people's participation in decision making processes have also become of increased interest to researchers and policy makers in recent years (Children in Scotland 2006). However, this review has shown that relatively little is understood about young people's views of the secure accommodation decision making process in particular. This perspective is important in recommending any improvements to the system (Marshall 1997; Thomas 2000; Davis et al. 2006).

Finally research suggests that there may be other factors in the case itself that influence conceptions of risk and professional decision making, in particular the gender of young people and the types of behaviours which they may engage with (Lees 2002; Green 2005). It seems that professional judgements may be influenced by personal and moral reactions which relate to wider cultural views on childhood, what is gender appropriate behaviour and who is more 'vulnerable' and in need of protection from various risks (Jackson and Scott 1999; Dalglish 2003; Lloyd 2005; Sharland 2006). Research is needed to better understand the range of factors and concepts, including gender, which impact upon secure accommodation decision making. In the light of this knowledge base, this study set out with particular aims and hoped to answer particular research questions. These are laid out in the following section.

Research Aims and Questions

The central aim of this study was to better understand the system, processes and concepts that determine the provision and legitimacy of secure accommodation for young people in one local authority area in Scotland.

Five research questions guided this enquiry:

1. How does the local system for secure accommodation decision making work?
2. What are the roles, responsibilities and relationships of key stakeholders within the secure accommodation decision making system?
3. What are the characteristics, backgrounds and behaviours of the young people referred to secure accommodation?
4. What factors and concepts influence decision making practice?
5. How could the local decision making system be improved for the benefit of young people?

The young person was deliberately placed at the centre of this enquiry as it is his or her life that is most profoundly affected by the decision making system. It was hoped that by identifying the strengths and weaknesses of the present system some areas for improvement will emerge and that these might be corroborated by further research.

Epistemological Orientations and Research Paradigms

As the questions above suggest, this study endeavoured to generate knowledge that would be of use for secure accommodation policy and practice. This raises inevitable questions: What counts as knowledge? How can it best be generated? As the previous chapter showed, there are a range of possible approaches to studying decision making and risk. Broadly speaking these fall along a continuum with positivist or objectivist approaches at one end and interpretive or subjectivist approaches at the other end. These approaches can be understood as epistemological orientations or research paradigms, the essential point being that ideas about what counts as knowledge relate directly to how knowledge could or should be generated. As Guba points out, a paradigm is 'a basic set of beliefs that guide action' (1990: 17).

From an objectivist perspective knowledge is understood as universal and is revealed using a scientific method (Yates 2004). Knowledge claims must be rigorously tested to prove or disprove a hypothesis and theories developed on this basis (Reid 1994). As indicated in the previous chapter, this approach has been used, with limited success, to develop actuarial tools aimed at measuring and predicting risk relating to particular individuals or situations in order to aid social work decision making. Research undertaken from this perspective is, by its nature, often quantitative, as large data sets are seen as necessary to establish validity, reliability and generalizability (Gibbs 2001).

At the other end of the spectrum subjectivist or interpretivist approaches reject the possibility of universal knowledge claims, arguing instead that all knowledge is a product of its place and time and mediated by those who construct it (Dey 1993). They maintain that all research questions carry implicit assumptions and biases; suggesting that knowledge can never be purified, it is always produced by someone, somewhere, at some time, for some purpose and that this subjectivity should be acknowledged (Shaw and Gould 2001).

In social work research and decision research there are multiple research paradigms and epistemological orientations which have been used over the years to inform a range of research methodologies (Peile and McCouat 1997; Gibbs 2001; Shaw and Gould 2001). Presenting the two above is a simplification, others include: pragmatic, heuristic, relativist, feminist, standpoint, constructivist and postmodernist (Gibbs 2001). The important point here is not to explore all of these in detail but instead to position this study along this continuum of approaches (Sheppard et al. 2000).

As the questions posed in the previous section suggest, this study is not primarily interested in testing a particular theory about secure

accommodation decision making. Research and theory explored in the previous chapter suggests that decision making is heavily influenced by context and that conceiving of decision makers simply as rational operators is problematic (Munro 2005). Lupton (1999) suggests that decision making and risk must be understood from the perspective of those involved, which implies that an interpretivist or constructivist approach is superior.

However, as the review also showed, there are some theories such as the 'risk society' (Giddens 1991, Beck 1992, Webb 2006), systems theory (Munro 2005) and general assessment and decision making theory (Dalglish 2003) which provide frameworks for making sense of the behaviours of decision makers in context, beyond simply applying decision makers' own descriptions.

The danger of proceeding with one of these theories as the organising basis for this inquiry, as in the deductive approach to social science research, is that the framework or the theory limits the terms of the inquiry and data which may offer alternative explanations is missed or ignored (Blaikie 2000). For this reason this study will proceed inductively, whilst recognising the contribution of theory and the fact that previous studies of secure accommodation suggest decision making works in stages and that risk is important to the logic of decision makers. Knowledge generation will be viewed from a broadly interpretivist paradigm, with recognition given to the fact that there are differing perspectives about secure accommodation and that the researcher is also involved in filtering these and interpreting these perspectives (Giddens 1993).

Research Design

In order to ensure feasibility, meet the aims of this study and incorporate the theoretical insights explored in the previous section a case study approach was chosen for this project. Yin (2003) has outlined that case studies are often an excellent way to understand decision making because a range of rich detail can be gathered from multiple sources in relation to the one case. Yin defines a case study as:

An empirical enquiry that investigates a contemporary phenomenon within its real-life context; when boundaries between phenomenon and context are not clearly evident; and multiple sources of evidence are used (1993:23)

This emphasis on detail and context also accords with some of the more compelling theories about decision making which were explored in the previous chapter.

One of the key challenges of a case study approach is to define what will count as 'the case'. Often in a case study approach an organisation or an individual are chosen (Yin 2003). For this study the case was a single decision making system in one local authority which involved the input of several different organisations and a wide range of professionals, making it quite a complex and multi-faceted system. For this study one large urban local authority was chosen as the geographical context on the basis that it has one of the highest rates of secure accommodation use among 32 local authorities in Scotland.

This case study approach offered a number of advantages. Choosing one case made the study of a feasible size to allow a lone researcher, over a period of time, to get to know the range of local players very well (Platt 1988; Bryman 2001; Blaikie 2008). Given the sensitivity of the subject matter and the vulnerability of the young people concerned, it also made it easier for me

to be well informed and connected to the sensitivities of staff and onward referral resources for young people, if deemed necessary. Crucially it allowed for the issue of context to be explored in a meaningful way, with a variety of perspectives being collected and themes compared across different respondent groups against the background of the same local and organisational contexts (Yin 1993; Holloway and Wheeler 1996; Creswell 1998; Robson 2002).

A common feature to most case study research is the use of multiple data collection methods (Holloway and Wheeler 1996; Creswell 1998; Robson 2002; Yin 2003). These multiple methods of collection are necessary as case studies seek to uncover a 'multiplicity of perspectives which are rooted in a specific context' (Ritchie and Lewis 2003: 52). In this case the specific context is one local authority and its local decision making system for secure accommodation. The complexity of secure accommodation decision making means it will inevitably have a number of levels to it, from the top of the hierarchy, with the CSWO and HRE, to the bottom, with the young people themselves. Given the insights discussed in the previous section it was recognised that 'no single perspective can provide a full account or explanation of the research issue' and 'understanding needs to be holistic, comprehensive and contextualised', making this topic ideally suited to the case study approach (Ritchie and Lewis 2003: 52).

Since representativeness and generalizability are typically key measures of quality within social science research, I was faced with the important question of how a research project based on one case study of secure accommodation decision making could provide findings which would be of use elsewhere in Scotland (Arksey and Knight 1999; Ritchie and Lewis 2003). Part of the answer to this question has already been provided in the fact that this study was grounded in a theoretical perspective which

recognises that change and complexity are the norm and therefore finding out some universal and generalizable truths about secure accommodation decision making was never viewed as a feasible aim.

In investigating decision making in a way that was informed by theory and prior research, this study hoped to further develop a framework for investigating decision making which may be of use to other researchers. Gummesson (1991) has identified that generating theory and initiating change are two common themes in case study research. Mitchell (1983) goes so far as to suggest that this theoretical focus is one of the key defining features of the case study approach and can make the approach superior to others for this reason.

Another way of attempting to meet the requirement of generalizability in case study research is to select a 'typical' case for study. The relatively small size of the secure estate in Scotland, and the significant differences in the use and availability of secure accommodation across the country meant that there was not a 'typical' case. Bassey (1981) suggests that this problem can be overcome by replacing the concept of reliability with the concept 'reliability'. This can be done if the details of the cases are sufficiently similar to allow individuals in different contexts to recognise similar features and dynamics at work.

The common legislative and policy framework, as detailed in chapter 2, ensure a basic level of reliability between all local authorities. However, the local authority chosen was more 'extreme' than many other local authorities because of the extent to which it uses secure accommodation. Blaikie suggests that selecting 'extreme, deviant, or least likely' cases can be another way to address the issue of generalizability; the argument being that 'if a general theoretical principle can be shown to hold in these types of cases, the degree of corroboration is stronger than in cases that might be regarded

as typical' (Blaikie 2000: 222). This type of generalizability is 'analytic' as opposed to 'statistical'; theory can be developed and tested and future studies involving additional cases can be used to further test the ideas (Yin 1989:38). After carefully considering the possible types, it was just this type of 'extreme' case that was selected.

Selecting the Local Authority

Scotland's secure estate provided 124 secure beds in 08-09. However, as we have already seen, this provision is not evenly spread across the 32 local authority areas. Instead there are seven secure units operating in six local authority areas (Scottish Government 2009b). This secure estate is predominately operated by the voluntary sector which provides 108 of the secure beds in Scotland (Scottish Government 2009b). The secure estate was under re-development during the period of this study, which meant that certain secure units were not in a position to welcome a study.

From the beginning, however, three local authorities presented themselves as possible 'extreme' examples where the use of secure accommodation was high. Through initial contact with three local authorities and four secure units, two of the possible local authorities identified expressed immediate interest in taking part in the study. Both of these were large urban local authorities, which I identified as busy enough to provide a rich amount of data over the planned eleven months of fieldwork.

In the end, local authority B was chosen as the site for this case study for a number of reasons. In the first place it has one of the highest levels of demand for secure services in Scotland (Scottish Executive 2006e). Evidence from other studies has shown that where local authorities have readily available access to a secure service, as this one does, secure accommodation is more likely to be used (Walker et al. 2006; Goldson 2002a). This ready

availability of secure places meant that studying this local authority would provide insights into the issues of supply and decision making.

This local authority was also unique in that according to its own unpublished data 50% of the secure population had consistently been female, compared to a national average of 30% (Scottish Executive 2009b). Both local authority staff and I were curious about why this might be the case. With previous studies highlighting the importance of gender in secure accommodation decision making, this study hoped to further develop an understanding of this factor on decision making which also made this local authority a good choice.

Decisions about the use of secure accommodation are not determined by local authorities alone. The review of legislation and policy has already shown the decisions of Children's Panels are essential to the secure accommodation decision making process. Evidence from the Scottish Executive suggested that the Children's Panel in this local authority area make a high number of secure authorisations (Scottish Executive 2003b). While not all of these young people are placed in secure accommodation, statistics provided by the local secure unit in this area at the time suggested that out of 75 referrals to secure accommodation each year 40 young people were placed; the availability of secure placements alongside high numbers of secure authorisations meant a larger percentage of young people in this local authority area were ending up in secure accommodation compared to the national average (Scottish Executive 2003b).

This local authority also claimed to have a unique system for allocating secure beds. Where legislation requires all secure referrals to be discussed and approved by the CSWO for the local authority, the Head of the Residential Establishment and either the Children's Panel or the sheriff, this local authority also used a distinct referral group to screen its secure

referrals. This group met on a fortnightly basis to review referrals, which were made on a standardised referral form which addressed issues of risk, previous strategies to minimise risk, and identified needs.

This group, with the agreement of the CSWO and the Head of Secure Services, has the discretion to implement or not to implement secure authorisations made by a Children's Panel. The existence of such a wealth of naturally occurring data in the form of these regular screening meetings and the reports submitted before these meetings offered a unique opportunity for me to observe one key aspect of decision making in action.

Mixed Methodology

The case study approach, as already discussed, lends itself to a mixed methodological approach. This combination of different methods is often referred to as triangulation in social science research. Brewer and Hunter suggest:

The multi-method strategy is simple, but powerful. For if our various methods have weaknesses that are truly different, then their convergent findings may be accepted with far greater confidence than any single method's finding could warrant. (1989:17)

This does not mean that the multi-method approach is without its challenges. As Mathison suggests, the 'rich and complex picture' produced rarely delivers straightforward findings and 'whether the data converge, are inconsistent, or are contradictory the researcher must attempt to construct explanations for the data and about the data' (1988:15). The complexity that this approach adds to the data analysis phase of the research project will be explored in full in the later part of this chapter.

It was determined that the key possible respondents were:

- the young people considered for secure accommodation
- the parents or carer(s) for the young people

- residential care officers and other carers referring young people to secure accommodation
- social workers referring young people to secure accommodation
- senior social workers supervising social workers referrals
- the secure referral group reviewing these referrals
- Children's Panel Members reviewing recommendations for secure accommodation under the legislation
- the Children's Reporter advising the Children's Panel Members on legal matters and ensuring timing of reviews
- the Head of the Residential Establishment (HRE) with joint responsibility for determining admission to the secure unit
- the Chief Social Work Officer (CSWO) with ultimate responsibility for deciding to secure a young person and how long they should remain in secure

What follows in the next sections is an overview of the initial phases of the research process followed by a discussion of each respondent group, the method of data collection employed with that group, and the rationale behind the selected approach. First an overview of the whole research design is provided.

The fieldwork phase of this study was completed between April 2006 and February 2007. It was roughly structured into two parts. Phase one involved the quantitative phase of the study in which I completed a review of the previous year's referrals (1 April 2005 to 31 March 2006) to the secure screening group. This was completed between April 2006 and the end of June 2006 and involved reviewing the available paperwork on all referrals made during that period.

Phase two involved the qualitative phase of the research. For a list of all the respondents consulted in this phase of the project see Appendix 8. There were a range of elements to this phase. In order to gain the perspectives of young people, their parents or carer(s), and social workers, a sample of cases who had been referred to secure in the previous year were recruited. It was felt important to speak to young people who had recently

experienced secure referral so that their experience of the decision making process was fresh in their minds. However it was equally important to ensure participation in the project did not harm participants (British Sociological Association 2002). For this reason the young people recruited also had to be in stable enough circumstances to participate, either because they had recently left secure or things had settled down in their lives since they were last referred to secure (Alderson 2004; Curtis et al. 2004).

Where appropriate, the views of families on the decision making process around secure accommodation were sought. The views and experiences of social workers, residential workers and/or senior social workers linked to this sample of young people were also sought where young people were happy for this to take place.

Given the sensitive nature of the research questions posed it was felt that interviews offered the best approach to collecting data on these cases (Legard et al. 2003). In the first place interviewing would allow me to incorporate understanding based on other interviews to enrich my approach to questioning and listening. It was also felt that interviews would give respondents the best opportunity to describe events and experiences in terms that were meaningful to them (Yates 2004; Legard et al. 2003). In essence I could, through my questioning, draw out how they had constructed events in their own minds and what meaning they had attached to this (Miller and Glassner 1997).

The second key approach chosen within the qualitative phase of the research was to conduct a series of observations of the secure referral group's fortnightly meeting. I observed eleven out of thirteen such meetings over a seven month period in order to get a sense of the work of the group and observe the dynamics of the decision making process. Observation notes were made using a standardised form (see Appendix 1) and each meeting

was also recorded on a digital recorder and then transcribed. The advantage of taking a non-participant observation approach to this part of the study was that it allowed me to observe the 'natural' process of this key stage of decision making first hand (Ritchie and Lewis 2003).

During the final months of the observation period each of the six members of the secure screening group were interviewed individually. It was decided that this would be done at the end of the observation process in order that I could discuss some of my emergent findings relating to the decision process with the members of the group to check their validity. This also allowed particular examples from recently discussed cases to be used to draw out the decision making dilemmas and processes.

In order to gain the views of Children's Panel members I had hoped to conduct focus groups. In the end, due to reasons of access which will be explained later in the chapter, 30 questionnaires were sent out to some of the most experienced of the local panel members (see Appendix 2), as selected by the acting Chair of the Children's Panel. An interview was also conducted with the most senior local Children's Reporter to gain further insight into the role of the Children's Hearing System and secure accommodation decision making (see Appendix 3).

Taken together, a range of research methods were used over an eleven month period to gather the data which will be presented in the chapters that follow. The table below provides a quick summary of all of the participants involved in this study.

Table 5: Summary of All Study Participants

Method of Data Collection	Number of Participants
Interviews – Professionals	17
Questionnaires – Children’s Panel	15
Focus Groups (3)	17
Observations – Secure Referral Group Meetings	40
Questionnaire – Young Person	1
Interviews – Young People	7
Interview – Parent	1
Total Number of Participants	98

The next sections of this chapter present a detailed breakdown of the phases and approaches utilised, the ethical considerations and the approach taken to data analysis.

Secure Referrals from the Previous Year

While this study was always conceived as a qualitative study, because it aims to understand the everyday reality of the decision making system and individual views and perspectives, it was felt that some use of quantitative approaches early on in the research would be extremely helpful for the study in several ways. Using initial statistical enquiry is described by Ritchie and Lewis as an ‘underutilised’ and ‘particularly powerful’ way of combining quantitative and qualitative approaches (2003: 42). In this case it was envisioned that a quantitative review of the previous year of referrals for secure accommodation in this local authority would provide basic data on the characteristics of the secure referral population and allow for some contextualisation of the qualitative data. For this reason the field work began with collection of data on all of the referrals made to secure units in this local

authority during the previous year running from 1 April 2005 to the 31 March 2006.

Data about the characteristics of the referral population and the outcomes of referrals made during this period were collected on a standardised data collection sheet which was input into SPSS and analysed to identify the frequencies of certain characteristics within the referral population during a 'typical' year of referral (Fielding and Gilbert 2000). This information was also used to aid me in establishing a sample of young people, social workers and others with a recent experience of secure referral that would be able to share their perspectives and impressions of this process.

The data collection form used was developed on the basis of what information was typically required by the secure referral group at the time of referral. The aim of the form developed was to condense and simplify data to make it easier to analyse using SPSS software. (See Appendix 4 for an example of the form used for data collection). Out of all the referrals made, 53 were from local authority B and 57 were referred from other local authorities. It was part of the research agreement with local authority B that they had given approval for their referrals to be included in the study. For this reason only the most basic information could be collected (including basic characteristics but not names or social work contact details) for out-of-authority referrals. As it also happened, recorded data relating to out of authority referrals was much less detailed.

Piloting

Alongside the first stage of quantitative data collection, I utilised existing relationships¹⁶ with staff and young people within secure services to obtain valuable feedback about proposed research questions, information leaflets, and consent forms. Feedback was incorporated into the final design for these (See Appendix 3, 5, 6).

Recruiting a Sample of Young People

The survey of referrals between 1 April 2005 and 31 March 2006 established that there were 53 made by local authority B. Using information gathered from this survey of referrals, I wrote to all social workers from local authority B who referred young people to the secure screening group inviting them to participate in this study.

This was done for two reasons. From a practical point of view contact details for young people were out of date and social workers would be the best source of information on their present whereabouts. From an ethical point of view it was also felt that due to the traumatic nature of secure referral for many people, and the difficult circumstances in the lives of many young people referred to secure accommodation, professionals involved with the ongoing assessment and provision of services to young people should be consulted prior to them being invited into the study (Fraser et al. 2004). It was recognised that this might significantly reduce the sample size but that

¹⁶ As a qualified social worker I had worked as a locum residential care officer prior to beginning PhD studies. This occasional work continued at secure services and other residential homes during the period of the fieldwork as this was an important source of income for the self-funded researcher. The ethical issues that this raised for the project are explored in full in the Ethical Considerations section of this chapter. The issues this raised for data analysis and the need for reflexivity are explored in the Data Analysis section of this chapter.

this was necessary to ensure the well being of the young people and engagement from social workers whose views were also sought in this study. These ethical issues will be explored in full later in the chapter.

Out of 53 possible cases I initially hoped to recruit 14 cases for my sample (25% of the overall population from that year), with roughly even numbers of males and females. It was also hoped that at least half the sample would include young people who were referred but never admitted to secure. This would allow for some comparison between cases where the outcome of decision making was different.

The small numbers of the population and difficulties with recruiting young people to the study meant that in the end the sample was self-selecting; in other words, all of those young people whose social workers responded positively to my request to contact them, who wished to participate in the study, were included. In total 33 young people were written to inviting them to take part in the study. In all these cases their social worker or key residential worker had responded positively to the idea that they be invited to join the study by returning a form sent to them or by speaking to me directly to indicate their willingness to participate in the study.

In the end, eight young people, one boy and seven girls, from this total of 33 agreed to participate in the study (24% of the accessible population). One of these did not want to be interviewed and was given, at her request, a questionnaire to fill in instead (See Appendix 9). Good practice in selecting samples would suggest that studies should seek to achieve a representative sample of the chosen population (Ritchie and Lewis 2003). According to the most recent data from the Scottish Executive (2009b), a representative sample would include about 70% males and 30% females and 70% would be between the ages of 14 and 15 when they were referred to

secure. 100% would be white Scottish. As we have already discussed, in local authority B there is more of a gender balance in the secure population but most of those admitted are between the ages of 14 and 15.

Clearly, the sample achieved in this study is not representative. This was influenced in part by the criteria for selecting the sample which meant they had to be willing to participate, had to have been referred to secure accommodation sometime in the last year (1 April 2005 to 31 March 2006), and their social workers had to be willing for them to participate. Recruiting a sample that had been fairly recently referred to secure was in part to ensure validity, as it was felt those with more recent experiences would remember and be able to talk in more detail about the circumstances at the time. However, a more flexible approach might have yielded a larger respondent group.

Recruiting the sample of eight cases proved difficult because of three key factors:

- (1) the difficulty making further contact with social workers, 22 of whom never responded to my attempts to contact them by letter or telephone;
- (2) the lack of contact between social workers and young people¹⁷; and
- (3) the unsettled lives of many of the young people¹⁸.

Due to the difficulties other studies experienced recruiting samples (O'Neill 2001; Goldson 2002a; Walker et al. 2006), these difficulties were not entirely

¹⁷ In some cases the social worker had closed the case and in most cases the bulk of the contact with the young person was now through the throughcare and aftercare service, which did make a range of attempts to engage young people in the research, most of which were unsuccessful.

¹⁸ Two young people who initially planned to be involved dropped out due to pregnancy and ongoing child protection involvement relating to their unborn babies, a third was sentenced to imprisonment, a fourth unexpectedly moved out of local authority B, a fifth was re-admitted to secure accommodation and a sixth was re-referred to the secure screening group. Walker et al. (2006) identified similar challenges in recruiting respondents from this population of young people.

unanticipated and a low target of 14 cases was set for the sample. This was not achieved despite making repeated attempts to trace young people through social work, youth justice and throughcare and aftercare services.

Agreement for the young person to participate in this study was sought through the young person, with agreement from his or her allocated social worker. It was hoped that some parents would agree to participate in the study. It was recognised, however, that many young people referred to secure have difficult relationships with their parents and might not wish for them to be interviewed. Where young people were happy for their parents to be approached this would be done, but it was anticipated that few parents would be recruited and thus no target number of parents recruited was set. In the end one parent was interviewed.

In keeping with the Age of Legal Capacity (Scotland) Act 1991 s. 2(4) which state that if a child is of sufficient age and maturity to understand the nature and possible consequences of medical procedure or treatment the child may enter into a transaction, it was felt that primary consent to take part in the research must be from the young person, with support and agreement from his or her allocated social worker. This was because the researcher took the view that:

Parental responsibility is not the determining factor for a child's participation in research where a child is mature. A child who has the capacity to understand fully decisions affecting his or her life automatically has the capacity to make that decision. (Masson 2000: 39)

'Capacity to understand' was determined through discussion with the young person and at least one professional involved in his or her care. Most young people were sixteen or near sixteen at the time of the study and were deemed by social workers to be able to give their own consent to participate in this research.

Collecting Data Relating to Young People

In the planning phases of this research it was hoped that in each case the young person, his or her allocated social worker, a parent (if appropriate), and a carer such as a residential care officer (if relevant) would be interviewed in relation to each case. Interviews would be followed by the collection of data from young people's files to build up a richer picture of their pathway into secure accommodation. The idea was that a similar level of knowledge and depth of understanding about each case would be achieved, representing different perspectives on the decision making process as it related to the young person and the outcome of this.

In practice this proved difficult. As the findings will reflect in coming chapters, each young person's situation was very different, and although young people were happy to talk about their own views and experiences they were often unhappy with their parents being approached. For some young people this was because they no longer had any contact with their families. For other young people relationships were so strained that they did not value their parents' point of view on their situation and therefore did not want me to consider it. In some cases young people felt their parents were too vulnerable or chaotic and they did not want me to 'bother' them.

For this reason the chosen methodology was adapted to focus on the perspective of the young person and their social worker. Several of the young people's 'key workers' from residential units were interviewed. The perspectives of residential workers were also gathered during three focus groups.

I adopted a semi-structured approach to interviews with young people and social workers. (See Appendix 3 for the relevant Interview Questions). An audio recorder was used during interviews to allow me to

focus on the process of the interview rather than the recording of it. Young people seemed to enjoy this process and were given the opportunity to listen to themselves on the recorder at the beginning and the end of the interviews. Interviews were completed either at the residential unit where the young person was living, or at the office where their social worker was based.

Each young person was asked for written consent for me to review their case file to collect further background on their case, including dates of initial contact with social work, care history and family circumstances. This was felt an important addition to the information gained from interviews which often lacked specific detail but were filled with feelings and personal impressions (Hayes and Devaney 2004). Only one young person interviewed did not want me to review her social work file and this was respected. The data collected from each young person's case file was put onto a standardised form to aid comparison (see Appendix 7). This form proved cumbersome and much of the information could not be obtained from existing records; this will be discussed in further detail in chapter 7.

In working with young people as respondents some researchers argue that it is 'sometimes necessary to adapt standard interview practice' particularly 'to protect children's privacy and confidentiality, especially in settings where children are likely to worry about their responses being reported to adult authorities' (Scott 2000: 103). These issues will be examined more fully in the section on ethical considerations; however, one way this was addressed was that I discussed with the young people where they would like to be interviewed in a pre-interview chat, during which time the informed consent form was given to the young person to look over with a trusted person.

Interviews were carried out in places young people chose themselves. In most cases this was the residential unit where they were living at the time

(Alderson 1999). Scott advises that, as 'expression of the child's personality, in terms of behaviour and attitudinal preferences, is often context dependent' interviews should be carried out with an awareness that context is 'likely to influence the way children respond' (2000: 103). As it happened, all the young people were interviewed individually. However, they were offered the option of having someone they trusted in the interview with them. There was always an adult they knew well nearby and some time was spent with this person before the interview went ahead. The questioning approach adopted was gentle and respectful, I encouraged the young people to share as much or as little as they wished; young people were assured that they could pass on any questions they did not wish to answer (Rubin and Rubin 1995; Scott 2000; Robinson and Kellett 2004).

Young people interviewed spoke for between 40 minutes to an hour and gave the verbal and non-verbal cues to suggest they were relaxed during the interview. I drew heavily on my experience as a social worker who has often worked with teenagers in residential care in developing this interview approach. It should be clear from the kind of information presented in the findings chapters that young people seemed comfortable to express themselves in the contexts they chose and made many frank statements about how secure accommodation decision making impacted on them.

I used a semi-structured interview approach in which the focus was on supporting the young person to share his/her viewpoints and experiences in his/her own way (Scott 2000). Borrowing ideas from 'life story work', I provided A3 paper and pens at each interview and encouraged young people to use this how they wanted (Ryan and Walker 1993; Comben and Lishman 1995). Some young people would doodle during the discussion, while others asked me to write things down. The image of a road was sometimes used to represent their journey towards secure accommodation. I

asked young people who had made decisions at different times and these were written onto the road. This approach was used according to the preference of the young person. According to Legard et al. (2003: 143) successful interviewing requires 'creating the right rapport . . . demonstrating interest and respect, being able to respond flexibly to the interviewee, and being able to show understanding and empathy'. This shared focus during the interview put young people at ease and aided the developing of our rapport (Stafford and Smith 2009).

Some have criticised qualitative interviewing as a method because it can deliver variable results, even when questions are set before hand; it is harder to standardise because of the way the process and the rapport developed between the interviewer and interviewee impacts on the process (Ritchie and Lewis 2003; Rubin and Rubin 1995). While it is the case that 'knowledge in qualitative interviewing is situated and conditional' this does not mean that research which utilises qualitative interview approaches is without reliability (Rubin and Rubin 1995: 38). It depends on how reliability is understood. Arksey and Knight suggest that it is a mistake to see reliability as uniformity given that the human interaction is characterised by 'cognition, complexity and change' (1999: 54). They suggest concepts such as consistency and truth value are more useful when considering reliability and that these can be achieved through clarity of questions, aims and transparency of approach taken alongside the use of triangulation to support the truth value of claims (Arksey and Knight 1999).

In Appendix 3 there is a full list of the questions that were used with each group of respondents. What will be immediately obvious when these are reviewed is that although certain questions relate to the specific respondent group, there are key themes which all respondents were asked about. In this way consistency and therefore reliability was achieved using

the interview approach. The questions and related themes to do with decision making will be explored in greater detail in the results chapters.

Focus Groups with Residential Care Officers

One of the early emergent findings of the study was the important role of open residential units in referring young people to secure accommodation in the study authority. Key workers from these units worked closely with social workers to gather evidence about the needs of young people and often presented the case alongside the social worker at the secure referral group meetings.

Although I always planned to conduct interviews with some residential workers linked to the cases of young people, interviews with young people and social workers highlighted that open residential units where sometimes seen as a 'cause' for young people needing secure accommodation. For this reason I decided during the fieldwork phase that it was crucial to get a better sense the views of those working in residential units and how this contributed to the demand for secure accommodation in the study authority. It was decided that the focus group approach would be a good way of getting a sense of the variety of viewpoints within individual residential settings (DoH 1998; Morgan and Krueger 1993). I also hoped that focus groups would allow me to gain the perspective of a wider number of respondents (Krueger and Casey 2000).

Analysis of the referrals from the previous year established that three local open residential units had particularly high rates of secure referral in that year and these units were approached to participate in the focus groups. Those with high referral rates were chosen as they were likely to have more recent experience to drawn on when reflecting on the process of secure referral. In two of the units full focus groups were conducted with a cross

section of the staff team. In the third unit repeated attempts to organise a focus group fell through. On the day I arrived for a final attempt to hold a focus group there were only two staff available to meet with me. A joint interview with these two staff was conducted.

Set questions were posed to each group which are outlined in Appendix 3. The discussions were audio recorded and I made some notes during the discussion. As is often the case with focus groups, the group determined much of the focus of the discussion depending on how they responded to the questions and to each other's comments (Krueger and Case 2000). I adopted a flexible approach to try and allow the group to speak about the themes that were of most importance to them.

The Children's Hearing System

As chapter 2 outlined Children's Panel members are trained volunteers who, with the legal advice and support of Children's Reporters, review cases where there are concerns relating to the behaviour and/ or welfare of a child or young person. As such, they are key decision makers relating to secure accommodation¹⁹.

In order to understand the range of views and experiences shaping the decision making around secure accommodation, I initially hoped to hold three focus groups with different groups of experienced Children's Panel members. I chose the format of a focus group because I hoped to elicit a range of views and experiences across a range of volunteers. Morgan and Krueger suggest that one of the key advantages to the focus group approach is that 'interactions in focus groups often creates a cuing phenomenon that has the potential for extracting more information than other methods' (1993: 17). However, in the end the Children's Panel Chair, through whom

¹⁹ For a more detailed discussion of the Children's Hearing system please see chapter 2.

authorisation for the research had to be obtained, felt this approach would be too time consuming for his busy volunteer panel members.

Given these practical restraints I decided instead to conduct a survey via questionnaires and these were sent to thirty of the most experienced panel members, as selected by the Children's Panel Chair. Fifteen completed questionnaires were returned. Questionnaires, although not offering the depth of insight into the experiences and attitudes of respondents that can be achieved through interviews or focus groups, do allow researchers to find out about the experiences and attitudes of respondents without having met them (Gilbert 2001).

The average length of service among the fifteen panel members ranged from one year to twelve years. The questionnaire began by asking them to recall how many secure authorisations they had been involved with over the years. Several said they could not remember but the majority had been involved with four or five authorisations in their time of service on the Panel. Panel members were asked about what they thought the strengths and weaknesses of the decision making system were and what principles, including the secure criteria, guided their decision making (See Appendix 2 for copy of the questionnaire sent out).

A senior Children's Reporter, who had over thirty years experience, was also interviewed about his experience of managing the decision making system through the Children's Hearing. His role required overseeing two authority areas, one of which was the study authority, working with high risk cases and keeping an overview of patterns of offending and referral in his area. It was felt important to get the Reporter's perspective on the system, which had been developed over a long career in the study authority. For reasons of confidentiality and because of the complexity of gaining access and consent it was decided not to observe Children's Hearings themselves.

It was also felt that given the lack of final decision making power given to Children's Hearings²⁰ research time was better spend observing the secure referral group which had more power and direct access to secure placements.

The Secure Referral Group

As has already been outlined, the secure referral group for the study authority meets regularly on a fortnightly basis to review all referrals to the local secure service. I undertook observations of 11 out of 13 of these groups held during a seven and half month period between July 2006 and February 2007. I took some notes during the meetings (see Appendix 1) and also made an audio recording of each meeting which were transcribed and analysed.

Silverman (1993) suggests that researchers should, whenever possible, take advantage of the opportunity to collect 'naturally occurring data' relating to the topic they are studying. He argues:

Being in the field gives us exposure to the categories that members actually use in their day-to-day activities. Categories abstracted from the business of daily life usually impose a set of polarities (or continuums) with an unknown relationship to that business.
(Silverman 1993: 286)

As this chapter has already explored, decision making is a complex and situated human activity. From the outset it was obvious that more than one research method would be necessary to capture this complexity. Observing the secure referral group offered the distinct advantage of allowing me to watch senior managers 'at work' discussing and prioritising cases. The way referrers were questioned by the group, the arguments made for securing young people taken by social workers and others, and the reasons given for accepting or denying a referral could all be examined first hand.

²⁰ For a full discussion about legislation and the decision making powers of the Children's Panel see chapter 2.

It is acknowledged, however, that observation is not an entirely 'pure' data collection method. I recognised that observations would be mediated by my subjective interpretation and that even my silent presence at meetings was likely to impact upon them (Hammersley and Atkinson 1983). Those in the secure referral group spoke about this at the beginning of the observation period and reflected on feeling acutely aware of the 'recorder' in the room. As the weeks went on they spoke about 'hardly noticing' me or my recorder; however, they sometimes asked for feedback or impressions at the end of meetings and I limited my responses to reflective statements in order to avoid influencing the views of the participants.

The reality is that observation always has a participatory element, even when researchers attempt to limit their impact. Silverman argues that maintaining an unsettling presence can be essential to good observational data collection methods because it causes respondents to be more reflective, which throws up more data for consideration (Silverman 1993). Several of the referral group members commented, without me prompting or questioning, that the experience of participating in interviews and being observed had made them think about the decision making process in new ways.

Audio recording the secure referral group meetings allowed me to transcribe them word for word. This also freed me up during the observation to focus on the context and unspoken dynamics of the meetings (Lofland and Lofland 1995). During my observations I recorded notes on:

- The atmosphere of the meeting (e.g. generally friendly and relaxed or tense and uncomfortable),
- The rapport between group members and cues about their relationships (e.g. some group members asked after children or family members by name or knew where referrers lived),
- The order in which topics were discussed and how strictly the agenda was followed,

- Non-verbal cues from group members and referrers about the input of others (so for example angry looks, etc.)
- Anything else of interest about the tone and tenor of the meeting and how people communicated verbally or non-verbally and any questions that the meeting raised for me about the case or the process of decision making

These notes were later written up into more detailed reflective memos about the meetings. I also recorded basic information about the cases discussed as a backup to the audio recording. (Please see Appendix 1). During analysis these notes and reflections were examined alongside the transcripts of the meetings and helped me to contextualise quotes and incorporate insights related to the tone of statements where this seemed to impact on its meaning.

In addition to these observations I interviewed each member of the secure referral group about their role within the group and their views regarding the factors impacting on decision making and secure accommodation. The group was comprised of six members: the Head of Secure Services, the Depute Principle (Care), a Senior Psychologist, the Unit Managers of two secure units, and a service manager from the study authority. Interviews were conducted in the last four months of the field work period. This was to allow me to become familiar with the rhythms of decision making within the group so that these could be discussed in more depth during interviews.

Interviews used in conjunction with observation, as has been done here, is a very popular approach within qualitative research (Silverman 1993, 1997). It makes good sense methodologically because it strengthens the overall validity of the data; instead of taking the respondent's view as the definitive explanation for things it seeks to corroborate views or attitudes through observation (Hammersley 1992). It is unsurprising that each individual within the secure referral group would see their role differently

and would highlight differences in the things that influenced their decision making.

It was also anticipated that what they said about their decision making and what happened in referral groups would not always match up. This was predicted at the start of the study as it is often the case that people's accounts or beliefs about how they do things do not always match with what happens in real life situations (O'Sullivan 1999; Schneider and Shanteau 2003). Combining the methods of observation and interviewing allowed me to explore beliefs and practices around decision making in a critical way.

The Chief Social Work Officer

Chapter 2 explained how the Children (Scotland) Act 1995 specifies that the CSWO for a local authority, alongside the Head of the Residential Establishment, has the final decision about whether to place a child in secure accommodation. For this reason understanding how they review and prioritise cases, who they consult in this process and how they see the decision making system working was important in understanding the statutory side of this decision making system.

In order to gain this perspective I interviewed the CSWO in the study authority in order to elicit his/her views on this role and the workings of the system. This interview was carried out at the very end of the field work phase to allow me to be as familiar as possible with the workings of the system and to raise questions about it.

Ethical Considerations

The criteria for ethical social science research which appear across a range of guidance²¹ and were adhered to in the conducting of this study are:

- Preventing harm to participants
- Ensuring autonomy, informed consent and confidentiality
- Promoting justice and making a positive contribution to knowledge (Alston and Bowles 2003: 21)

These criteria are inter-related, as the discussion which follows will show.

Before the fieldwork commenced the research proposal was scrutinised and approved by the University of Edinburgh's Ethics Committee and by the study authority research department according to their research access policy and procedure. As a qualified and Scottish Social Services Council (SSSC) registered social worker, I also worked within the Codes of Practice for Social Workers laid down by the SSSC (2003).

Preventing Harm

As chapter 3 showed, young people with an experience of secure accommodation have been assessed at one time or other to be some of the most vulnerable, 'at risk' and 'risky' young people in our communities. In order to protect these young people and other participants in the study from coming to any harm from being part of this research project I employed a range of strategies including: ensuring informed consent, protecting participant anonymity in the reporting of results, providing a 'thank you' to participants, and sharing findings (Homan 1991; Masson 2000; Birch et al. 2002).

²¹ See for example: the University of Edinburgh's Research Ethics Policy and Procedure, the British Sociological Association's Statement of Ethical Practice (2002), the Joint University Council Social Work Education Committee Code of Ethical Practice for Research in Social Work and Social Care (2009) and the Code of Practice for Research in Social Work Departments issued by the Association of Directors of Social Work.

The primary risk of harm to participants in this study related to any psychological distress young people could experience in speaking about the events that lead to them being referred to secure accommodation, how they felt about how decisions were made and the outcomes of the decision making processes. To minimise any risk of psychological harm and ensure informed consent all participants were provided with accessible written information about the purpose of the study and what it required of them, the limits of confidentiality, their rights, and contact details on how to reach me (Alderson and Morrow 2004; Mauthner et al. 2002) (see Appendix 5 and 6).

As has already been explored, advice was taken from social workers or key workers involved with the young person about his or her present state of mind and how any discussions might affect them. Only young people who social workers felt were in a stable enough place practically and psychologically were approached to participate in the study. This decision may have skewed the sample of cases towards those with less difficult backgrounds and situations but the best interests of the young people were put before considerations of representativeness.²² It was felt minimising harm was more important than ensuring rights to participation and this was felt to be a justifiable limitation of the project design.

Young people who professionals were happy for me to contact were contacted by phone or through their social worker or key worker, who went over their informed consent form with them before the interview. Social workers or key workers were available to join the interviews to support young person if he or she wished (Miller and Bell 2002). The limits of confidentiality were also clearly stated at the beginning of all interviews

²² There were three young men who were potential respondents whose social workers specifically contacted the researcher to warn against them being approached for the study because of the traumatic circumstances surrounding their referral to secure.

(Homan 1991; see also the information leaflet provided, Appendix 5, and consent forms, Appendix 6).

Care was taken to ensure that young people and other participants were put under no pressure to participate in the research and were well informed about what the research would entail (Masson 2000; Tisdall et al. 2009). I was acutely aware that some of the young people and workers who would be invited to take part in the study would know me as a locum residential worker or from my previous role as a social worker in the study authority. Coy (2006) has explored the additional ethical dilemmas that can arise from negotiating a practitioner and researcher identity. Unlike Coy's (2006) situation, I did not have lead responsibility for any of the young people interviewed. However, it is undoubtedly the case that, like Coy (2006), knowing some of the young people before the research began may have made some of them more or less likely to consider taking part. This was because I was not a stranger to them and in some cases there was already a well established rapport with them.

In total four of the eight young people who took part knew me as a locum residential worker prior to taking part in the study. However, it was clearly emphasised by me and by their social workers that they were under no obligation to take part and that their decision would in no way effect my attitude toward them while I was doing locum shifts in the unit.

Young people were offered a 'thank you' for taking part in the research in the form of two cinema vouchers to the value of £10.00. It is increasingly recognised in research with young people that their expertise and time should be acknowledged in a concrete way with payment or a thank you gift for participation, in the way that adult respondents usually are (Hood et al. 1996; Coy 2006;). The value of this thank you was modest to

try and ensure it was not the only reason for young people taking part in the study.

The timescales of the research were explained to all participants and they were advised that feedback about the findings of the study would likely be years after their participation. It was explained that due to the long term nature of the research project a findings briefing would only be distributed once the PhD dissertation was examined. It was explained that this would be sent to all of the key agencies whose staff had participated and briefing sessions would be offered to those in secure services. All participants were given my contact details at the University of Edinburgh and a mobile number so that they could follow-up on the progress of the study or withdraw from the study at a future date if they wished.

A further ethical consideration of this study was the sensitivity of the topic of secure accommodation and social work; it was felt that this was the main harm that might result for professionals taking part in the study. Secure accommodation is an emotive topic of interest to the media, with local papers regularly running stories about young people 'running riot' who, in their view, should be 'locked up' (see for example The Evening News 23 March 2009). I was acutely aware of this climate and keen not to perpetuate stereotypes of young people which could fuel this kind of unhelpful media coverage. Additionally, social work is a profession that receives primarily bad press coverage (Franklin and Parton 2001). It was recognised early on that findings presented insensitively or without sufficient contextualisation could do damage to the profession and to the local secure service. This risk of harm was countered by carefully reflecting on the writing up of the findings to ensure fairness and careful consideration will also be given to the dissemination of findings.

I also took care to safeguard myself during the fieldwork phase. I kept a diary of the dates, times, and locations of planned interviews and ensured that on the day of interview someone was apprised of where I was and when I would be expected back.

Autonomy, Informed Consent and Confidentiality

All participants who took part in this study, including those being observed at the secure referral group, signed an informed consent form.²³ This was to ensure autonomy and choice about whether to participate in the research were respected. For those being interviewed the form was fully discussed prior to the interview and again at the beginning of the interview which explained confidentiality, how information would be used and stored and the participant's right to withdraw from the study at any time (see Appendix 6). Two copies of this form were signed by the participant and me; I kept one for my records and passed on the other to the participant. In the case of the young people a copy was also placed in their social work file or residential care file.

For those being observed the informed consent form was discussed and signed immediately before the meeting being observed and participants were advised that I did not have to be present if this made them uncomfortable in any way. For the focus groups the consent form was forwarded to the unit manager of each residential unit at least a week prior to the focus group so that it could be discussed with the staff participating.

In line with the Data Protection Act 1998 participants were informed that information disclosed during interviews, focus groups, observations or gathered from files would be kept confidential and stored in a secure place

²³ A discussion of consent to young people's participation in the study is presented earlier in this chapter.

until after the examination of the PhD. They were advised that any personal data or identifying details linking them to the research would be destroyed after this point and that the findings would be anonymised to protect their identity and privacy. Due to the small number of young people participating in this study, some of the more sensitive details relating to cases have been left out of the discussion. This was to ensure that young people could not be identified by readers of this study. Additionally some details relating to referrers and other adult participants have also been removed or disguised to protect their anonymity.

It was explained to participants that if information disclosed raised concerns about harm coming to them or someone else then information might have to be passed on to the relevant agency which could include social work or the police (Tisdall et al. 2009). However, participants were advised that this action would only be taken after discussing concerns with them first. As it happened, such a situation did not arise during the course of this study.

Justice and Positive Contribution to Knowledge

Justice in research can be understood as fairness in the way that research is conducted (Alston and Bowles 2003) but also as the attempt to forward the aims of social justice for marginalised groups in society by helping their perspectives to be heard by a wider audience including policy makers (Shaw 2007). This research promoted the ideal of justice in three key ways: by seeking to involve young people and their families in the research; by designing the research questions in a way that was intended to ensure some findings that would be relevant to both policy and practice; and by

disseminating the research findings to relevant policy makers and practitioners²⁴.

The research review and research questions outlined previously demonstrate that this project has been planned and developed in such a way that it will make a positive contribution to knowledge, and therefore has been a worthwhile use of time for participants and for me.

Data Analysis

As we have already begun to see through the policy and literature reviews and in the discussion of approaches to decision making earlier in this chapter, secure accommodation decision making is a complex, multi-layered activity. This study sought to understand the workings of one local secure accommodation decision making system by treating this system as a case study and employing a range of data collection methods to understand this case. The data analysis by necessity also had to employ a range of strategies.

For the quantitative data collected in the initial survey phase of the field work the primary data analysis approach was to utilise the Statistical Products and Services Soft-ware, commonly known as SPSS, to compare and examine frequencies across the sample.

For the qualitative data analysis a number of related analytic strategies were used. I devised a range of what Miles and Huberman (1994) call 'start codes' to help me focus my analysis and extract findings from the various data sources which included interview transcripts, observation transcripts, focus group transcripts and questionnaires. Broadly speaking a thematic analysis was employed where 'the analyst looks for themes which are present in the whole set of interviews and creates a framework of these

²⁴ This dissemination work is planned after the examination of the PhD and will include publication of academic journal articles, a research briefing event, conference presentations, and a short research findings paper sent out to key stakeholders.

for making comparisons and contrasts between the different respondents' (Gomm 2004: 189).

The codes created were grouped by themes as they related to the identified research questions, while others were developed on the basis of insights from previous research, which suggested factors in the individual and the organisational context are significant to decision making. Others emerged from the data through a process of continuous review and analysis of the data such as is more typical in a grounded theory approach (Gomm 2004; Silverman 1993; Strauss and Corbin 1997).

I developed a system of word documents for different codes to organise my data. Initial coding began while I was transcribing the data and was further refined through memo writing and re-reading. The coded extracts were then printed out and cross referenced with other codes to further refine relevant themes.

Generally speaking the huge volume of data collected meant that the analysis focused on the themes that appeared most frequently across all of the data, which not surprisingly related closely to many of my interview questions. However, as the key themes began to emerge (e.g. the impact of systems on communication, the influence of resources, the importance of ideas about risk, etc.) evidence which did not fit with these themes was also sought and in the discussion I have tried to highlight areas where respondents had differing perspectives.

In many ways the analysis of the Secure Referral Group was the most difficult because I could not check out with respondents if I had understood what they were saying and what this meant. However, by writing reflective memos about these meetings and listening to the recordings of these meetings repeatedly during the transcription and analysis phase I do believe I was able to reach an understanding about what the priorities were for

different decision makers in these meetings. Some of these were also verified through interviews. The seven and a half month period of observation also meant I had enough time to observe a range of different meetings. This allowed me to see that each meeting had different features, although common priorities did connect them.

As is common in research some participants are more articulate or detailed in their responses than others. In choosing quotes and developing my analysis I reflected on whether I was giving more emphasis to these perspectives than others. Where I felt I might be doing this I sought to counterbalance this by returning to some of the other participant transcripts to check out if their comments offered an alternative perspective which I was not representing and I incorporated this into my emerging synthesis (Gomm 2004).

Interpreting the findings also required reflexivity on my part (Hertz 1997). As a social worker and a residential worker I had insider knowledge and firsthand experience of the systems and organisations I was trying to understand. I also identified with many of the dilemmas faced by referrers who were deeply concerned about the welfare of the young people who they were referring to secure accommodation. This brought advantages in understanding the context and some of the constraints and stresses faced by participants; however it also meant that I needed to be careful not to rely overly on this knowledge base and make assumptions about what was going on. Memo writing and reflecting on my findings with my supervisors was helpful in this process and helped me in identifying and countering biases analysis (Hammersley 2000). In the findings chapters I have tried to be open about instances in my data collection or analysis where I am aware that my own bias may have influenced the process.

Conclusion

The findings presented in the next chapters represent data collected over a nine month period in one large urban local authority area in Scotland. As this chapter has shown, this study employed a case study approach in which the local decision making system for secure accommodation was the case study selected. As is common with a case study approach, multiple methods of data collection were used.

By seeking so many varied perspectives using a range of research methods it was hoped a holistic focus could be retained. However, problems in gaining access to some respondents meant that some of the areas of the system could not be explored in depth. In particular understanding the views of the Children's Panel members was limited by the necessity of using questionnaires rather than focus groups. Also fewer young people, families and social workers were spoken to than was originally planned.

Despite these disappointments the mixed methodology employed meant there were opportunities for weaknesses in one area of data collection to be compensated for, at least to some extent, by other approaches. In particular, the observation of secure referral group meetings turned out to be a very rich source of data which allowed me insight into the day-to-day realities of secure accommodation decision making and the views of a range of referring professionals. The addition of focus groups with residential workers also brought insights that had not been initially anticipated and this perspective offered an important additional angle on the roles, responsibilities and pressures on decision making.

Chapter 5

Who Decides? Roles, Responsibilities and Relationships in Decision Making

Introduction

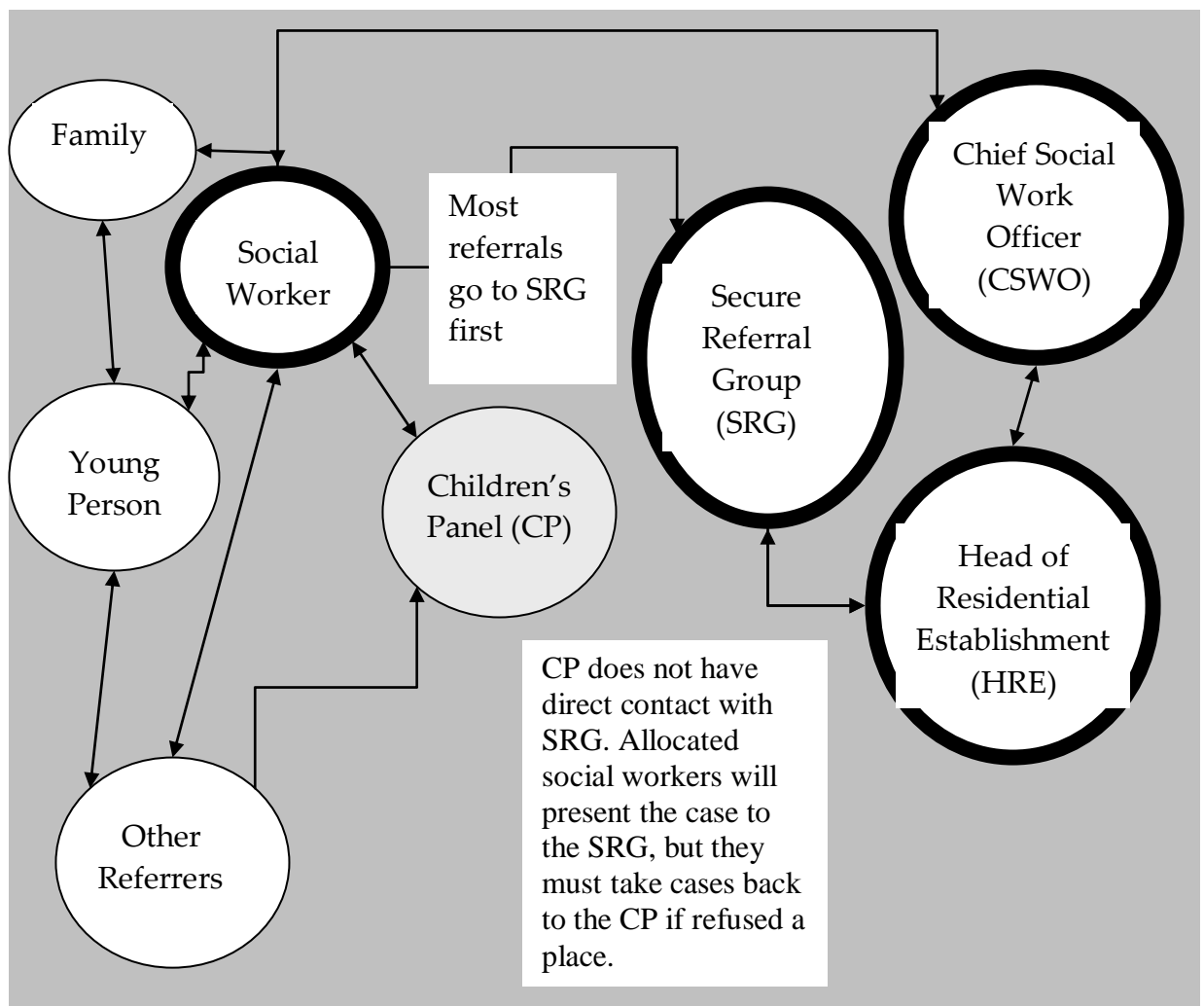
This chapter is the first of five findings chapters which are, broadly speaking, attempting to better understand: the workings of one local secure accommodation decision making system; the roles, responsibilities and relationships of key stakeholders in that system; the characteristics, backgrounds and behaviours of young people caught up in the system; and the factors and concepts that influence decision making.

This chapter will examine what this study found out about the complexity of the decision making system. It will outline the roles and responsibilities of key positions in the system and will explore the views of different respondents about each other's roles and responsibilities. It will go on to look at the more informal links that exist within the decision making system. The final section of this chapter will outline the recommendations made by respondents about how the system for decision making could be improved.

The Decision Making System

This study focused on referrals to secure accommodation through the community and the Children's Hearing system, which, as we saw in chapter 2, is where most referrals to secure accommodation come from. The process for young people placed in secure through the courts is a different one²⁵. The diagram below shows the individuals and organisations involved in the system. Those highlighted in dark black operate within the study authority and individuals are employees of the study authority, although positions held are within different sections and departments of the authority.

Figure 1: The Local Decision Making System



²⁵ See Chapter 2 for full discussion.

As this diagram shows with the darkened circle around the social worker, the formal decision making process usually begins with the allocated social workers who are required, by study authority procedure, to make the referral for a secure bed using a form provided by secure services. How social workers get to this decision will be discussed in more detail shortly; first, however, it is important to get a sense of the different patterns for moving a referral through this decision making system.

Social workers who feel a young person needs to be placed in secure accommodation can take this forward in several ways. They may first discuss this at a Children's Panel and request that the Children's Panel place the child on a place of safety warrant and then refer him/her for placement in secure, which is agreed if the CSWO and HRE feel he or she meet the criteria set out in section 70 (10) of the CSA Act *and* a bed is available.²⁶ Or the social worker can request that the Children's Panel alter the child's supervision requirement in order to allow them to be placed in secure accommodation; this condition is discretionary and must still be agreed by the CSWO and the HRE. In 5 out of the 15 observed secure referral discussions referrers sought secure authorisation from a Children's Panel before taking the case to the secure referral group. In 2 out of 15 cases Children's Panels made secure authorisations against the recommendations of the social worker, who then was obliged to refer the cases on to the secure referral group.

The other route that social workers may take is to first refer the case to the secure referral group which is a team of six senior professionals including the HRE and three other secure services managers. The secure referral group (SRG) review the case and make a recommendation about whether or not the young person should be placed in secure accommodation. This then needs

²⁶ For a detailed discussion of the legislation relating to secure authorisations see Chapter 2.

to be agreed by the HRE and the CSWO, who meet regularly in a private meeting to discuss the cases that the secure referral group have approved for a placement. During the observation period 7 out of 15 cases were progressed in this way.

The social worker can also refer the child to be placed on an emergency basis in secure accommodation providing the CSWO and HRE feel the child meets the secure criteria.²⁷ This happened with one case during the observation period. If this happens the case may not be discussed by the secure referral group, although often it is still discussed as a way of developing the assessment of the young person and considering if his or her placement should continue. In one observation a case was moved out of secure and into a closed support unit after the secure referral group discussion because the emergency placement was felt no longer necessary.

As this overview shows, the most common pattern in the study authority was for social workers to refer the case to the secure referral group first. The HRE recommended that social workers do this and some social workers said they did this because they felt it was best to secure the resources, which was seen as the role of the secure referral group, before going to the Children's Panel. Respondents reported that Children's Panels almost always agreed these decisions; for this reason the Panel was seen as less important than the secure referral group for getting a young person placed in secure accommodation.

Before examining each of these decision making roles in more detail, it is necessary to say something about the organisations and hierarchies within this decision making system.

²⁷ If a child is placed in secure accommodation on an emergency basis the local authority has to refer to the case within 24 hours of making the placement to the Children's Reporter who must arrange for a Children's Hearing to review the case within 72 hours (Scottish Office 1997).

Organisations and Hierarchies

As illustrated in Figure 1, the study authority is the main organisational player in this local authorities' secure accommodation decision making system. Individuals within this organisation do, however, have different roles and responsibilities and work for different services; each of these services has distinct functions. As the table below shows, many of those involved in secure accommodation decision making work within secure services and have responsibilities towards the staff working there and the young people already placed there.

Table 6: Decision Making Roles

Role or Organisation	Source of Decision Making Authority	Responsibilities	Accountable to . . .
Chief Social Work Officer (CSWO)	Children (Scotland) Act 1995 Decisions can be made on an emergency basis with agreement of HRE, decision must go to CP within 72 hours.	A range of lead management functions within the study authority (see Scottish Government 2009d) Takes final decision in relation to a range of social work matters, including adoption, secure accommodation, guardianship and staff registration with SSSC.	Chief Executive of the Study Authority

Role or Organisation	Source of Decision Making Authority	Responsibilities	Accountable to . . .
Head of Residential Establishment (HRE)	Children (Scotland) Act 1995 Decisions can be made on an emergency basis with agreement of CSWO, decision must go to CP within 72 hours	Manages the secure services. Takes final decisions on secure admissions.	Head of Service within the Study Authority
Secure Referral Group (SRG)	This group was set up by the study authority as part of their internal procedure for dealing with secure referrals.	The group is composed of six people, four of whom work for the secure service, whose function is to look after the young people already in secure. The remaining members also work for the study authority. One is a service manager and the other is a Psychologist for the study authority.	The group is chaired by the Head of Secure Services and the three other secure service staff involved are accountable to the Head as their line manager. ²⁸ However, the group as a whole is not accountable to any one person.

²⁸ The two SRG members from outside the secure service have line managers in different parts of the study authority.

Role or Organisation	Source of Decision Making Authority	Responsibilities	Accountable to . . .
Children's Panel ²⁹ (CP)	Children (Scotland) Act 1995 Secure accommodation decisions made by the CP are discretionary and do not have to be implemented by local authorities	Broad aim is to make decision which will promote the welfare of children and young people (see Chapter 2)	Children's Panel members are lay volunteers who are appointed by Scottish Ministers. Appointments are reviewed every three years. ³⁰
Social Workers	Children (Scotland) Act 1995 outlines duties which local authorities have to assess and provide support and advice to children and families in need. These functions are often carried out by statutory social workers employed by the local authority.	Statutory social workers will have responsibilities to a case load of children and their families. Allocated work will include child protection and placement of looked after children.	Responsible to Senior Social Worker or Practice Team Manager, who is responsible to the Service Manager. All social workers must also be registered with the SSSC and must abide by its Code of Conduct ³¹ .

²⁹ The Children's Hearing system is tribunal system in which Children's Panels made up of three lay volunteers from the community consider the cases of young people for whom compulsory measures of care may be necessary. The system is run by the Scottish Hearing Administration in conjunction with the Scottish Reporters Administration. See chapter 2 for further detail.

³⁰ Appointments are only made on the recommendation of the Children's Panel Advisory Committee (CPAC) who conduct thorough recruitment and training for all Panel members whose appointments are reviewed every three years (Scottish Government 2008f).

³¹ Registration for social workers became a legal requirement in September 2005 and was introduced by Regulation of Care (Scotland) Act 2001.

Not surprisingly this study found that individuals were influenced in their decision making priorities by their role and responsibilities. The CSWO and the HRE both had significant management responsibilities for large teams of staff. The CSWO was tasked with making decisions about secure placements but also had to keep a view across a range of services and was involved with other statutory decisions such as adoption.

The HRE and fellow managers from that service had the responsibility to consider incoming referrals; the HRE also had ongoing responsibility to the young people already in secure accommodation as well as to the staff team who he managed and whose job it was to look after the young people on a day to day basis.

Social workers spoke about their focus on the needs of individual young people who were on their case load; this often required juggling a range of challenging situations and decisions at the same time.

The Children's Panel was the only decision making forum within the system that could truly consider one case at a time, without the needs of other cases or staff competing for their attention.

These competing demands on decision makers within the system were highlighted by individuals themselves in interviews, and were also highlighted as they considered the role of others in the decision making system. These views about the roles and responsibilities of different individuals will be explored as the chapter progresses.

It is also important to recognise that organisational hierarchies and management responsibilities have a role to play in the decision making system. Significantly the HRE is below the CSWO in the organisational hierarchy; although he is not line managed by the CSWO, his line manager is. When asked, neither of these individuals felt this played a role in decision

making and yet the way they described their role in decision making reflected their positions within the hierarchy. The CSWO emphasised that her decisions were really final, whereas the HRE described the two of them having to agree on a final decision.

Comments made by another member of the secure referral group also suggested that relationships with management had influenced the development of the secure referral group, who were established in part to re-balance the power to make secure accommodation decisions within the study authority:

There are two parts about how this all evolved. One part was that there was an external force. The external force was that us as managers, X as principle, had a conflictual role with senior managers within the department because of their view of having total autonomy to place children in secure care. Where X's view and certainly the managers' view here is that basically we have an equal status within the decision making process and it has to be in agreement because of what is based and what is written in the law. And the external senior managers didn't like that and always wanted to have the final say, so there was a tension there. And that tension has only latterly been resolved with X becoming our service manager. . . So I think our scrutiny, stroke, gate-keeping process had to professionalize because of that tension and having to justify why we were saying no to some of the young people that managers were saying you should take that kid, just take them. (Interview SRG Member 1)

This quote suggests that despite the statutory power placed on the HRE, hierarchical structures within the organisation were undermining this. Staff in secure services developed the model of the secure referral group in order to bolster their power through the HRE.

As this quote explains and several other members of the secure referral group commented, this shift in power eventually led to a shift in the kind of referrals that were accepted. In particular several respondents highlighted a move away from high tariff young male offenders, to a more

mixed group of young people with more young women being admitted to secure accommodation. One respondent said that this shift in the kind of young people admitted to secure had made the units easier to manage, safer for the young people placed there, and alleviated some of the stress on secure staff.

Organisations, Resources and Constraints

As we saw in chapter 3, a key component in understanding how the system impacts on social work decision making is to identify the resources and constraints faced by individual decision makers in particular organisations (Munro 2005). The literature review also revealed that the uneven distribution of secure accommodation resources in Scotland has had a significant impact on the use of secure accommodation for many years with particular geographical areas using far more secure placements because of their close proximity to the resource (SWIA 1996; Walker et al. 2006).

As we saw in chapter 4, the study authority uses more secure accommodation than many other local authorities in Scotland. Most respondents higher up the decision making hierarchy including secure referral group members, the HRE, and the CSWO felt that the availability of secure accommodation resources in the study authority made them more likely to be used and were concerned about this. However, those further down the hierarchy who were trying to access this resource including some social workers, most residential workers and nine of the Children's Panel Members held the view that there were not enough secure resources in the study authority.

The differences in perspective about resources may have something to do with the individuals' positions within the decision making system. Those with wider responsibilities for managing resources were also on the

receiving end of a number of referrals at any one time. The nature of their position meant they could not simply consider each referral in isolation.

I recognise the opportunity cost of offering a place to this young person with that threshold means that another young person that might turn up tomorrow with a higher threshold won't have that place. (SRG Member 2, Interview)

This quote illustrates the dilemma of resource allocation. Who needs which resource changes from day to day and once limited resources are used then there will not be more available for a while.³²

Social workers, residential workers, secure referral group members and Children's Panel members all identified that the question of other demands on resources at any given time might be of importance to decision making. Residential workers and social workers felt that because the availability of resources was always shifting, secure accommodation decision outcomes could feel like a matter of luck. The view expressed by this assistant unit manager was fairly typical:

I still feel to some extent that it is very much a raffle with the secure panel. You might be going along there any given day of the week with a kid whose behaviour isn't maybe very extreme but because there are maybe beds becoming available you get a place. . . You could go back with the same kid a month, two months later and the place is choc a block and the tariffs have been pushed up and that kid is just not going to get a place. The same kid with exactly the same people on the panel, they will then come back to you with assessments about why the kid isn't a risk enough to meet secure criteria. (Second Focus Group)

This respondent highlights the view of residential workers and many social workers that the risk assessment and secure criteria used to make decisions was variable to change based on the availability of resources. Several of the secure referral group members also acknowledged this, saying that when

³² Most placements in secure accommodation last between two and six months (Scottish Government 2009b)

there were empty beds they might be more likely to place lower risk young people than at other times.

Children's Panel members were very concerned about the issue of secure accommodation resources with nine mentioning this specifically and two mentioning the placement of young people in other authorities due to a lack of placements in the study authority. The Senior Children's Reporter interviewed for this study was concerned about young people being placed in secure units out-with Scotland, pointing out this could be particularly hard on the young people.

Although the issue of resources was usually discussed in terms of secure beds, social workers and secure referral group members also highlighted how the availability of other resources such as residential school placements or specialist foster care placements could impact on the demand for secure resources. For example, one respondent from the secure referral group felt that a lack of residential school placements for young women in the study authority had put more pressure on the local secure units to meet the needs of young women, who might have been placed in residential schools in other parts of the country. This was also highlighted in several secure referral group discussions and interviews where social workers spoke about wishing there was a specialist foster carer or a residential school placement instead.

The issue of resources and decision making was an uncomfortable one for several respondents who highlighted the need for social work to be 'needs led' rather than 'service led' (Axford et al. 2009; Percy-Smith 1996). Several decision makers wanted to emphasise that their decisions were made on a criteria that related to need and risk, and this was not about resources.

I would like to try and adopt a purist view which is either a young person meets secure criteria or they don't and that is the first issue and

then it is about resources available to them. (SRG Member 5, Interview)

However, all respondents, even this one, acknowledged that this was a challenge given the variable demand on resources.

We will now turn to a more detailed examination of the roles of different decision makers, keeping in mind some of these tensions around roles, responsibilities, organisational hierarchies and resources.

Social Workers

This study found that social workers are crucial to the process of secure referral. When this research was carried out the delivery of social work services in the study authority was organised around practice teams which served a particular geographical area, ensuring statutory responsibilities for assessment and service provision for children in need and looked after children were met (Scottish Office 1997). Allocated social workers, in consultation with senior social workers or practice team managers, were expected to take lead responsibility for referring a young person for a place in secure accommodation.

The HRE and others on the secure referral group explained that this procedure had been developed because of problems in the past with unallocated cases being referred to secure. They explained that without an allocated social worker the secure referral group could not be sure all alternatives to secure had been explored or if the young person's views about the referral had been explored. If the young person was placed in secure, they found the lack of an allocated social worker undermined the success of the placement and delayed planning for post secure placements. This is supported by findings from Walker et al.'s (2006) study which identified

good post placement planning as crucial to positive long term outcomes for young people released from secure.

Social workers explained that decision making at the level of the area team was not something that was done in isolation. It involved discussion with senior social workers and practice team managers and often involved a range of other services involved with young people including health providers, residential unit staff and education staff. They also explained that they involved other decision making forums, such as looked after children review meetings, before making their referrals. In 6 out of the 15 observed case discussions referring social workers also spoke about how they had participated in other professional meetings before making the decision to refer to secure.³³ All of the social workers explained that they also involved young people and their families in discussions.

Several of them explained that the purpose of involving these services in discussions was to ensure an in-depth assessment and to facilitate the consideration of other options. Individuals from these organisations were then often invited to join the social worker in presenting the referral to the secure referral group. The table below shows the range of professionals who were present at the secure referral meetings during the period of observation.

Table 7: Professionals Present at Secure Referral Discussion

Discussion Number	Number and Type of Professionals Present	Total Number of Referring Professionals Present
1	1 Senior Social Worker 1 Social Worker 2 Youth Justice Workers	4
2	1 Social Worker	3

³³ Examples of other meetings held include: Looked After Children Reviews, Child Protection Case Conferences, and Pupil Support Meetings.

Discussion Number	Number and Type of Professionals Present	Total Number of Referring Professionals Present
	1 Head of Residential School 1 Assistant Unit Manager (Open Unit)	
3	1 Youth Strategy Worker 1 Senior Social Worker 1 Senior Youth Strategy Worker	3
4	1 Social Worker 1 Residential Care Officer (Open Unit) 1 Senior Social Worker	3
5	1 Social Worker 1 Senior Social Worker	2
6	1 Social Worker 1 Senior Social Worker 1 Residential Care Officer 1 Youth Justice Worker	4
7	1 Social Worker 1 Mental Health Worker	2
8	1 Social Worker 1 Mental Health Worker 1 School Support Worker 1 Youth Justice Worker	4
9	2 Residential Care Officers (Residential School) 1 Social Worker	3
10	1 Residential Care Officer (Open Unit) 1 Residential Unit Manager (Open Unit) 1 Senior Social Worker	3
11	1 Social Worker	1
12	1 Social Worker	1
13	1 Senior Social Worker 1 Social Work Practice Team Manager	2
14	1 Social Worker	3

Discussion Number	Number and Type of Professionals Present	Total Number of Referring Professionals Present
	1 Residential Care Officer (Open Unit) 1 Drug and Alcohol Support Worker	
15	1 Social Worker 1 Assistant Unit Manager (Open Unit)	2
Total number of professional referrers during SRG observation		40

In all but three of these cases the referral paper work was filled in by the social worker or senior social worker from the practice team. This suggests that during the study period social workers in the study authority did, by in large, work within the procedures set down by the secure service and take the lead responsibility for secure referral and for gathering the information to present to the secure referral group and the Children’s Panel.

In five out of the fifteen observed case discussions social workers and senior social workers were both present at discussions. This shows a big commitment of time from these practice teams to engage with what they perceive to be a key decision making forum.

There were only two discussions where secure referral group members commented on social workers being ill prepared; in these cases social workers failed to bring the range of information requested and did not seem to know what the secure criteria were. In one such meeting the social worker asked that the secure criteria be read out to her. At the end of this meeting one of the SRG members said he would phone the practice team manager to discuss the lack of support and preparation evidenced by this social worker.

The general picture that emerged from interviews with social workers and observations of referral meetings, however, was that social workers took considerable time and often agonised about the decision to refer a young person to secure accommodation. This is illustrated in the following quote:

We [the practice team] don't make this decision lightly to go for secure, it is always the very last resort. It is not something I know in this office that gets done often. We are always looking for alternatives, and it is a genuine dread if we have to refer to secure.
(Social Work 1, Interview)

This social worker went on to explain that her dread about referring to secure had to do with it being such a hard resource to access but also about it being such a serious step to take to deprive a young person of his/her liberty.

Time and pressures from other areas on their workload were mentioned by all the social workers as something that complicated their involvement with the secure accommodation decision making system. They explained the range of activities required of them to move a secure referral forward, which included: meetings with other service providers, filling in long referral forms, updating assessments for the Children's Panel, meeting with young people and their families, consultation with their manager and often with other senior managers, and presenting the case at the secure referral group. They felt they did not always have the time they needed to negotiate the different aspects of the decision making system and that this meant that other cases suffered or the process of referral was delayed. The senior social worker interviewed also explained that it was necessary to have a careful strategy, which included not referring cases too early, to ensure the best chances of a secure placement.

When asked who was involved in the decision to refer them to secure all of the young people identified that their social workers had been involved. Six of them also listed other key professionals, such as their key

worker from the residential unit and support staff from mental health services, as important in helping their social worker to make the decision. All but one young person felt that social workers and others should have done more to try and understand how they were feeling at the time of referral to secure. Two young people felt the timing of the referral by their social worker had been too slow, while three felt they should have had more warning and been given further chances before they were referred to secure. Two young people felt the timing had been about right.

One young person felt more people should be involved in the decision making process. This suggests that young people may not always be aware of the level of consultation going on between professionals. Three of the young people interviewed said their family had wanted them to be placed in secure and they were aware that their family had told the social worker this. Two said their parents had been against the decision and one did not have any family involvement at all at the time of referral.

The one parent interviewed for the study felt that the social work practice team had not taken a sufficient lead in the case. This study found that families have minimal involvement in secure accommodation decision making because they are often involved with their children's lives in a limited way. However this case was very different as the parents had played an active role in seeking secure placement for their daughter; this is what the mother had to say about the decision making process from her point of view.

Mother: The social work, they are the ones I blame cuz they never done anything. The night that my husband had to restrain her, the police actually said she needed a bed [in secure] but the social work weren't going to give one. They didn't think she warranted a bed.

Researcher: What do you think about the decision making now?

Mother: Well I am happy about it now because we got what we wanted, well not what we wanted but what X needed [a place in secure].

Researcher: What do you think could be improved?

Mother: Nobody seemed to listen to us. In my situation I feel if the social work department had listened to us earlier on she wouldn't be there now. (Parent, Interview)

In this situation the family fought for almost a year to get their daughter a place in secure accommodation. Like the young people in this study, this parent felt she was not listened to and that because of this the situation escalated over time. This parent was positive about the service her daughter received in secure but felt the process to get there had been unfair on her and her family.

This mother went on to explain how her family became so frustrated with the social worker and senior social worker involved in the case that they spoke directly to the CSWO until a place in secure was provided. This mother felt that more parents should be informed by social workers about what the decision making system is so that they can put their requests directly to those with decision making power.

Residential officers, whose views were gathered during focus groups and individual interviews, also highlighted the crucial role of social workers in the secure accommodation decision making system. In both focus groups workers talked about times when the views of social workers and residential staff about the need for secure were different. In both discussions residential workers felt social workers sometimes took longer to see the need for secure; they felt this was because they were not dealing with the day to day consequences of the young people's behaviour in as immediate a way as the residential workers. This sentiment is reflected in these two quotes, both from different focus group meetings.

Assistant Unit Manager: At one point I felt the social worker was making up the mind of the panel. I have always resented the idea that we [residential workers] don't know what the secure criteria

is. I know what the law is and what the secure criteria is. But different people in different positions think they know that better. (Second Focus Group)

Residential Worker 3: We want to be respected at secure referral meetings and taken seriously. We feel like we have to 'plead' and nothing happens. (First Focus Group)

However, some residential workers also spoke about times when social workers were very responsive to their concerns and were quick to make the referral to secure; some residential staff felt it depended on the social worker's view of secure accommodation.

HRE and Secure Referral Group

This study found that the Head of the Residential Establishment (HRE) and the secure referral group (SRG) had a crucial gate keeping role in secure accommodation decision making. An understanding of this role was developed through the period of observation and through individual interviews. The observed pattern for the secure referral group meetings was for the discussion to follow four phases. Phase one was where the bulk of the risk assessment discussion took place. Referrers were asked to describe the reasons for their referral and the range of concerns they had about the young person's behaviour. The panel would ask questions to draw out further information and try to quantify the level of certain behaviours, e.g. how many times has the young person run away in the last month? How frequently is the young person self-harming and what kind of medical treatment has been required after these incidents?

The second phase of the discussion required the referrers to outline what the aims of a placement in secure accommodation would be, if such a

placement were granted.³⁴ In the third phase of the discussion the panel asked referrers to outline what the plan would be for moving the young person on from secure if they were given a place.³⁵ In the fourth and final phase of the discussion the chair, which was always the HRE if he was present at the meeting, asked each member of the group to give their decision about whether the young person being discussed should be offered a place in secure. There did not seem to be a particular order for secure group members to present their opinion except the chair would always save his views for last.

When the HRE was asked to describe the responsibility of the group he said:

I think this is a kind of grey area, black and white in other regards. I mean, it is my decision at the end of the day. It is about drawing out people's opinions and having an informed decision. Which is why it is really helpful when people [in the secure referral group] don't agree at times or have different slants on things or come with other ideas, because otherwise I might as well just do it on my own . . . so I think that is my main responsibility to help the group in terms of the questioning and summing up but ultimately make the decision and be clear at the end. That is why ultimately there are other roles but when it comes to the summing up at the end I am the one that delivers that.
(SRG Member 5, Interview)

³⁴ This would typically include things like: further assessment, provision of a safe and containing environment, the chance to link the young person into a range of therapeutic supports. Referrers were often asked to explain how they thought the young person would engage with the supports that would be made available to them in secure accommodation. Chapter 8 will explore how ideas about what secure might offer a particular young person influenced the decision making process.

³⁵ Here the panel would be looking to see if social workers or others had identified a future placement resource such as a residential school or, if the plan was to return the young person to their previous placement, whether this was feasible. The HRE described this as an important part of the discussion because of the limited time scale for secure placements. He described times in the past where moving young people on from secure was delayed due to a lack of forward placement planning. He explained how he now insists that this issue is discussed at referral to try and avoid this happening.

The group is described here as having a supportive function: it helps the HRE to make his decision. He recognises the gravity of these decisions and the huge responsibility of his role and suggests that working with others in the secure referral group helps him to think about cases more carefully. In his answer, however, he emphasises that the final decision making authority lies with him.

Another role for the group as described by group member four was to help to defuse the anxiety around decision making that sometimes clouds professional thinking. She describes it this way:

Decisions about secure accommodation are so often driven by anxiety, it is really crucial that you do have some kind of forum where people can be as dispassionate as they possibly can. And really think about it. I mean I was struck for example by that discussion about X where the outcome was different from the professionals' meeting because some of the anxiety had been absorbed. So it was possible to think a bit more broadly about his needs and so I think that, and it's not a criticism of the hearing [Children's Hearing], but they are in the thick of the anxiety about somebody's behaviour and risky behaviour and so on and I don't think it is the right time [for decision making]. I don't think it [the Children's Hearing] should decide on its own.
(Interview SRG Member 4)

SRG Member 4 is distinguishing the secure referral group meeting from the Children's Hearing in suggesting that the secure referral group process is less driven by anxiety. SRG Member 4 went on to explain how she felt this partly had to do with not involving young people and their families the way the Children's Hearing does. All of the group members felt this lack of involvement with families and young people was appropriate because it allowed the professionals to have a more full discussion about all of the various options and practicalities. However, in all secure referral group meetings social workers were asked to comment on what the young person's views were.

All of the SRG Members felt that gate-keeping and prioritising cases was also part of their remit. As we have already discussed in the previous sections, this required considering the range of cases waiting for a secure placement at any one time, as well as a consideration of the mix of young people already in the secure units. In secure referral group meetings social workers and other referrers were always asked to give an account of what alternatives to secure accommodation had been considered and why these alternatives had been ruled out.

Three of the social workers who were interviewed for this study felt that the role of the secure referral group and the decision making criteria used by the group were not always clear. This sentiment is illustrated by this the following quote:

Everybody acknowledged the risks around the table, in terms of health, mental health, physically, educationally. I just kind of felt that although they acknowledged all the risks they didn't give me any of the reasons for why they were not offering her a place. I did ask for their reasons in writing and they kind of looked at me, this was so if I did refer anywhere else I could kind of say we did try this. But I didn't get any response from that. (Social Worker 2, Interview)

Three of the social workers echoed the concern expressed here about a lack of transparency in the decision making of the secure referral group. This social worker tried to get something in writing but was refused this.

Several social workers were also concerned about the membership of the secure referral group.

Most of the panel is made up of insiders. At panel it seemed they were all waiting for the lead man to give his nod, it [the secure referral group] seems to be a one man band. It would be good to have some more independent people there. (Social Worker 1, Interview)

This social worker is referring to the role of the HRE in the secure referral group. Secure referral group members did acknowledge in their interviews that the final decision was his; however, the comments from this social

worker suggest that when this is not understood it can make the secure referral group seem a unbalanced decision making forum.

Residential workers also spoke in focus groups about there being a lack of clarity about the secure referral group's decision making process. This extract from Focus Group 2 gives a flavour of some of the strength of feeling about this and the issue of resources.

Worker 4: We all need to work for the wellbeing of young people. My biggest concern is where they [young people] will end up.

Worker 7: We do fear that young people will end up dead.

Worker 4: It's too easy for the SRG to say 'how do you know?'

Worker 3: It seems to all to be about resources, resources.

Worker 4: There are not enough resources.

Worker 5: Every kid should be taken on their merits, it seems you have to paint a black picture, it's a competitive market [for secure placements] but it shouldn't be.

Researcher: So do you feel there should be more transparency about who gets places and why certain children get placed over others?

Worker 3: It is sort of like who can sell their story better. That is the impression I get sometimes. . .

Unit
Manager: Communication and transparency are really important.
(Focus Group 2)

Despite the rather leading question by the researcher here, this extract does shows a huge level of frustration with the secure referral group meeting process that was also reflected in the other focus group. As the previous section highlighted, residential workers from open units felt that often their assessment of children's needs and risks were not taken seriously. They spoke about the anxiety they felt for these young people and how hard it was to manage this.

Residential workers spoke about feeling the referral process was a bit of a game, whoever 'sold' the best story would get their young person placed

in secure. Residential workers felt they needed more information about how and why particular cases were prioritised by the referral group. Residential workers in the focus groups, but also those interviewed individually, spoke about stories they had heard about particular young people with few problems getting admitted to secure ahead of others who were more of a danger to themselves and/ or others. The lack of transparency in the process fuelled speculation.

The fifteen questionnaires from Children's Panel members identified their lack of awareness about the role of the secure referral group. Four respondents took issue with the way that social work departments disagreed with their decision to place a young person in secure and five were frustrated by the discretionary nature of the secure orders that Panels made. Four comments from panel members suggested a lack of trust in how the decision making system within the study authority worked. The two quotes below give a flavour of this from the questionnaires:

There are clearly times when a young person needs a period of secure in the eyes of a Panel however we can only authorise. If the social work department do not agree or have no resources this doesn't happen. There are times when a Panel is told that there are no places available by social work and then we find out later that there have been places. Clearly the social work department have not felt a place is needed even if a panel does. (Questionnaire 1)

We are not privy to the 'system' which actually makes decisions regarding authorising secure. (Questionnaire 10)

Both of these quotes suggest tensions in the relationship between the Children's Panel and local authorities, as well as a lack of transparency from the study authority about their internal decision making and resource allocation process.

Young people interviewed were aware of the existence of a secure referral group and identified that this was the forum where it was

established if there was 'a bed' for them in secure. The one parent interviewed did not know what the purpose of the secure referral group was.

Two of the secure group members felt that more could be done to support practice teams to understand the secure criteria and the decision making process within that local authority. One explained it this way:

I think that [working with practice teams] can be tricky and I suppose the way I think about it is and again I think this is where my thoughts about the potential for arrogance come in because I tend to think we are doing this, it used to be, every week. [We can think] We have a sense of the kind of range of problems and we know better. Now I think that is risky if that goes unchecked and I am glad I am talking to you because I think you could get out of touch with the thinking in a practice team. We could behave almost as if these criteria belong to us, and obviously everybody can make their own judgement. (SRG Member 4, Interview)

Echoing the sentiments of the above respondent, three out of four social workers interviewed felt that more could be done to make the expectations and processes of the secure referral group decision making forum more clear and transparent to them. In the quote above SRG Member 4 is suggesting that because the role of the SRG is very different to that of the referring practice team it can be easy to forget the differences in perspectives about decision making. The practice team is focused on what they perceive to be the immediate needs and risks relating to one young person, while the secure referral group are looking across a range of cases on a regular basis and see this one case in the context of a range of other cases past and present. This difference in perspective brings with it particular assumptions that are not always understood by others in the decision making system because they are not formally discussed.

Like SRG Member 4, several other members of the group also commented on appreciating the opportunity in the interview to reflect on the decision making process and their role, highlighting how it made them think

more critically about their own attitude and perceptions. SRG Member 4 is also reflective about how the SRG might be perceived as arrogant by referrers, particularly social workers. Interestingly residential workers and several social workers did feel the SRG seemed to think their assessments of risk were superior, which led to feelings of resentment, although they did not use the word arrogance to describe this.

In five out of the fifteen observed case discussions social workers said at the end of the secure referral group meetings that they had found the discussions useful in terms of their own thinking about the case. So although some social workers did not understand the criteria for decision making and found the process daunting, there were also those who found the process useful.

Finally it is worth noting that despite the key role of the secure referral group meetings, group members often provided advice and information over the phone to referrers both before and after meetings. In some instances this resulted in referrers delaying or abandoning referrals or encouraged them to make re-referrals. Four of the observed SRG discussions related to cases which had previously been before the group. The HRE always encouraged referrers who had been refused a place to re-refer if new information or behaviours came to light.

The Children's Panel

The weaknesses of the secure accommodation decision making system were identified by the 15 Panel members in comments which they wrote into boxes³⁶ as:

(n= 9) Lack of secure accommodation placements

(n= 4) Social workers or social work departments disagreeing about the need for secure accommodation

(n= 5) Discretionary nature of the Children's Panel secure authorisation

(n= 2) Lack of local secure accommodation places

(n=1) Inappropriate mix of young people in secure units

(n=2) Need for earlier intervention

The biggest concern from respondents was about the lack of secure placements (n= 9).

Not surprisingly the Senior Children's Reporter's felt the involvement of the Children's Hearing system with secure accommodation decision making was positive.

It is child based and based on views taken by people who are specifically trained in decision making about children. Whereas Sheriffs and Judges, with all due respect, are not trained in making decisions about children . . . It [the Children's Hearing] allows more opportunity for a number of views to be heard. And it gets away from some of the due process which can take place in courts which does not necessarily act in anyone's favour. (Senior Children's Reporter)

However, he also raised concerns in his interview about the lack of authority given to Children's Panel decisions. He felt this lack of authority, due to the discretionary nature of Panel's secure authorisations, meant that the best interests of the young person were not always safeguarded.

³⁶ See copy of Children's Panel Questionnaire Appendix 2.

The Senior Children's Reporter explained the situation he had often seen of young people being refused placements requested by Children's Panel, only to be later placed by the adult courts:

. . . the child gets into more trouble and ends up before a procurator fiscal and voila suddenly a secure place becomes available because the court has required it. (Senior Children's Reporter, Interview)

This respondent felt failure to implement Children's Panel decisions sometimes lead to children being criminalised later on and this could undermine the welfare principle.³⁷

The strengths of the decision making system identified by the Children's Panel members included:

- (n= 4) Legal representation for children
- (n= 3) The secure criteria is clearly laid out in the legislation
- (n= 3) The complexity of the system and the variety of individuals involved
- (n= 1) The fact that authorization must come from the Children's Panel or sheriff at some stage in the process
- (n=4) The gravity with which the decision is treated by Panel members and social workers

These comments in the questionnaires offer some balance to weaknesses relating to a lack of transparency already discussed. The panel members seemed proud of their involvement in the secure decision making process as people outside the social work department who could give a different perspective. They also felt that offering legal representation to young people where a decision about secure accommodation was being made was an important safeguard of the child's rights. It is interesting that three respondents specifically highlight the clarity of the secure criteria as a

³⁷ See Chapter 2 for overview of legislative basis for referral to secure accommodation.

strength to the system which will be examined in more detail in the next chapter.

All six secure referral group members explained that they did not have regular or ongoing contact with Children's Panel members although they did offer new Panel members an opportunity to see the secure unit and managers provided an overview of the secure criteria. All of the secure referral group members felt the Children's Panel could be too quick to make secure authorisations for children, often when in their view risks had not necessarily been proved. One secure referral group suggested perhaps because panel members had to face the family and the young person the level of emotion was higher in this decision making context and could possibly be clouding decision making.

Another perspective on this was offered by one of the social workers interviewed. Her example perhaps illustrates and confirms this idea about how the dynamics of a Children's Panel can influence the decision making process.

X came in [to the Children's Panel] and they made a secure order right away because of her behaviour, her behaviour in the hearing as well. She was quite threatening towards her mum and dad like about setting their house on fire and getting her mates to do this and that. She was very aggressive and very just so much hatred and anger, it was really scary actually. I think the panel members were scared, the police were there. It was quite a scary hearing and they were quite shocked that they had to make that decision but because of I think it was a threat that X made and their words were 'well you just signed your own secure warrant'. (Social Worker 3, Interview)

The young person referred to in this quote also reflected on how dramatic her Children's Panel had been and she felt it was right that this had influenced their decision to place her in secure. In contrast to the views of the SRG, the Children's Panel members felt it was important that they discussed secure accommodation considerations directly with young people

and their families and saw this as part of the strength of this part of the decision making system.

All of the social workers interviewed spoke about feeling supported in their judgements by the Children's Panel. Although the senior social worker felt secure decisions were sometimes reviewed too quickly by the Panel, which he felt could be stressful for young people. In two of the cases from the fifteen observed SRG discussions social workers did not agree with Panel member's decision to make a secure order.

Five out of the seven young people interviewed attended the Hearing where the decision to place them in secure was discussed. Only three of these young people had much to say about this experience. These three young people were keen to explain just how dramatic their Hearings had been. One young person spoke about there being disagreement among the members of his Children's Panel.

Joe: They took me to secure and then to the hearing. One of the women didn't think it was right that I deserved secure. (He laughs)

Researcher: But you don't think she was right.

Joe: Aye

Researcher: But all the other ones said we think you should have secure, so that was it.

Joe: I wasn't too happy with that that they just decided there, that's that.

Researcher: Did you tell them?

Joe: Oh aye. At the time I didn't really think it was right. So like I said all I have really been doing is stealing and being out all night and not eating, that was it. Like, I said it worse than that, I used a couple of bad words and that.

Researcher: Did you swear at the panel?

Joe: Yeah, which wasn't too good. (Joe, Interview)

This extract shows a young person who was not afraid to put his view across to the panel and try to convince them not to place him in secure; although he felt in retrospect they had been right to make the decision that they did. In two cases young people felt they had been able to stall the process of placing them in secure by what they said to the panel. Both felt, looking back, that this had not really been a good thing because their time in secure had ended up being a good experience. This shows that young people's perspective on decision making is not static; young people's views may shift and change with new life experiences. It also shows that the Children's Panel was responsive to the views of young people in that they gave them a chance to change their behaviour which slowed down process of placing them in secure, even if these young people later disagreed with this.

Chief Social Work Officer

The CSWO explained in her interview that all cases referred to secure were reviewed by her and all, except those placed on remand or sentence, would be screened by the secure referral group. However, she explained that most referrals to secure accommodation come to her as the first port of call. Despite this, none of the social workers interviewed for this study spoke about discussing cases with the CSWO; from their point of view the secure referral group and the HRE or the Children's Panel was the first port of call for secure accommodation decision making.

It was hard to get a real sense of the relationship between the CSWO and the HRE in this study. Both spoke about having a positive working relationship; they also said they rarely disagreed on decisions about which young people to place in secure accommodation. They both felt their use of the legislation and guidance was similar; they emphasised that their decisions were in keeping with the Children (Scotland) Act 1995 guidance

which states all decisions should be made in the best interests of the child and take account of the child's views.

The CSWO explained that she did not have any direct communication with secure referral group members other than the Head of the Residential Establishment, who she would usually speak to on a weekly basis. She also did not have direct communication with Children's Panel members although she said she would often speak to Children's Reporters about her decisions.

She said she would regularly have discussions with staff in practice teams about cases that they wanted to place in secure accommodation, although when in the process she would have these discussions depended on the case and the approach adopted by the social worker. In this quote she is explained how she felt about the process.

I do hand on heart feel that the young people I place in secure accommodation need to be there. And I will quite often ask for more information or ask to speak to so and so or you know. I very rarely make a decision on just a faxed report; I normally want to speak to people. . . But you know it's a process and negotiation that is quiet complex. It's not just a thirty second call. You know it's time consuming. (CSWO Interview)

This quote highlights the complexity of the process of secure accommodation decision making for this CSWO, a process which it was difficult to get an in-depth sense of in the interview.

The CSWO said she would try to get a sense from social workers about the young person's view and that sometimes she would speak to the young person. However, she felt that telling a young person that they were being considered for secure could raise the level of risk that they might run away or take greater risks with their behaviour. This fear was also raised by several of the social workers observed during the SRG meetings; they used this reason to justify why they had not consulted with young people about their plans for secure placement.

The CSWO was positive about the local secure service and felt that it offered something genuinely therapeutic for young people placed there. She felt that this positive view of secure accommodation effected decision making because secure was seen by social workers and others as a good thing, something that could really change things and move things on for young people. This view was generally supported by social workers and residential workers who felt secure offered a lot of positive support to young people.

Relationships and Communication

This study found that while formal roles and responsibilities were important to the secure accommodation decision making system, as we have seen in the earlier part of this chapter, there were also informal elements that impacted on the system. These were most visible during the observations of the secure referral group, when I noted marked differences between discussions, not in terms of the topics discussed, as there was always a set agenda, but in terms of the general atmosphere and level of rapport between referrers and referral group members. Secure referral group members also acknowledged in interviews that their relationships with referrers varied, explaining that these relationships had developed over years of working together in the study authority. This suggests that relationships impacted on the quality and pattern of communication between professionals.

Several group members felt the relationship with practice teams and individual social workers had a marked impact on how they viewed that referral, as described by the respondent below.

In relation to social workers it depends who the social worker is and who the practice team manger is. So if X [senior social worker] was to come along I would know, just because of my knowledge and experience and because of my relationship with him, I value him as a

worker and a professional and I would know that he would have scrutinised that himself before he would have even wasted our time even phoning us . . . Whereas other workers have not had that length of time or experience so they are therefore coming to us and are vague. (SRG Member 1, Interview)

In this quote the secure referral group member acknowledges that he does not trust the judgement or experience of some social workers. This illustrates how authority, credibility and trust were developed over time through relationship.

The atmosphere in secure referral groups could sometimes be bad, reflecting difficult relationships or a lack of understanding between referrers and the group. There were two discussions like this observed. In both situations the social workers clearly felt the secure referral group were making the wrong decision. In one case the social worker openly challenged the secure referral group to explain to her their criteria; in another the social worker responded to the request for further information and assessment by saying she felt she had already provided the necessary information.

Where social workers and secure referral group members knew each other well and had a good rapport there was a more relaxed and, at times, jovial atmosphere at secure referral group meetings. During the seven and a half months of observing the secure referral group it was often these times where the informal elements within the decision making system became briefly visible. This was evidenced by the way members greeted presenting social workers, as well as by a greater use of humour throughout the discussion. In this example a senior social worker, who was warmly greeted at the beginning of the meeting, jokes about his real reasons for wanting a young man placed in secure.

SRG Member 6: I would like to move on the kind of stage two, does anyone have any more questions before we move on. . . OK, what

would be you be seeing as the purpose of the placement.

- Senior Social Worker: Because I stay in X and I would like to get him out of the area. [Laughter from all members of the SRG]. I think the purpose . . .
- SRG Member 2: You haven't sponsored him have you? [More laughter]
- Senior Social Worker: No, no, but when I'm out with the dog I'm very careful. [More laughter] No, no but I think the plan is very simple and we've had a plan with X for months, the difficulty has been the engagement and providing some kind of stability. (SRG Meeting, Discussion 1)

In this extract SRG Member 2 jokingly asks the senior social worker if he fell for one of the scams this young person had been running to steal money from people in his local area. Jokes on both sides are greeted by laughter before the social worker returns to the business of discussing the case. This is a typical example of how humour was used, albeit briefly, at meetings where secure referral group members and social workers or senior social workers knew each other well and had a positive rapport. This rapport, as SRG Member 1 explained in the first quote in this section, is built up during previous formal and informal contact.

While acknowledging his close relationship with and respect for some social workers and practice team managers, the HRE was keen to emphasise the importance of scrutinising *all* social worker referrals.

But if I were to lock up X [young person] because I respect Y's judgement [practice team manager], and Y is probably right, that is not good enough. (SRG Member 5, Interview)

As we will see in the coming chapters, all of the senior decision makers placed an emphasis on the need to be as objective as possible in their decision making. However, some still acknowledged the influence relationships with referring social workers could have an effect on their view of a particular case.

All of the members of the secure referral group felt that their level of comfort with each other and length of time working together meant that there were usually few disagreements about decisions. All group members also felt the group were good at sharing the responsibility of asking difficult questions and that each member brought a different experience and perspective to the table. In three of the interviews respondents mentioned things they particularly appreciated about other members of the group, from their life experiences (such as being a parent) to their professional experiences (such as working as a service manager).

When asked about the process of induction for secure referral group members or opportunities to discuss their approach to decision making all of the respondents explained that this was not a formalised process.

I think the answer is that no, we don't regularly take stock. I think there was a period when we did have quite a lot of discussion about, and that could, I think there is still not a formal taking stock but there are certainly still times when issues come up and there would kind of be wondering in a broader sense, not just in relation to an individual but just in general whether, how something should be dealt with . . . I think at an earlier stage there was more discussion because it was a newer process. (SRG Member 4, Interview)

Respondents described their relationship and style of decision making as something that evolved over time through the experience of making decision after decision and working together.

In the following quote a group member explains the possible danger in group members having this level of comfort with the process over time.

It can be an intimidating process [for referrers]. It's a bit like people coming in here [secure accommodation], we work in it so it's 10 a penny. Your ear becomes tuned into it, that's a nice noise, that's a nice noise, that's not a nice noise, and you know. But we forget how hard it is for newcomers coming in making collective sense of these places. I think maybe we forget how hard it is. (SRG Member 6, Interview)

As illustrated by this quote, several SRG members felt the scrutiny of their group could be intimidating for social workers and others presenting to the group. Several suggested that being part of the group for years can make it hard to remember this and to remain reflective about the workings of the group.

Two of the members felt the group was in need of some renewal to keep a critical eye on the decision making. One member suggested there should be greater scrutiny of the group.

I think every decision making forum should be under close monitoring and constant review and I kind of like that we have that presence in our mind by your presence there so that is good. I think it is valuable to be always looking and evaluating what you are doing and giving feedback. (SRG Member 2, Interview)

In this quote the respondent is acknowledging the effect the researcher presence in the group has had on him in thinking about the role of the group and the process of decision making; the value of this opportunity to reflect was also highlighted by two other SRG members. He is acknowledging the value in having opportunities to reflect on the quality and process of group decision making which was not ordinarily present at the time of this study.

Following chapters will explore what respondents said about the principles that guided their decision making, which revealed many similarities in concepts used.

Discussion

Decision Making Systems, Power and Participation

As chapter 3 explored, Munro (2005) and others (Evans and Harris 2005; Fish et al. 2008) have argued that decision making can best be understood as the outcome of a particular decision making system. Munro (2005) asserts that this requires examining the organizational context, factors in the individual decision makers, and resources and constraints. This chapter presented the first set of findings relating to the organizational context for decision making by examining the different parts of the decision making system, how they related to each other and what people thought about how it all worked. The chapter showed how organizational hierarchies and resources, as well as informal relationships and patterns of communication, impact on the workings of the system.

The Oxford Dictionary defines a system as 'an organised or connected group of objects; a set or assemblage of things connected, associated or interdependent, so as to form a complex unit; a whole composed of parts in orderly arrangement according to some scheme or plan'. While Hanson's overview of systems theory suggests that the crucial thing about a system is inter-relationship, which means that: 'change in any one part changes all parts' (1996: 27). This study has found that while there is the perception that a local 'system' for secure accommodation decision making exists, the arrangements are not always very orderly nor the underlying scheme entirely clear.

The findings raise questions about whether it is meaningful to discuss a single 'system' for secure accommodation decision making, when what has been glimpsed through this study are 'systems' of decision making. These include formal and informal systems, as well as the overlap between secure

accommodation decision making systems and other decision making systems which included: resource allocation forums such as those considering applications for residential school and foster care placements; decision making forums for individual young people such as looked after children reviews; child protection case conferences; educational decision making forums such as pupil support groups. This complexity can be understood with reference to the work of Bronfenbrenner (1979) and other ecological and systems theorists (von Bertalanffy 1971; Munro 2005; Fish et al. 2008) who recognise that human behaviour is best explained 'in terms of a set of ever widening, nested systems' (Warren-Adamson 2009: 136).

This study identified that local secure accommodation decision making is complex and variable in part because of the potential number of individuals involved and the various ways in which a case can move through systems, being discussed by: families and carers, residential workers and other support workers, social workers in their area teams, the secure referral group and secure services, the Children's Hearing, and the CSWO. These roles were shown to bring different perspectives and priorities and it was found that informal relationship dynamics operated alongside formal processes, confirming findings elsewhere about the complexity of decision making within and between organisations (Brandon et al. 2008; Villadsen 2007). The broad sweep of previous Scottish studies of secure accommodation (e.g. Walker et al. 2005; SWSI 1996) has not offered this level of detail.

Emerging evidence from the early evaluation of the pilot of the *Getting It Right For Every Child* (GIRFC) approach suggests that decision making is improved by a two-fold process of strengthening individual professional values and aims, to ensure a focus around the needs of the child, and improving inter-professional working cultures to support multi-agency

working (Scottish Government 2009c). This study further supports this idea that improvement to the process of decision making cannot just focus on one group of decision makers, as it found that many different professionals have an important role to play in secure accommodation decision making.

How young people might move through decision making systems depending on variables such as: the resources available to the system at a particular time; the relationships between professionals and between professionals and service users within the system; and the competing responsibilities of individuals and organisations. Given these factors and the complexity of systems it is not surprising that referring social workers, residential workers and Children's Panel members felt the system was inconsistent. A range of other studies into secure accommodation have also shown that there are inconsistencies in the way decisions about secure accommodation placements have been made in different areas at different times, despite there being universal legislation and guidance (Littlewood 1987; Millham et al. 1978; Millham et al. 1988; Petrie 1986; Kelly 1992; Harris and Timms 1993; Bullock et al. 1998; O'Neill 2001; Goldson 2002a; Walker et al. 2006). This study found that those with more decision making power such as the CSWO, the Head of the Residential Establishment and the secure referral group members were either less aware or less able to acknowledge the variability in decision making systems.

This study only examined in-depth one focus point where different perspectives on a secure accommodation placement could be shared at the same time: the secure referral group³⁸. It was found that sometimes there was a sense of comradery and of shared purpose during these meetings, and some participants saw them as a helpful opportunity to problem solve and

³⁸ Please see chapter 4 for an explanation of the chosen methodology.

develop consensus about the best way forward. As the findings show, however, this was not always the case and those with less power in the system often felt their perspectives were sidelined. This is supported by findings from Mitzberg (1983) and van Raak and Paulus (2001: 217) who have shown how 'system characteristics are pulled towards the direction favoured by dominant actors.'

This study found that those with the least power within the secure accommodation system are the young people whose lives may be radically changed by its decisions. Although most respondents spoke about the need to consult young people about decisions, they did not feel young people should participate in the secure referral group decision making forum. Some concerns about consultation and participation related to fears about young people running away or taking greater risks if they learned there were plans to place them in secure, while for others it was felt decision making could be more effective in an adult-only forum. However, Children's Panel members and the young people themselves felt they needed to be included in the secure accommodation decision making process. Young people felt the Children's Hearing was not always sufficient to achieve this; the key message from young people was that they wanted to be listened to by social workers and others involved with decision making. Other studies of secure accommodation have also identified that young people do not feel involved or even informed about in the secure accommodation decision making process (Sinclair and Geraghty 2008; Barry and Moodie 2008).

Although rights to legal representation at Children's Hearings have been strengthened³⁹, this study showed that the involvement of young people in decision making is still variable and dependent on the beliefs and

³⁹ See chapter 2 for overview of legislative context.

motivation of professionals. This mirrors other research recently conducted on children's participation in decision making (Children in Scotland 2006; Munro 2001). The Children in Scotland (2006) report *My Turn to Talk* also identified that participation is a particularly crucial issue for looked after children given the amount of power professional adults have over their lives. A range of studies have also suggested there are improved outcomes for young people when they are involved directly in decision making about their lives (Cambridge and Parkes 2004; McNeish and Newman 2002).

Trust, Transparency and Change

The GIRFC evaluation suggests that improving inter-professional working cultures requires: a shared sense of ownership between agencies and between practitioners and managers; a common language for talking about children's needs; interagency trust; and shared understanding about the aims of assessment and intervention (Scottish Government 2009c). This study found variability in these factors. Informal factors such as the quality of relationships seemed to improve the level of trust between professionals and agencies; while a lack of clarity and in some cases a lack of agreement, about roles and responsibilities seemed to undermine trust. This finding is further supported by Quinton (2004) who found that good inter-agency working with parents was often lacking and depended on the efforts of particular workers who had the skills and had made the effort to develop strategic relationships and networks.

Munro (2005) and others (Ruch 2007, 2009) have also highlighted the need for social workers to be given good supervision, support and ongoing training in order to improve decision making practice. In reality, however, this is often lacking and social workers can feel they have little power to change the system they are forced to work with (Lymbery and Butler 2004).

Social workers in this study felt supported at the team level but were more frustrated about their interactions with the secure referral group and other groups in charge of allocating resources such as residential school or foster care placements. This finding adds to a growing body of evidence about how child care resources are often not available when they are needed and are difficult to access, which can lead to greater problems for children later on (Stratham et al. 2002; Dickens et al. 2007).

This study also suggests that some practitioners are better at 'working' secure accommodation decision making systems because of personal and professional qualities which are viewed favourably by others, as well as because of the knowledge and relationships they have developed over time. The senior social worker interviewed for this study felt that training about how to use the secure criteria and the system for secure accommodation should be provided to all social workers to help them more successfully negotiate the system. Advocates of structural social work, such as Mullaly (1997), have argued that a key social work skill is learning to negotiate unfair systems to ensure the best outcome for the service user. The problem with this approach is that if your social worker does not have these skills you may find yourself greatly disadvantaged. This further strengthens the argument for changes to the decision making systems to ensure they are easier for all social workers to navigate (Fish et al. 2008).

While the findings of this study support the assertion that decision making can be understood as a systems problem, it is less clear exactly how the decision making systems could be changed in order to improve the quality and consistency of decision making. This is partly because of the complexity of the systems; decision theorists have argued that attempts to change systems can often lead to unintended consequences (Hanson 1995). For this reason some have argued for the need to maintain a focus on

facilitating relationships and communication; these are dynamic elements of the system that may not change just because the structures or mechanisms of a system do (Hanson 1995; Cleaver et al. 2008; Warren-Adamson 2009).

This study found that those with less power within decision making systems felt that more transparency and accountability within the systems would bring improvements, in particular having decisions in writing from the secure referral group and the Head of the Secure Referral Group. This could also help to hold to account those with more power in the system, but for this to work there would need to be an external process of scrutiny for these decisions.

The findings presented in this chapter also show how all decision makers viewed placing young people in secure accommodation as an extreme measure which required a great deal of thought. For this reason consultation was viewed as a crucial part of the decision making system and although time consuming, it was for the most part viewed as valuable for there to be a range of opportunities within the system for thinking through the decision and considering alternative options: through supervision and peer discussion in area teams, through the secure referral group meetings, through other decision making and consultation forums such as looked after children's reviews and mental health consultations, and to some extent at the Children's Hearing.

This suggests that a simplification of the systems for secure accommodation decision making would not necessarily lead to better decision making. Although social workers in particular bore the brunt of managing all of these different consultation opportunities, some did see the value in this if systems were clear and they were supported through the process and helped to manage the other demands of their case load. Decision making theory also suggests that mechanisms for consultation, such

as those identified by this study, but not always used in every case, can help mitigate against some of the typical biases in individual decision making such as confirmation bias, self-serving bias, and availability heuristic (O'Sullivan 1999; Munro 2005). Interestingly, several respondents also felt that the layers of consultation and decision making slowed down placements, thereby defusing anxiety and allowing for new thinking about a particular case or the situation to change.

Group decision making also brings challenges; problems in group decision making include group polarization, the tendency to make more extreme and risky decisions in groups, and group think, where high levels of group cohesiveness mean that members do not challenge one another and therefore poor decisions are made (Janis 1982; Johnson and Johnson 2003). This chapter has shown that the SRG group was characterised by high cohesiveness, making it susceptible to group think. The SRG was also continually dealing with extreme cases. For the group dealing with these kinds of cases was the norm, making the group more at risk of group polarization.

To mitigate against these effects the mix of individuals within decision making forums is crucial, as is clarity of remit, training and support; these factors have been found to be best facilitated by learning organisations (SCIE 2004). This study found that the secure referral group did not undertake joint training or have regular opportunities to reflect on their role and the outcomes of their work, which if provided, might improve the outcome of decision making. Increasing the diversity of the secure referral group was also recommended by some respondents.

The dilemma about group membership highlights that it is difficult to have one forum trying to resolve questions of need and risk and, at the same time, asking that forum to identify priorities for resource allocation. One

solution to this problem would be to have a model, like that in the City of Glasgow, where young people felt to be in 'crisis' and at risk to themselves or others are assessed using a separate procedure by a group of people who are not making decisions about resource allocation (Glasgow Child Protection Committee 2006). Once this assessment is made then decisions about resource allocation and organisational priorities are taken elsewhere.

Despite the ongoing rhetoric about 'needs led' rather the 'resource led' services, there is widespread recognition that too often resources are not provided early enough to young people and their families, leading to situations escalating and therefore the need for higher tariff interventions such as secure accommodation (Scottish Executive 2006b,f; Walker et al. 2006). A systems analysis of secure accommodation decision making allows for the recognition that there are connections throughout the looked after system, further work to improve the secure accommodation system requires action to tackle problems of supply and demand in other parts of the system.

Conclusion

This chapter has explored the workings of the secure accommodation decision making systems in the study authority, showing how they overlap with other systems and involve a range of different professionals. It has been shown that while the journey of each case through this system is different, there are key focus points within the decision making process which includes the work of social workers and practice teams, residential workers and other support workers and professionals, the Children's Hearing, the secure referral group, the HRE and the CSWO.

Not surprisingly, those within the system have different perspectives and priorities linked to their roles and responsibilities within secure accommodation decision making systems. This chapter has shown how

these competing perspectives and priorities can lead to organisational tension and inter-professional tension; however, this is not always the case and sometimes the system affords useful opportunities to problem solve and build consensus about the best way forward for a young person. This study found, however, that the young person's voice is not always heard in this process and needs to be given further consideration. In the chapters that follow additional consideration will be given to the perspective of the young people and how this impacts on decision making.

This chapter has also shown how the complexity of systems related to secure accommodation decision making makes it difficult to identify what changes might bring improvements. However, it is clearly the case that more transparency in the system would be viewed positively by those with less power within systems. This would also help to foster greater trust and would perhaps help to develop collaborative working relationships; relationships and patterns of communication were found to be crucial elements in the decision making system.

In the chapters that follow there will be further examination of how different individual decision makers think through who should be placed in secure accommodation in order to make a decision. The key concepts and factors which influence their thinking will be explored.

Chapter 6

Risk: A Key Concept in Decision Making

Introduction

The previous chapter has shown that local secure accommodation decision making systems involve a range of decision operators with different levels of experience and responsibility. These professionals are engaged in formal processes that consider the complex cases of young people referred to secure accommodation. Relationships and patterns of communication influence the working of these systems.

As chapter 2 outlined, the requirements laid down in the Children (Scotland) Act 1995 and associated guidance provide professional decision makers with a formal framework to help them consider the cases presented for placement in secure accommodation. As we saw in chapter 5, however, resources are finite and decision makers must also decide which young people to prioritise for placement at a particular time. In order to do this, decision makers have to develop a rationale *for* or *against* placing a young person in secure accommodation.

This chapter will examine how professional decision makers developed this rationale. It will begin by examining the role of legislation and guidance and how respondents used these in their decision making. It will examine how individual decision operators were forced to evolve their

own definitions and understandings of the concept of risk, which Lupton (1999) has called 'risk logics', in order to aid them in their decision making.

This chapter will provide an important foundation for the chapter which follows it, where the 'risk logics' of decision makers will be further explored by examining their assessments of young people's behaviours and how this related to their individual and collective 'thresholds of risk'.

Using Legislation and Guidance

In seeking to understand secure accommodation decision making all social workers, secure referral group members, and the CSWO were asked about what principles guided their decision making. All respondents identified the important role of legislation and some cited the secure criteria in particular.⁴⁰

Using the 'Secure Criteria'

SRG Member 1, like most respondents, described legislation and the secure criteria in particular as his starting point when thinking through secure accommodation decisions. He also cited two other key principles from the legal guidance: that all other appropriate services should be considered first and that the lowest level of intervention is applied whenever possible. He felt, however, that the job of applying the secure criteria was an 'imprecise science' involving 'judgement' and 'interpretation'.

There is not a neat template, that is in the nature of it . . . And it is not as though there is an answer but there is a need to try and look at what the individual circumstances are for this individual child and what the best assessment is of how things are. (SRG Member 1, Interview)

⁴⁰ Chapter 2 outlined how the secure criteria, as laid out in the Children (Scotland) Act 1995, provide a legal basis for secure accommodation decision making in Scotland.

This decision maker is keen to stress that there is not a formula for applying the legislation and guidance to real world situations; instead he suggests that the facts of each case must be examined making use of the most recent information about a young person.

Another respondent felt that there was such a high degree of interpretation and judgement involved in using the secure criteria that it was almost hard to say exactly what the criteria were.

I think it is one of those things that is really difficult to come down and say this is the secure criteria. I mean again the research from Stirling⁴¹ kind of just reaffirmed what I had been thinking, it's context specific. The level of risk needs to be high, we need to be talking about serious harm. But sometimes depending on what else is around you can live with that level of risk in the short term . . . So I think that it is something that is required in terms of the statute but I don't think it is something where there is that degree of consensus that you can articulate simply. It's a lot more complicated and it's why we have the [secure referral group] discussion. And it's why we spend half or two thirds of the discussion focusing on the young person's behaviour and the alternatives [to secure accommodation]. (SRG Member 5, Interview)

This respondent identifies a lack of national consensus about how the secure criteria should be applied; highlighting the findings of Walker et al. (2006) which suggest the local context plays a big role in decision making.

Although he highlights that the concept of risk is central to decision making, he defines it for himself and suggests that there is not absolute consensus.

For this reason he sees discussion, through the secure referral group, as so important because it provides an opportunity to make sense of young people's behaviour. He explains that in the process of discussing cases other information may emerge about the context which means that the group feel risks can be lived with in the 'short-term'. He also suggests that it is part of

⁴¹ He is referring here to Walker et al.'s research published in 2006.

the role of the secure referral group to consider interventions other than secure provision.

Later on in the interview this respondent expressed the view that some people have the experience and skills to apply the secure criteria whereas as others do not. This would further support the idea that concepts laid down in legislation and guidance, although seemingly straightforward, are complex to apply in practice.

I think that what X [manager of a youth justice service] was saying is that there are lots of young people in X [the study authority] who might meet the secure criteria. I thought well no, there might be a lot of young people on a yearly basis who people *think* might meet the secure criteria but when you actually go through the process . . . So it is about grand statements, 'lots of young people need secure placement', but when you actually sit down and look at it that is not the case. And I do think people are quite glib about locking up young people. There is this notion that if nothing else works we will lock them up. (SRG Member 5, Interview)

This respondent felt that it should be very clear on close examination which young people met the secure criteria; he felt a tendency to exaggerate, on the basis of a lack of other perceived options, and a feeling that a case had reached the 'end of the line' of other available options was often the basis for people thinking a young person needed a secure placement, rather than the facts of the case.

The contradiction which emerges from these comments when compared to his earlier quote, is that he suggests that the secure criteria cannot be pinned down, while at the same time saying it should be clear when the criteria are carefully applied that few young people really meet the criteria for secure. Again this suggests that something more than an application of the legal criteria is required for decision making but it also suggests that some individual workers are more able to objectively apply the criteria than others. This respondent clearly feels that the level of experience

of those within management or within the secure accommodation referral group makes them more able to make these determinations. Chapter 5 showed, however, that some residential workers, Children's Panel members and social workers feel issues relating to the management of resources might be more important at times than the secure criteria. Rather than seeing subjectivity as part and parcel of *all* decision making, this respondent suggests his experience and expertise bring the objectivity and balance that some others lack.

Getting to the bottom of how the secure criteria were applied was difficult.

Researcher: How do you use the secure criteria?

SRG Member 1: How do I use it? That's a good question. I just take it as what's there. You know.

The members of the secure referral group had been working together for over five years and some had worked together for over ten years. They spoke about how their understanding of how to apply the criteria had developed over time but, as this quote illustrates, getting them to unpick this was difficult; however, when pushed each drew on key concepts such as risk and dangerousness.

This shared sense of how to determine the use of secure accommodation is well articulated by the second member of the secure referral group, and again illustrates the feeling respondents had that it was necessary to look beyond the secure criteria.

For me personally I am pretty clear that it isn't solely about . . . how the Children's Act words the guidance. It is also from *Secure In the Knowledge*⁴² and the history of what we have done . . . So that means taking the criteria of the Children's Act and being, I guess, looking for

⁴² He is referring here to the SWSI report published in 1996.

something more than the lowest common denominator you could have for the two criteria. (SRG Member 2, Interview)

The emphasis for this respondent is not on strictly applying the secure criteria. He went on to explain how he feels the group and the secure service have developed an understanding over time, both through their experience and through reflection on previous research, about how to judge the need for secure accommodation.

In reflecting on the use of the secure criteria as an aid to decision making the CSWO had this to say:

I try to apply the [secure] criteria in as even handed a way as possible . . . I think I am pretty good in risk assessment stuff, I have tried to learn quite a lot about it, so to hear the emotional story in the moment doesn't, is only one part of the dynamic, and one consideration.

This respondent did acknowledge that applying the secure criteria in an 'even handed' way is not always easy. However, she felt that with experience, an understanding of risk assessment, and an awareness of the need not to be carried along by the emotional impact of a 'young person's story' it was possible to get closer to some kind of objectivity and fairness in application of the secure criteria.⁴³

All of the social workers interviewed for this study felt that the young people they referred to the secure referral group had met the secure criteria and they felt they had a clear understanding of the legal criteria. Three out of the four social workers interviewed expressed concern about a lack of consistency in the application of the secure criteria by the secure referral group. This concern is illustrated in the comment below.

We need to share a bit more and be more open about what the [secure] criteria is because otherwise we are going to have referral upon referral upon referral of children that have high needs, living risky sort of situations whether it is at the home or in the community and

⁴³ See Chapter 5 for a more detailed discussion of the role of the Chief Social Work Officer.

it's like what do we have to do to protect these children's needs?
What is the criteria for referral? (Social Worker 2, Interview)

This quote reflects the finding, explored in the chapter 5, that some social workers, residential workers and children's panel members were upset about differences in prioritising cases for secure. Like this social worker, some felt the secure criteria were being applied in different ways by different decision makers. This view is partly supported by some of the comments of SRG Members who suggest the criteria for secure shifts according to context and cannot be nailed down.

In secure referral group discussion 7 the issue of differences in applying the secure criteria came to the forefront of the discussion in a very explicit way. A social worker who had referred a thirteen year old girl for placement in secure accommodation was told the case did not meet the 'secure criteria'. In response the social worker asked for the chair to outline what the criteria was, as she felt the case she had presented clearly met that criteria. This is what the chair of the meeting had to say.

SRG Member 5: I will not talk to you about the legal criteria because that is quite simple. But in terms of X's situation, I think there are a number of areas of risk involved in X. . . there are two principles we use in the secure criteria. The first one is about last possible options, so it is the last possible resort. And then it's about the shortest possible time. So we need to be satisfied that it is the last possible option and I think in X's situation what I'm hearing is a young person who is clearly distressed and rightfully so, whose level of support at home is very ambiguous and ambivalent. But what I don't know is whether if this young person removed from this situation whether she has adults around her who can actually offer some of the support she says she is clearly looking for and whether she would clearly benefit from that. I think I would need to be satisfied she would not benefit from that and that's not feasible before offering a secure place. (SRG Discussion 7)

The referring social worker in this discussion felt very strongly that there was risk of serious harm occurring to this young person or someone else if

she was not placed in secure accommodation. She came up against a secure referral group who felt other options such as placement in an open residential unit should be tried first before secure was considered. The social worker felt a placement in an open residential unit would only escalate the risks around for this young person. In his explanation the chair emphasises that secure should be the 'last resort', rather than referring in detail to the specifics of the secure criteria detailed in S. 70 (10).

SRG Member 5 says the legal criteria are 'simple', but does not elaborate. In this statement he seems to be asserting his experience and expertise, and in a subtle way putting down the social worker by suggesting she should understand the criteria as it is so 'simple'. In his interview, quoted previously, he contradicts this notion of simplicity by stating that application of the criteria is complex and imprecise, changing according to context and requiring discussion and debate.

This example illustrates one of the challenges of applying legislation to 'real world' situations; in the case of secure accommodation there is a requirement to apply a range of important concepts to every case. How this should be done and which issues are of most importance are likely to shift with the perspective of those involved. So while the young person must be shown to represent a risk to himself/ herself, the key principles laid out in section 16 of the Children (Scotland) Act 1995 must also be central to secure accommodation decision making and include: promoting the welfare of the child, using the minimum intervention required, and seeking the views of the young person. This study found that the emphasis on particular aspects of the legislation changed depending on the case under consideration.

Promoting Welfare

Another area of complexity relates to considerations about what will promote the welfare of an individual child; this may be a complex determination requiring consideration of present and future outcomes. For example, does minimising risk always promote the welfare of the young person? Although some may feel this way, risk taking may also provide important opportunities for growth and development (Kemshall and Pritchard 1996; Newman and Blackburn 2002; Pearce 2007).

In the example above the social worker felt it would not be in the best interests of the young person to go into an open residential unit and so she had referred her for a place in secure accommodation in order to promote her welfare. The secure referral group members felt in this case that a lower level intervention needed to be tested before a placement in secure was tried; the implication is that the less restrictive approach would be as more likely to promote welfare.

Minimum Intervention

The referral forms for secure asked referrers to explain which alternatives to secure they had considered and why these had been deemed to be unsuitable. SRG members explained that this question related to the requirements of the CSA, but several were also keen to point out that they felt it was part of the group's role to encourage referrers to think critically about the other available options.

As secure referral group discussion 7 illustrates, the rationale for not offering a place in secure often related in some way to the failure to try 'other things' first. While this was about the need to ensure lower levels of intervention were tested before consideration of secure accommodation, it was also about the need to, as SRG Member 2 explained, give consideration

'to how much do we by our actions [in placing young people in secure] have the potential to do harm as well as good?'. SRG Member 2 highlighted how the principle of minimum intervention was important for therapeutic reasons as well as for reasons of fairness and justice and in his interview he gave several examples of young people who he felt had been inappropriately placed in secure accommodation and that this had been detrimental to their development in the long term because they had become institutionalised or because the confinement and boredom had intensified some of their behaviours.

Seeking the Views of the Child/ Young Person

Despite the legislative requirement set down in section 16 (2) of the CSA and strengthened by Article 12 of the UNCRC, to seek the views of children and young people and encourage their participation in decision making, the importance of seeking the views of the young person only featured in a few of the interviews with secure referral group members. However, in thirteen of fifteen observed referral group meetings social workers were asked by the group about the young person's view about a placement in secure.

SRG Member 2 explained why seeking the views of young people was so important to the decision making process for secure accommodation.

Knowing the young person's views about secure is seminal in having a basis to work from. Having a young person secured who doesn't believe they should be secured, doesn't think they meet criteria, it's very difficult . . . Often then what you are working with is how long you can keep a young person before they and their legal rep convince a panel that they shouldn't be [in secure]. It is no basis for change, it's just containment. It is important. For workers who don't have contact with young people it is difficult. (SRG Member 2, Interview)

Chapter 9 will explore in detail what respondents thought the role of secure accommodation was. This will require looking at some of the issues raised in this quote; what is important here is that seeking the views of the young person, albeit through a third party rather than directly from the young person, was seen as important to secure referral group members. This was because of the legislation and guidance but also because, as expressed by this respondent, seeking the views of the young person was an important part of a process of engagement with him/her. It was felt that placing a young person in secure that was not consulted in some way and prepared for why they were being placed would make it more difficult to engage with him/her during placement in secure.

Why Risk?

There are two primarily reasons why risk emerged as an important concept for secure accommodation decision makers. The first is that the word risk is used in the secure criteria. With reference to young people absconding from placement, criteria (a) states 'having previously absconded' the child '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' (1995 Act s 70 (10)). Criteria (b) states 'is likely to injure himself or some other person unless he is kept in such accommodation'. The word 'likely' in the criteria suggests a balance of probability towards a negative outcome, which is often highlighted in definitions of risk (British Medical Association 1987; Mythen 2004; Risk Management Authority 2006).

The criteria and guidance do not, however, specify what kind of things might put a young person at physical, mental or moral risk when he/she are absconding from his/her placement. They also do not specify what kind of things would make it 'likely' that a young person would 'injure

himself or some other person'. Legal precedent does not offer us any further guidance.⁴⁴

The second reason that risk is such an important concept relates to how the concept of 'risk assessment' has developed into a core social work activity in recent years (Parsloe 1999; Brearley 1982; Kemshall and Pritchard 1996; Parrott 2006; Webb 2006). How this concept was defined and used will be explored later in this chapter.

Defining Risk

One of the secure referral group members explained her understanding of the historical context to part (a) of the secure criteria and why risk was incorporated into this:

I think what you have to remember is that this [the secure criteria] was written at a time when young people were running away from List D schools because they were homesick but they were ok [when they were gone]. . . That is why it is written in this way; just running away to go home doesn't necessarily mean they are at risk. That is one of the bones of contention, we are sometimes saying just because they are running away it doesn't mean they are at risk where social workers are saying they are, just because of their age and how they look that they are. So that is one of the greyer areas. (SRG Member 4, Interview)

The point being made here has to do with running away not necessarily being a danger in itself; this respondent is highlighting what the legislation identifies, the risk depends on what happens to you or what you do when you run away from your agreed placement. This quote suggests that our

⁴⁴ There is limited legal precedent relating to secure accommodation. A search identified four cases. None of these relate to the interpretation of the secure criteria. One related to a child convicted under the Criminal Procedure (Scotland) Act 1998 and placed in secure accommodation (see *Thomas v The Principle Reporter* 1998 SC 848). Three relate to human rights legislation and the issue of legal representation for children (*S v Miller* 2001 SC 977, *Martin v N* 2004 SC 358, 2004 SLT 249, *Re K (A Child)* (Secure Accommodation Order: Right to Liberty) 2001 1 FLR 526).

notions of risk are tied to our ideas about childhood itself; if we believe children must be monitored by adults at all times to be safe then we will see absconding as a high risk activity; if we see some children as street smart and able to 'look after themselves' we may regard absconding as a low risk activity (Thom et al. 2007).

Evidenced Risk and Dangerousness

When discussing risk a number of secure referral group members defined risk in terms of 'dangerousness',

I try to interpret risk as dangerousness rather than risk. So for me it's about how much a danger and also I interpret that as what is now actual risk rather than perceived risk, so it's not about what might happen because it's not happened yet. (SRG Member 1, Interview)

There are two important points for consideration here. The first is about the idea of 'interpreting' risk as dangerousness. Risk, although often defined in negative terms, can have a more neutral or positive meaning with risk taking leading to unexpected benefits (Barry 2007). Dangerousness implies a more clearly negative or perilous outcome (Kemshall and Pritchard 1996; Newman and Blackburn 2002; Pearce 2007).

The second point relates to his notion of 'actual risk' versus 'perceived risk'. This idea was raised by several other secure referral group members who described it as 'evidenced risk' rather than 'perceived risk.' This respondent is defining risk not as potential or possible harm but as actual harm that has already happened, and the risk relates to the likelihood of the harmful thing happening again. It is actual or evidenced because a harmful outcome has already happened at least once.

This extract from another member of the secure referral group further illustrates the meaning given to actual, or as he describes it, evidenced risk.

- Researcher: Right so there is a sense that if you could act now it wouldn't get even worse but sometimes you have to wait [to place a young person in secure]?
- SRG Member 6: Yeah that is a dilemma. It is a dilemma that a whole lot of referrers can't get their head around. There is a bit like people used to use the analogy what does it take for the council to sort out a road, does it need a death first? And that's an analogy here. And I think that people are getting better at understanding the whole issue of evidenced risk rather than perceived risk. These are two crucial terms. (SRG Member 6, Interview)

As illustrated by this extract, secure referral group members felt that risk was evidenced in cases where harmful things had *already* happened to young people. So in a sense the risks had become harmful realities and secure accommodation would be justified if it could be seen to prevent this harm from happening *again*. If nothing harmful had happened to the young person yet, as in his analogy of dangerous road where no deaths had occurred, then the risk was only 'potential'. He identifies a frustration with this way of thinking about risk because it requires that someone is hurt or killed before action is taken and illustrates his view of the high stakes involved with this decision making.

'Evidenced' risk was also discussed in terms of the 'quality' of information about young people's behaviour and situation. This is what one group member had to say about the importance of evidence to the decision making process.

Well, I think a big thing is the quality of the evidence. Because I think often people come to the referrals group, understandably, in a state of high anxiety about the young person and that can quite often lead to exaggerated statements or statements of concern that aren't necessarily backed up by fact. And I think that you can never, you must never lose sight of the fact that it is a major major step to deprive somebody of their liberty. (SRG Member 4, Interview)

This respondent felt that focusing on 'the evidence' was an antidote to being swept along by fear and anxieties that might not have a clear basis in fact. She also emphasises the notion of fairness, depriving someone of their liberty should be not be taken without there being credible evidence about the need to do so.

The issue of what counts as evidence was not entirely clear from speaking to referral group members. In the extract below this respondent starts by stressing the importance of evidence but goes on to emphasise the importance of *who* is presenting the evidence, which seems contradictory.

The quality of the evidence can be more important than any single factor in their circumstances. To have quality and quantity of evidence that is there and to have a worker that can present that. It is impossible to remove the personality and delivery . . . There are workers who can actually be more persuasive by trying just to be very level and straight and you get that sense of here is a person who really knows, has done research and has given consideration to it but knows this young person. (SRG Member 2, Interview)

This issue of presentation and relationships as a factor in the decision making system was discussed in some detail in the chapter 5; it is interesting however that it is raised again here in relation to the quality of evidence presented by referrers. This respondent is highlighting that some referrers are better at gathering and presenting available evidence, which inevitably influenced how decision makers view that evidence. This further highlights the difficulty of achieving objectivity in decision making.

Within the secure referral group meetings themselves the issue of the 'evidence' came up repeatedly. In this example from discussion 13 the chair explained how evidence was necessary to ensure secure referral groups decision would be upheld by a Children's Hearing.

SRG Member 5: X [the young person being discussed] knows what to say and his solicitor will know what to say. We do require an awful lot more evidence because, like I say, we could get by on a wing and a

prayer . . . but if they say justify the conclusion that you have reached and we might struggle on that . . . it's about the youth justice assessment, it's about the police. It's not good enough for them to just say he is the most prolific offender. (SRG Discussion 13)

This young person had been admitted to secure on three previous occasions and the secure referral group agreed he should be admitted for a fourth time. Their discussion of evidence focused around the information provided by the police about this young person's offending.

Each of the offences were not documented, although the police had submitted a report saying that they felt this young person was one of the most serious young offenders in the study authority at the time. SRG Member 5 is commenting on the lack of other evidence provided by the police and the need to ensure this was gathered so that if the secure decision were appealed to a sheriff court the evidence would be available to back up the decision. It would seem that the focus on evidence in this meeting related to the secure unit's past history of working with this young person and an understanding about how he and his lawyer would be likely to approach a further placement in secure accommodation. The potential involvement of the courts seemed to focus minds on the 'quality' of evidence, which was not always given the same level of priority in SRG meetings.

Secure referral group members highlighted that there was more often a lack of evidence when referrals were made to secure on an 'emergency' basis. SRG Member 2 explained it this way:

Emergency admissions have a very different feel because it is very hard to argue about evidence at three in the morning. And police sometimes lie to get them [young people] out of the cells. Witness testimonies don't always back up claims from the police. Over the weekend a child was admitted on an emergency basis with 47 charges, he turned out just to have 2 charges. There are also other agendas including political agendas that influence admissions, luckily when there is an emergency admission there are only 72 hours before

independent scrutiny [before a Children's Panel]. (SRG Member 2, Interview)

In emergency cases the decision to admit would be taken by the HRE, which could include staff acting in this role to cover holiday leave, and the CSWO.

During the period of observation there were three emergency admissions; because these were emergency meetings two of these discussions could not be observed. However discussion 12 was about one of these cases which had been admitted on an emergency basis. The emergency admission had been precipitated by a disclosure in a joint interview with police and social work; the young woman involved disclosed that she had taken money for having sex with older men. The police were investigating this. However there was limited corroborating evidence at the time of admission. This lack of evidence and lack of other options having been tested were raised as a concern by the secure referral group in the discussion.

The rationale for the young person not going home related to the parent's inability to provide any boundaries or supervision for the girl. Social work involvement in the case was recent and a great deal was not known about the family. The aims of the placement seemed to be to provide immediate safety and to allow the police to pursue their investigation. This rationale seemed to be accepted by the secure referral group whereas other cases, like that in discussion 13, seemed to require a great deal more evidence. This would support the concern of some SRG Members that the requirements relating to evidence did fluctuate and standards were most likely to fall when decision makers were forced to make decisions quickly.

'Acute' or 'Chronic' Risk and Harm

The term harm was closely allied to risk in the minds of decision makers. SRG Member 3 described it in this way:

I think that if I jump tram lines and look at things from say a child protection point of view. And look at em for instance at the child protection registration criteria, you are looking here at significant risk of serious harm . . . we are thinking in terms of outcomes and impacts on children in terms of impairment. So you could think of things in terms of risk but well if that risk turns into actuality then there is going to be a great deal of damage done. And yes, or alternatively, risk might be very low but if damage did happen it would be substantial. (SRG Member 3, Interview)

Again there is a consideration here of probabilities, how likely is a certain outcome? This respondent suggests that considerations must be about the likelihood of 'serious harm' occurring to the young person if the risk becomes an actuality. This respondent explains serious harm as something that leads to impairment in the child and/ or damage to others.

The Chief Social Worker also emphasised the concept of harm in her discussion.

I want to be convinced that a young person is likely to injure him or herself or somebody else. So in terms of injuring other people well have they already injured somebody? Have they demonstrably been injured? Is the level of threat sufficient that I really do think they could injure somebody so obviously threats of violence but have there been weapons involved? . . . I take injure in terms of extreme physical harm . . . I will push people in terms of asking them how this person is going to injure somebody . . . It has to be fairly contemporaneous, there is no point in telling me about a violent assault six months ago . . . I do think that sometimes things come in quite a long time after the fact . . . If there is a dropping off of their worrying behaviour you don't want to go securing them. (CSWO , Interview)

In this extract the CSWO is emphasising the idea of immediate risk of harm which will injure the young person or someone else; in her assessment the passing of time diminishes the sense of risk. She suggests harm must be something 'extreme' and gives the example of violent assault.

Several other respondents highlighted time as important to judgements about risk and harm. SRG Member 6 described it as the

difference between 'acute' and 'chronic' situations of risk. The 'acute' situation is something dramatic and immediate like someone badly injuring themselves or being raped or beaten up. A 'chronic' situation might be something damaging in the long term but where the risk has been around so long and has not escalated so the sense of 'immediacy' has been lost.

An example of this relates to discussion 15. In this extract SRG Member 1 describes why they cannot offer a 15 year old young woman a place in secure; there were concerns about her using drugs and alcohol and some evidence that she was involved in prostitution.

SRG Member 1: . . . 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. (SRG Discussion 15)

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 ahead of other young people. This was the third referral to secure for this young woman and although the concerns remained nothing had escalated, illustrating this idea of a 'chronic' rather than an 'acute' situation.

Acute situations were often described in terms of life or death. This quote from Social Worker 2 represents the kind of risks social workers felt they were dealing with around the time they referred a young person to secure accommodation.

I thought she would probably be dead up some alley. Do you know that was the reality of what everybody thought, not just me. She was going to be huddled into some alley and raped . . . everybody acknowledged the risks around the table, health, mental health, physically, educationally. I just kind of felt that although they acknowledged all the risks they didn't give me any of the reasons for why [no place was offered] (Social Worker 2, Interview).

Although the young person was alive at the time of the interview this social worker was convinced that very damaging things had happened to her that could and should have been prevented by an admission to secure accommodation. She was, at the time of interview, pessimistic about the future for this young person. Her quote also challenges the idea that risk and the level of risk was always the primary criteria for decision making.

The two young women who Social Worker 2 had referred to secure, Molly and Tina, described a range of behaviours and experiences where others perceived they were in danger. In both these cases their social worker's referral to secure accommodation was rejected. Molly and Tina described how they had further difficult experiences including being assaulted and continuing to run away after their unsuccessful referrals to secure. Both of these young women felt they could look after their own safety and were glad they had never ended up in secure accommodation. This highlights how young people's views about risk and harm can differ from those of the adults supporting them. This may have to do with their lack of insight or self care skills, but it may also relate to an over protectiveness on the part of the adults tasked with looking out for them.

Risk Assessment

The issue of risk assessment was a contentious one in several of the 15 case discussions observed. Comparing and contrasting case discussion 1 and case discussion 8 shows some of the issues that arose around risk and risk assessment in a real decision making discussion. These two cases have been chosen because of the number of risks identified in official referral forms and presented at referral discussions are of a similar level and type. Some of their characteristics and circumstances at the time of referral were also similar; both were male and both were accommodated in open residential

units within the study authority at the time of referral. The table below summarises some of the issues in both cases.

Table 8: Comparing Risk Assessments

Discussion number	Discussion 1	Discussion 8
Age of referral	14 year old male, currently placed in open residential provision	15 year old male, currently placed in open residential provision
Referrers present	2 youth justice workers 1 social worker 1 senior social worker	1 Residential unit manager 1 Residential care officer 1 Senior social worker
Secure group members present	3 secure referral group members present	3 secure referral group members present
Risks identified in the SRG discussion	40 recent charges for offending including multiple thefts and fraud Concern regarding his association with older teenage offenders Absconding, missing 17 days out of a 21 day period Daily cannabis use reported by the young person and suspected heroin use	22 recent charges including assault to staff and other young people and three incidents of fire raising Concern regarding suspected contact with a schedule 1 offender Concern regarding his verbal threats to other young people and sexualised behaviour
Outcome of meeting	Place in secure offered	Place in secure refused

In both these cases the level of offending was very serious and there had been documented recent harm done to other people by these young

people on multiple occasions; there was no indication that these behaviours were going to decrease despite a range of interventions including specialist youth justice and therapeutic support being put in place for both young people. Both discussions had been provided with multiple reports not just from social work but from the police and from open residential units where these young people were supposed to be staying.

In discussion 1 the decision was taken to offer the young person a place in secure. At the time of the meeting he had been looked after and accommodated for two months. This young person was already on a place of safety warrant from a Children's Hearing which had taken place a few days earlier. The first person to give an opinion at the end of the discussion was SRG Member 3 and his view was agreed by the other members of the group who each gave very similar statements. This is what he said:

SRG Member 3: Well I am certainly concerned about him [the young person referred], in terms of the level of risk that he poses to both other people and himself. Em, I think about his robberies, there is danger there for people. Also the concern about his absence and the more recent accounts of the lack of [self] care, although it doesn't seem to be at a dangerous level. Eh, the potentials of going about with weapons as well, I believe I certainly have concerns about. (SRG Discussion 1)

In this case there were unconfirmed reports of this young person carrying a weapon. His pattern of absconding was very severe. He had been missing for 17 days out of 21 day period, which was well documented by a report from the open residential unit where he was supposed to be staying. His multiple charges for theft were backed up by some police reports which suggested he and his friends were targeting their theft at 'vulnerable' members of the community such as older people and people with disabilities.

In discussion number 8 the young person being discussed had been in the looked after and accommodated system for two years. He was due to have a Children's Hearing in the coming week. His charges were for violence against staff and other young people in the unit where he was staying and these were documented with police reports and a report from the residential unit where he was staying. There was concern about his threats of sexual violence towards staff and young people and a recent incident where he exposed himself to a member of staff. A mental health assessment had raised concerns about the level of risk he posed to himself and others and his possible contact with individuals who had offended against him in the past. He was not offered a place in secure after this discussion.

All of the group members expressed concerns about offering a place but these were most clearly and strongly presented by the chair, SRG Member 5 who gave his view last. This extract below sums up the reasons given.

I think the problem in terms of the secure referral group is that from what you're saying you are probably right but we haven't undertaken the assessment to actually say what the clear issues that are around in terms of how he uses this sexualised behaviour. So you are giving instances and saying that X [a project which works with young people whose behaviour is sexually harmful] are involved but you are not giving a clear assessment. . . I suppose what I am saying is that I agree about what has been said around the table, that there is a high level of risk but it is hard to quantify in terms of what will happen next. I think people are assuming what will happen next but until an assessment is fully completed that is going to be hard to actually, eh, it's going to be hard to quantify, I suppose. I think we do need greater details about the incidents that have taken place, accompanied by a risk assessment. Just simply having the number of incidents in more detail [is not enough], we need some more analysis to look at what has gone on and patterns of behaviour. (Discussion 8)

What is interesting about this extract is that the chair is claiming a risk assessment has not taken place, and yet he is acknowledging there is 'a high level of risk'. He suggests this risk needs to be better quantified but is not clear how this should be done. The social worker had already outlined the pattern of incidents, their frequency, and the harm that had been caused to others, and had provided written accounts from a range of professionals who knew this young person well and felt his pattern of behaviour was escalating. SRG Member 5 uses the terms risk assessment in contradictory ways which serves to obfuscate his point; at the same time it is clear he does not want to offer this young person a placement in his secure unit.

In contrasting this meeting with meeting 1 what stood out was that in both cases a similar level of evidence was presented in multiple reports, evidencing possible risk of serious harm for others if action was not taken. In one case this was acted upon and in another it was not. Whilst it is possible that all the risks may not have been outlined in the referral reports and researcher subjectivity may have influenced some of what was recorded, there does seem to be some evidence that two different standards for 'risk assessment' were at work in these meetings. For discussion 1 a more informal kind of risk assessment is deemed adequate, while in discussion 8 a very specific kind of risk assessment is being asked for in another format.

It seems possible that in the example of discussion 8 the 'need for further assessment' was being used as a way to avoid immediately accepting this case. Now this may have been done unconsciously or it may have been done consciously because of concerns about admitting a young person whose sexually aggressive behaviours might pose a threat to other young people already admitted to the secure unit. It was not possible to establish this. However, without an agreed format for risk assessment referrers cannot be

sure of the type of information which might be required to supplement the detailed referral information they are already expected to supply.⁴⁵

Another difference between these cases has to do with where the offending was taking place. In the case of the young person described in discussion 1 the offending was happening in the community and primarily involved theft. In the case of the young person described in discussion 8 the offending was against staff and young people in the unit where he was living. This included assault with a weapon against another young person and an attempt to strangle a member of staff. The harm caused by this offending behaviour may have been viewed in a different light because it was contained to the residential unit. This suggests that perceptions of risk are influenced by things like who is at risk from the young person. As the quote from SRG Member 2 highlighted earlier, this can sometimes be influenced by political pressure from the community.

An important way that these cases differ has to do with the level of absconding; this fact might also have influenced the way that the risks posed were viewed by the secure referral group although they did not specifically highlight this issue. The young person from discussion 1 had been missing 17 days out of a 21 day period immediately before the date of the secure referral meeting. The young person from discussion 8 was absconding but not overnight; his pattern was to return to the residential unit. As we have seen previously, regular absconding is clearly identified in the secure criteria, which means that the young person in discussion 1 could be said to fit both the criteria for secure accommodation. That said the legislation and guidance does not specify that both criteria must be met.

⁴⁵ See Appendix 11 for detail of what information referrers must submit to the secure referral group.

One of the challenges in risk assessment is that there are no guarantees. One secure referral group member articulated it this way.

It is always a worry that things will go tragically wrong that night. . . . I suppose I rationalise it in my head. You cannae be all things to all men. Risk assessment is the mantra of the millennium. But it is human behaviour we are dealing with and human behaviour can never be exactly measured. And honest assessments are indicators they are not guarantees of an outcome. There is nothing queerer than the truth because there is nothing more idiosyncratic than human behaviour. So there is something about keeping the door open a wee bit because this one could go belly up tonight. (SRG Member 6, Interview)

As suggested by this quote, secure referral group members always stressed at the end of meetings that referrers should keep them updated with any changes in the circumstances relating to a young person. In the case of discussion 1 this was the second discussion about this young person, a place had been refused on the first occasion. The young person in discussion 8 was re-referred after the survey period was complete; follow-up eight months after the survey period revealed that this young person did eventually end up with a place in secure accommodation. The circumstances around that re-referral and eventually admission were beyond the scope of the follow-up exercise; one can only hope further harm did not come to the young person himself or to another in the interim period. Yet, several respondents suggested that the experience of further harm was sometimes required before risk was seen to be sufficiently 'evidenced'.

Discussion

Legislation and Guidance: Only a Starting Point for Decision Making

This study has found that the criteria for secure accommodation decision making is not fixed. While the legislative framework was the starting point for most decision makers, how they interpreted and applied the legislation and guidance varied. This is to some extent necessary and desirable, as legislation on its own is not a strong basis for social work decision making.

The image of the social worker as 'agent of the law' is . . . partial and dangerous. For it encourages a view of professional competence which rests solely or mainly on an ability to interpret and execute legal requirements, whereas, in fact, such competence rests on far wider abilities in which that elusive but crucial element of professional judgement is central (Stevenson 1986: 503).

Interpretation and application of the law requires a range of skills and an ability to balance competing requirements. The difficulty, as highlighted by this study, comes when decision makers are trying to maintain a consistent standard for decision making that is clear and fair. Competing demands from legislation, differences in definition and emphasis, influences from the timing of referrals to the quality of evidence and the type of risk assessment all have a role to play.

O'Sullivan (1999) reflects on the example of secure accommodation decision making in order to explore the limits of legislative and policy guidance; discussing the secure criteria he asserts:

. . . many young people may fall within the criteria whose circumstances, from a professional point of view, would not justify the restriction of their liberty . . . legislation provides an important framework within which decisions can be taken, but it should not be allowed to determine decisions in a narrow way (1999: 31).

This study has found that legislation does provide an important framework for decision making in the study authority but it is only the starting point. The down side to this is that the requirement for professional discretion and judgement can lead to inconsistencies in decision making practice, one consequence of which seems to be frustration on the part of referring social workers, residential workers and Children's Panel members.

Choices about which aspects of legislation are most important are inevitable. Making priorities and choices explicit, clear and transparent might improve consistency and accountability within the study authority. However, there is perhaps also a need for referrers to better understand the range of competing concepts that impact on secure accommodation decision making and the importance of looking beyond the secure criteria to the wider principles of the Children (Scotland) Act 1995 and knowledge from research.

The legislation and guidance relating to secure accommodation are also clearly applied in different ways in different local authorities in Scotland (Walker et al. 2006) and some might argue that this allows for flexibility in application to the local context. The problem with this is that the use of secure accommodation varies so widely between local authorities, with some not using it at all and some using it on a weekly basis (Scottish Executive 2008). It surely cannot be right that some young people in need of secure are denied it when elsewhere young people who might benefit more from other types of placement, support or treatment are placed in secure accommodation instead.

This unevenness in the use of secure accommodation suggests a lack of consistency and equity in the system. So although the notion of 'right' decision making in the CSA 1995 suggests the promotion of the 'welfare' of the young person, clearly different notions of justice and bureaucratic

rationality are operating in different parts of the country. This lack of consistency was also found in this study, leading to frustrations within the study authority about the use of secure accommodation. Further guidance in the application of the secure criteria might be a useful starting point for improving consistency and evening out the use of secure accommodation in Scotland.

Risk, Time and Evidence

This study found that the concept of risk was central to the decision making logic of many respondents, which is perhaps not surprising given the language of the legislation itself and the increased pre-occupation with risk in social work more generally (Parsloe 1999; Brearley 1982; Kemshall and Pritchard 1996; Parrott 2006; Kemshall 2006; Webb 2006). Further guidance on the use of legislation would depend on further discussion of terms such as risk, dangerousness and harm which this study found were key to how decision makers began 'thinking through' the particulars of a case in-order-to reach a determination about if that young person should be placed in secure accommodation.

Defining risk is not straightforward, because the concept of risk is 'as long as a piece of string and as elastic as a bungee rope' (Eldridge 1999: 106). As we saw in chapter 3, definitions of risk are socially and culturally constructed and, as such, change over time (Beck 1992; Lupton 1999; Mythen 2004). Coming at the topic from a social work perspective Webb suggests risk 'is the recognition and assessment of the uncertainty as to what to do' (2006: 34). Others in the clinical field have argued risk is the 'probability of an event occurring' which must be distinguished from danger which is 'the extent of the hazard or harm likely to accrue' (Prins 2005: 265).

Respondents in this study generally defined risk in line with the Chambers dictionary, which defines risk as 'a hazard, danger, chance of loss or injury; the degree of probability of loss; a person, thing or factor likely to cause loss or danger.' As in this definition, risk was defined by respondents in negative terms and related to the probability of something bad or harmful happening; respondents did not discuss the idea, increasingly important in some areas of social work, that risk taking can also be positive, as in the example of risk taking building resilience in young people (Kemshall and Pritchard 1996; Newman and Blackburn 2002; Pearce 2007).

Risk is also not evenly distributed in society with such factors as socio-economic status, gender and race influencing the risks individuals are exposed to (Beck 1992; Lupton 1990; Mythen 2004). Nor, as we saw in chapter 2, is the risk of secure accommodation evenly distributed, with young people in the study authority at higher risk of placement in secure accommodation than elsewhere in Scotland.

The point was made in chapter 5 that who presents referrals and what their relationship is like with decision makers may influence decision making. This suggests perceptions of risk are influenced by who presents these risks and how they are able to talk about them. Also, the timing of referrals was important because of the level of risk being seen to be higher in 'acute' rather than 'chronic' situations. In his review of a range of studies into risk perception Mythen highlights that 'individuals feel an unjustified sense of immunity with regards to risk that arise from familiar activities' (2004: 101).

Secure referral members also made a distinction between 'evidenced' or 'actual' risk and 'perceived' risk. This seemed to come down to whether harmful or dangerous things had already been done to or by the young person and whether this was recent. Risk here is less about preventing harm

and more about preventing *more* harm because harm or injury has already taken place. This was different to the view held by some social workers who were trying to take preventative measures. As secure is such a limited resource and is so restrictive of liberty, it cannot really be viewed in strictly preventative terms; however, decisions about how much harm to 'tolerate' before placing a young person in secure raises questions about the range of other strategies being used in open residential units and other settings to keep young people safe. It also raises questions about what level of safety we believe must be ensured for young people (Thom et al. 2007).

This study found that the standards of 'evidence' about risk(s) seemed to shift depending on the case under discussion. 'Evidence' could mean that there were clear testimonies from a range of professionals, with dates etc clearly spelt out, or it could be more general evidence presented by the social worker. This is partly because the standard of evidence in cases referred through a Children's Hearing is more imprecise than that of the criminal courts, as the system was designed to be non-adversarial. The adult mental health system and the adult criminal justice systems both have much higher standards of evidence and external scrutiny of decision making than secure accommodation, and yet both systems deal with cases where individuals present a risk to themselves or others and may lose their liberty (Alderson 2000; Masson 2002).

There is a danger, particularly in the case of emergency admission, that sufficient evidence may not be available. While Children's Panels are meant to be providing some external scrutiny, it seems they are generally agreeing social work decisions to place young people in secure. When they don't agree it is usually about wanting to place a young person in secure when the local authority does not; however they have no powers to enforce their decision. Although this scrutiny may not be perfect it does mean that

children placed on an emergency basis will have their cases reviewed independently and respondents did describe examples of the Children's Panel ensuring mistakes made on 'emergency admissions' were overturned, with young people returning to the community. As we saw in chapter 5 arrangements around legal representation and advocacy for children within the decision making process are not always sufficient.

Risk Assessment

Beck (2000: xii) has argued that risk is defined by 'those practices and methods by which the future consequences of individual and institutional decisions are controlled in the present'. This suggests that it is not enough to ask respondents how they define risk; attempts must also be made to understand how they operationalize this concept through their 'practices and methods'.

Risk assessment is often described as a practice and a method for understanding risk, which then feeds into a plan about how those risks will be managed (Kemshall and Pritchard 1996, 1997). The findings from this study suggest that while the term risk assessment is widely used, there is sometimes a lack of clarity around risk assessment practices and methods which should be adopted when working with young people who are being referred to secure accommodation.

Secure referral group members, for example, seemed to view their appraisal of other people's reports and assessments as 'risk assessment' but they did not have a standardised format for this. They also did not consistently require particular areas relating to risk to be assessed by referrers. So while in some cases a general overview of the risks was sufficient in other cases very specific types of risk assessment were preferred.

Chapter 3 explored how risk assessment is increasingly defined in techno-rationalist terms as a very specific activity where risks should be carefully quantified (Royal Society 1992; Webb 2006; Kemshall 2008). This study highlights that in practice risk assessment can be viewed as a technical activity or be used as a more general model for thinking about a case. The fact that the term 'risk assessment' is so widely used in social work practice means, however, that often discussions are had in which practitioners think they are talking about the same thing; it is often only when decisions diverge that this lack of common understanding becomes apparent.

As the literature review showed, evidence about the efficacy of actuarial approaches to risk assessment is mixed. Evaluations highlight that there need to be clear aims and agreed principles for effective and consistent risk assessment and that these should be supported through the development of organisational practices, such as supervision and continuous learning frameworks, which support practitioners and decision making forums to develop their reflexivity and risk assessment skills (Sheppard 1995; Kemshall 1998; Benbenishty et al. 2003; Barry 2007; Baker 2008). The findings of this study would suggest that such clarity about the aims and principles of risk assessment would also be helpful for secure accommodation decision making. However, these would need to be backed up by organisational practices. Indeed the findings of this study suggest that such practices are in operation within the study authority but not uniformly.

A wider recognition of the subjectivity of risk assessment and decision making might help practitioners and managers involved to further appreciate the importance of discussion and debate in the decision making process; as there are not simple answers, sharing perspectives and being open about definitions and priorities seems a useful way forward (Ruch 2007). However, this would need to be a genuine dialogue. As chapter 5

showed, decision making power is really held by two people, the HRE and the CSWO. Recognising this fact and clarifying how these key decision makers can be engaged with and ensuring that their decisions are scrutinised, might improve decision making practice on both sides.

Conclusion

This chapter has shown that risk is a central concept for secure accommodation decision making. It has also shown that risk is a particularly slippery concept, supporting the argument that it is socially and culturally determined (Mythen 2004). Lupton has suggested a 'better understanding is needed of how risk logics are produced and operate at the level of situated experience' (Lupton 1999: 6). In this chapter we have begun to understand secure accommodation decision making and its associated 'risk logics'.

The chapter has explored the role of legislation and guidance and the importance of risk definitions in helping decision operators to frame their decisions and prioritise particular cases. Allied to concepts of risk have been notions about 'evidenced' risk versus 'perceived' risk and 'chronic' risk versus 'acute' risk. Risk assessment has also been shown to be a valued activity that is, however, not always consistently defined or practiced.

The next chapter will further explore the 'risk logics' related to secure accommodation by looking at the behaviour of young people in more detail and examining what respondents had to say about the levels of risk they felt were required for admission to secure.

Chapter 7

Risky enough? Thresholds of risk in decision making

Introduction

The previous chapter began to explore the central role that the concept of risk plays in secure accommodation decision making. This chapter will begin by providing some context to the 'risky' behaviours which young people engaged in by examining the characteristics and backgrounds of young people referred to secure accommodation. It will then go on to examine how professionals determined the 'riskiness' of certain behaviours and how the concept of 'thresholds of risk' was central to this.

Finally the chapter will focus in on two factors which decision makers highlighted as playing a big part in their perceptions of risk: gender and age. It will explore why some young people were seen as more or less 'at risk' or 'a risk' because of their age and gender. It will conclude by drawing together the findings and identifying the implications for practice.

Characteristics and Backgrounds

In order to build up a picture of the characteristics and backgrounds of young people referred to secure accommodation data were examined across three sources: the Local Referral Population⁴⁶ of 110 young people in the year 1 April 2005 to 31 March 2006, the Interview Sample of 8 young people (who were taken from the Referral Population for the 05-06 year) and the Secure Referral Group (SRG) Population which includes information on the 15 young people discussed at 11 referral meetings observed between July 2006 and February 2007.

This examination identified the following trends in the characteristics of secure referrals in the study authority:

- The average age of referral and admission to secure accommodation was between 14 and 15 years of age.⁴⁷
- There were generally even numbers of boys and girls being referred to secure in the study authority and in the survey year girls were slightly more likely than boys to be placed in secure.⁴⁸
- The ethnic background of secure referrals in the study authority was white and from the United Kingdom.

⁴⁶ The largest data set in this study is the Local Referral Population data which includes information on 110 referrals. However, much of the information of interest was missing from referral forms. In the case of out of authority referrals this was often because they were made over the phone and an initial referral form was filled out and never followed up with a more detailed referral. However, many of the more detailed referrals were also missing certain key information, particularly about educational placements as we will see. Despite the small size of the data set and the limitations of the data, cross-tabs correlations done with the Local Referral Population data were tested for statistical significance using the chi-square test. Chi-square measures the probability that different categories influence each other. This test was the most appropriate statistical test given that the data was categorical (Yates 2004) and the tests were performed using SPSS. Except for the categories of age and secure referral a strong statistical significance was not found. Given the small size of the sample and the large amounts of missing data, however, this is not surprising.

⁴⁷ The age of the 'average' young person admitted to secure accommodation has remained at 15 for the last ten years (SWSI 1996; Scottish Executive 2003b, 2004b, 2005d, 2006e; Scottish Government 2007c, 2008g, 2009b; Walker et al. 2006).

⁴⁸ See chapter 2 for a breakdown of the national trends in the secure population.

- Recording of disability was poor, however the limited data gathered in this study concurs with more recent national data showing most of the secure population have additional support for learning needs.
- Most young people in the study authority were already on some kind of supervision requirement when they were referred to secure accommodation, suggesting social services involvement with these young people over a longer period of time.
- Most young people in the study authority were being looked after in open residential units at the time of referral to secure accommodation.

Trends in the characteristics of young people referred to secure in the study authority during the survey year do not differ wildly to those in the national population of young people admitted to secure during the same year (Scottish Executive 2006e). The one striking exception to this is the number of young women being referred and placed in secure in the study authority. At a national level being a male makes it more likely that you will be placed in secure accommodation. While in the study authority males and females are just as likely to be placed in secure, with females being slightly more likely to be placed in secure during the survey year.⁴⁹ This suggests that the gender of young people influences the likelihood of them being placed in secure in different ways in the study authority.

This study found that the backgrounds of young people referred to secure accommodation included:

- Contact with social services for at least two years prior to referral but in some cases from much earlier
- Almost always one prior care placement, but in some cases multiple care placements
- Difficulties with family relationships and disruption to family life caused by substance misuse and/ or mental health problems in parents or carers and loss of parents or significant carers
- Significant experiences of trauma, abuse and loss

⁴⁹ The gender split of referrals and placements would need to be tracked over a longer period to establish an overall trend in this direction. See chapter 2 for overview of national trends in admission.

- Disrupted educational experiences

We will now turn to a more detailed examination of some of these background experiences in order to get a better understanding of how these were felt to impact on the behaviours that young people exhibited around the time of their referral to secure accommodation.

Placement History

Understanding the background experiences of young people referred to secure accommodation began with finding out about their contact with social services. Information about placement history was not available for the Local Referral Population, although, the majority of referrals were already under some kind of supervision order at the time of referral. As chapter 2 showed, the process of placing a child on a supervision requirement under section 70(10) of the CSA requires a period of assessment and referral to the Children's Hearing System which suggests that these cases had been known to social work for some time before secure referral. Some of the Local Referral Population had also been referred to secure on multiple occasions within the survey period: 78.2% (n= 86) had been referred once to secure, 10.9% (n=12) had been referred twice, 3.6% (n=4) had been referred 3 times and 1.8% (n=2) had been referred 4 times.

The Interview Sample showed a diversity of complex placement histories. Six out of eight young people had experienced at least one placements out-with their birth family prior to secure accommodation referral. Two of these six young people had been looked after and accommodated away from home for long periods of time on and off from a very young age. In both cases their mothers had serious and enduring substance misuse problems and mental health problems. They had both been separated from siblings for long periods of time. There had been

multiple attempts to re-unite these young people with their mother or other family members which had failed; in both cases these attempts had resulted in the young person coming to further serious harm through physical abuse and neglect. One of these young people ended up being accommodated in secure but the other did not.

Five of the young people in the sample could be categorized as 'adolescent erupters', using Bullock et al.'s (1998) typology. In all these cases their contact with social services began in adolescence and progressed quickly to the point of secure referral in a period of two years. In one case the young person did not want me to access her social work files so there is only the most basic information about her placement history. In four of these cases, however, the files indicate a flurry of referrals to social work coinciding with the first or second year of secondary school. Files did not indicate contact with social services prior to secondary school and there were no school guidance records to indicate if there had been concerns raised in primary school.

In two of these 'adolescent erupter' cases the young people and social workers described long periods of difficulties with intervention from various family members before things were referred by the families themselves to the social work department. Which suggests a weakness in Bullock et al.'s (1998) typology, often cases that would be classed as 'adolescent erupters' because they have not been known to services before adolescence have actually been experiencing difficulties for long periods without social work being aware of the situation.

For all of the young people in the Interview Sample they had had contact with social services for at least two years at the time of referral to secure accommodation. Seven out of the eight young people in the Interview Sample were looked after away from home in an open residential unit at the

time of their referral to secure accommodation. The eighth young person was at home on a supervision order.

In the SRG Population all 15 cases referred had had some contact with social services for at least two years prior to referral. In 25.8% (n=4) of cases young people had never been looked after and accommodated away from home; all but one of these four was already on a supervision requirement at the time of referral. In 40% (n=6) of cases young people had been accommodated in one placement away from home at the time of secure referral. In one case, the young person had had two placements. In 20% (n=3) of cases young people had had three placements prior to referral. In a further one case the young person had had at least 4 placements prior to referral to secure.

Family

The referral forms for secure accommodation do not ask referrers to specify the composition of young people's families, although some reports did make reference to family structure and dynamics. This made it impossible to gather information on families in a systematic way for the purposes of the quantitative survey. For this reason the data on family composition is taken from the qualitative sample of young people who were interviewed for this study.

Only one young person in the Interview Sample came from a two parent family background. The other seven young people came from single parent households headed by women. None of these seven were in contact with their birth father.

Table 9: Interview Sample, Main Carer

Main Carer	Number	%
Mother	5	62%
Both parents	1	13%
No main carer	2	25%
Total	8	100%

All the young people described difficulties in their relationships with family members and between family members as a factor which influenced their behaviour around the time they were referred to secure. This quote from one young person illustrates the link young people made between their behaviours at the time of secure referral and problems in their family.

Cheryl: I had a lot of family problems and was running away and staying out late and drinking and taking drugs and stuff and my mum just told them she just couldn't handle it anymore. (Interview with Young Person)

Based on evidence in reports, observations, and across all respondent groups, it would seem that complexity and difficulty in family relationships was a feature of all secure referral cases.

It is very telling that only three young people in the Interview Sample had regular contact with their family. There were a range of reasons for the lack of contact between five of the young people and their parents and siblings which including:

- The death of a parent (n=1)
- The incarceration of a parent (n=1)
- The disappearance of a parent (n=1)
- Ongoing relationship difficulties between the young person and the parent (n=1)
- The restriction of contact with a parent due to social work concerns about the parent posing a risk to the welfare of the young person⁵⁰ (n= 2)

⁵⁰ In two cases it was the mother's choice of partner that had caused social work concern.

In seven out of the eight cases there was a theme of family instability throughout these young people's lives, with mothers changing partners or father figures going into prison or disappearing from the young person's life for long periods of time.

Significant Negative Experiences

Bullock et al.'s (1998) study identified a number of 'stress factors' in the lives of young people prior to placement in secure accommodation. Taken together these stress factors are understood to increase the risk of negative outcomes for young people (Rutter and Taylor 2002) and as we saw in chapter 3, studies have repeatedly found a similar confluence of stress factors among young people placed in secure.

Looking across the Interview Sample, SRG Population and Local Referral Population a range of stressful and potentially damaging experiences were identified in the lives of these young people. These experiences were highlighted in interviews, reports and observations as being causally related to the 'risky' behaviours which had resulted in the young person being referred for placement in secure accommodation. Inconsistency in data recorded on paper referrals for the Local Referral Population means that the table below shows the range of negative experiences for the Interview Sample (n=8) and the SRG Population (n=15) only.

Table 10: Interview Sample and SRG Population, Adverse Experiences⁵¹

Adverse Experience	Number
Emotional, Physical, Sexual Abuse and/ or Neglect	20
Death of a parent	3
Mental illness of main care giver	5
Drug or Alcohol Abuse by main care giver	10
Domestic Violence	6
Incarceration of a significant care giver	4
Homelessness	6
Victim of bullying	2
Total Number of Cases	23

Each young person had a different combination of these factors and it is important to note that the impact of these experiences is likely to vary depending on other factors in their lives.

The types of adverse experiences in young people's backgrounds were similar across the genders, except in the case of sexual abuse which was much more common among the young women.

Education

In the Local Referral Population information was gathered about young people's educational placement at the time of referral. As the table below demonstrates, in the majority of cases, 59% (n=67), this information was not available on referral forms. In cases where it was recorded 46% (n=

⁵¹ In order to protect the confidentiality of participants specific numbers relating to the different types of abuse are deliberately not provided. It is also important to note that in the SRG Discussions some of the details relating to parents (such as their mental health) were not discussed. This means that these numbers are likely to be an under-representation of the type of background experiences these young people had.

20) of young people had placements in mainstream high schools and 23% (n= 10) had placements in secondary schools for young people with social, emotional or behaviour difficulties (SEBD).

Table 11: Local Referral Population, School Placement on Referral

School placement	Admitted to Secure	Not Admitted to Secure	Total Number	%
Mainstream High School	11	9	20	46%
SEBD High School	6	4	10	23%
Residential School	3	2	5	12%
Day placement at Residential School	1	1	2	5%
Mainstream Primary School	1	0	1	2%
SEBD Primary School	1	0	1	2%
No School Placement	2	2	4	10%
Total	25	18	43	100%

When the differences in school placement were further examined depending on if the young person was admitted or not admitted to secure, no significant differences in school placement for the two groups emerged.

Attendance at school was a problem for many of the young people referred, with 46% (n=18) refusing to attend school (half of these were admitted to secure and half were not). In four cases there was a regular pattern of the young person being excluded from school and in six cases the young person did not have any school placement because they had been permanently excluded. As we can see from the table there are similarities between those admitted and those not admitted to secure. The only big

difference seems to be in the category of permanently excluded young people. Five of these were admitted to secure compared to one who was not.

Table 12: Local Referral Population, School Attendance on Referral

School placement	Admitted to Secure	Not Admitted to Secure	Total Number	%
Attending regularly	1	2	3	7%
Attending infrequently (less than 70%)	5	3	8	21%
Refusing to attend	9	9	18	46%
Regularly excluded	2	2	4	10%
Permanently excluded	5	1	6	16%
Total ⁵²	22	17	39	100%

The issue of school attendance featured heavily in all of the secure referral discussions. In the SRG Population 60% (n=9) had no school placement on referral to secure due to the fact that they had been permanently excluded from their previous school placement. Two young people had been without a school placement for over a year.

⁵² For 69 records there was no detail recording about their pattern of school attendance. This means that for 63% of the overall Local Referral Population data was missing on school attendance.

Table 13: SRG Sample, School attendance on Referral to Secure

School placement	Admitted to Secure	Not Admitted to Secure	Total Number	%
Attending regularly	0	0	0	0
Attending infrequently (less than 70%)	1	0	1	7%
Refusing to attend	3	1	4	27%
Regularly excluded	0	1	1	7%
Permanently excluded	3	3	9	59%
Total	7	5	15	100%

The pattern of exclusion, re-admission, and refusal to attend school was discussed at length in 5 of the 15 case discussions. School attendance was usually linked by referrers to other problems such as substance misuse, family conflict, a lack of boundaries and routines in the home and inconsistencies in prior schooling which meant the young person was behind their class and therefore embarrassed about evidencing their lack of knowledge in front of peers. Referral discussions also highlighted the difficulties in getting young people who were 'out of the habit' of attending school to re-engage with education once resources had been identified.

In the interviews with social workers and residential workers a lack of appropriate educational placements for young people was raised as one of the difficulties for most young people referred to secure; it was also highlighted as a problem for those coming out of secure settings. Two of the young people from the interview sample also highlighted difficulties at school as being linked to their referral to secure accommodation.

Risky Behaviours?

This part of the chapter will examine in more detail the specific behaviours of young people who were labelled as 'at risk', 'a risk', and 'out of control'. This will incorporate the perspective of young people, social workers, residential workers and secure referral group members.

Comparing and contrasting these perspectives was important because, as this unit manager explained, young people don't always see risk in the same way as the adults charged with looking after them.

Unit Manager: It is the really difficult because adolescents don't always share your assessment of risk and it is almost a broken record. You really have to just keep on saying the same things and unfortunately it can take something really bad happening before their behaviour will change and that is really unfortunate. But as long as we are trying to give them the right messages. (First Focus Group)

As evidenced in this quote, the agenda of social workers, managers and residential workers was often about trying to keep young people safe and change their behaviours. Young people sometimes saw this as appropriate, but other times they did not.

The young people interviewed for this study showed different levels of understanding about the risks presented by some of their behaviours. They had their own assessments about how dangerous their behaviours had been and what factors had been influencing them at the time. As in the example of Sally from the previous section, all of the young people discussed how these behaviours related to other difficulties in their lives.

When young people were asked what was happening around the time they were referred to secure accommodation they always began their responses by describing their own behaviours. This might be because all of the young people interviewed for this study were in fairly stable situations at that point and were reflecting back on a more difficult period. Perhaps with

hindsight they were able to see the role their behaviour played in them being referred to secure accommodation. It might also have to do with how they perceived the researcher, as they knew I was a trained social worker they might have felt I expected them to talk about their behaviours. The young people also highlighted what factors inside and outside themselves they felt had contributed to these behaviours; behaviours which adults saw as dangerous or risky enough to warrant them being considered for secure accommodation.

After their own behaviours and choices young people identified family relationships and peer relationships as the biggest factors influencing their path towards secure accommodation. Some life events, such as family breakdown, were also mentioned as important antecedents to particular behaviours. Finally young people did identify the importance of what Bullock et al. (1998) would call 'system factors', as many young people found their behaviours resulted in involvement with a range of professional systems including social work and the police. In a couple of cases young people felt the wrong decisions taken by professionals had sped their path towards placement in secure accommodation, while two young people felt professionals had not acted quickly enough to place them in secure.

The young people in the interview sample were asked what they thought the reasons were for them being referred to secure accommodation. The key behaviours identified by the young people as being the cause of concern for adults and the reason for their referral to secure are listed in the table below.

Table 14: Interview Sample, Behaviours Leading to Secure Referral

Type of behaviour	Number
Absconding or running away	7
Drinking to excess	4
Taking drugs	4
Spending time with unsuitable people	3
Getting into trouble with peers	6
Having unsafe sex	2
Harming themselves	3
Offending	4

Young people identified multiple behaviours and often explained how these were inter-related. One young person described the combination of factors in this way:

Joe: Well I was mucking about with all these pals, well friends, and I was getting into trouble with them all the time. Absconding all the time and drinking and that and getting hospitalised. (Interview)

This combination of behaviours was recognised by this young person as very dangerous and he acknowledged that they could have led to his death. As he explains in this extract:

Researcher: So thinking about all the things going on do you think people were right to be worried about you?

Joe: I was putting myself at risk too much. I mean it [secure] did help me quite a lot. I dinnea do any of the things I used to do now as well.

Researcher: What do you think would have happened if you had not gone in [to secure]?

Joe: I reckon I would probably be dead in a gutter right now or something. (Interview)

This young person felt that he should have been placed in secure more quickly than he was and he felt secure had helped him change his behaviours.

The complexity of behaviours causing concern presented a real challenge when collecting data for the quantitative phase of this study. In the quantitative survey 77% (n=77) of the 102 out of 110 referrals with a recorded reason for referral had more than one reason for referral. 47.3% (n=52) had at least three reasons for referral⁵³. In 43.1% (n=44) of cases the first reason mentioned for the referral was offending. In 19.61% (n=20) of cases the first reason given for referral was being 'at risk sexually'. In 18.6% (n=19) of cases the first reason given for referral was absconding. Drug misuse was the first reason given in 10.8% (n=11) of cases, and alcohol and psychiatric concerns including self-harm each featured first in 3.6% (n=4) of cases.

The most common second reason listed for referral was absconding, with 25.5% (n=28) referrals listing this. Drug use featured in 16.4% (n=18) of the cases as the second reason for concern. With 8.2% (n=9) also 'at risk sexually', 7.3% (n=8) offending, and 6.4% (n=7) misusing alcohol.

The breakdown of the first listed reason for referral according to gender, is presented in the table below. What is immediately clear from this table is that offending was much more of an issue in referrals for young men, with 34.31% (n=35) of these referrals listing this as the first reason for referral. For girls the first listed reason, in 19.61% (n=20) of cases, was that they were 'at risk sexually'. This was variously described in reports as young women being vulnerable to sexual exploitation or being drawn into prostitution, being sexually promiscuous, or at risk of becoming pregnant or contracting a venereal disease. For roughly equal numbers of boys (n=8) and girls (n=11) their running away was the first listed concern.

⁵³ The researcher chose not to weight each reason in terms of its importance as this would have required a subjective judgement about the referrer's intention to emphasise particular behaviours where he/she might have seen all of them as equally important. Instead the reasons for referral were recorded in the order they were mentioned in referral forms.

Table 15: Gender and First Listed Reason for Secure Referral

Sex	First Listed Reason for Secure Referral						Total
	offend	drugs	alcohol	at risk sexually	abscond	psychiatric incl. self-harm	
female	9	7	4	20	11	3	54
male	35	4	0	0	8	1	48
Total	44	11	4	20	19	4	102

Members of the secure referral group saw it as their responsibility to sift through the finer details relating to these behaviours to determine the level of risk or dangerousness they presented to the young person and/ or the community. Secure referral group members and the CSWO were questioned in detail about how they understood risk and how they determined what behaviours represented such a level of risk that secure accommodation was required to keep the young person safe. They were also asked to identify any factors, e.g. age or gender, which might influence their perception of the risks in a given case. These behaviours and factors are explored in the next sections of this chapter.

Running Away

In the Local Referral Population 60% (n=61) of all cases cited running away or absconding from placements as one of the reasons for referral to secure accommodation. For all of the young people in the Interview Sample, running away or absconding from their placement was a regular and persistent feature of their behaviour around the time of referral to secure. They all spoke about how it was of concern to professionals involved with their care. Some discussed the link between this behaviour and their feelings and situation at the time. Several did not. The table below shows the

multiple and sometimes overlapping reasons for young people running away.

Table 16: Interview Sample, Reason for running away

Reason for running away	Number
Peer influence	7
Relationship difficulties with family	6
Unhappiness in placement	5
It was fun	4
Wish to return to live with a parent	3

In this extract one young woman speaks about running away as being motivated by her desire to stay with her mother.

Molly: Well I only ran away so I could get back with my Ma. So that was that. I don't run away when I am at my mum's. Cuz my mum kens where I go and my mum knows the people that I know so she kens that I am safe. So she doesn't need to worry. But sometimes she does worry cuz I go out and I come back early hours of the morning. But it doesn't happen like often but sometimes I dea it but I phone her or text her and tell her where I am.

According to the available records this young woman had been referred to secure accommodation at least three times, twice by one social worker and once by another social worker but she was never placed in secure.

Molly explains that her mother did not need to worry about her because she knew the people in Molly's social networks, something that residential workers did not have the same knowledge about. She also says she makes more effort to let her mother know where she is, suggesting that there was something about the quality of the relationship she had with her mother that made her want to communicate in a different way with her than she did with staff. Now that this young person was living back with her mother their relationship was a mediating factor in her risky behaviours,

whereas before when she lived in an open residential unit she did not have those kinds of protective relationships (Gilligan 2001).

The social worker who referred Molly to secure explained that because Molly had gone missing so much over a period of several years the police had decided to downgrade her missing status from amber (most serious coding for a missing young person) to yellow (coding by police indicating medium concern).⁵⁴ The social worker explained that she felt Molly's behaviour was motivated by a range of factors including difficulties in her relationship with her mother and wanting 'excitement'.

The following extract from another young person illustrates again this desire to 'go home' and the cycle of running away and being brought back to the unit repeatedly.

Cheryl: They brung me back, then I ran away again, then I got found, I was just running away coming back, running away coming back.

Researcher: Ok, so how long did that go on for?

Cheryl: Ages

Researcher: Like months and months? (She nods) That sounds like a tough time. . . Were you happy doing that or . . . ?

Cheryl: I just wanted to go home to my mum eh.

Cheryl's mum was not allowed to look after her daughter due to concerns about the impact of her alcohol use on her parenting of Cheryl.

In the extract from Sally, quoted earlier, we saw an example of a young woman who said running away was a response to being placed in a residential unit where she did not want to be. In the extract below she explains how when at home she would come home late but would always be

⁵⁴ The coding of a missing young person will often determine the police response and the priority given to that response. The study authority had an agreed protocol with the police for categorising missing young people depending upon the level of concern about their missing status.

in touch with her parents. In contrast, when she was at the YPC she was not in contact with anyone and would stay away overnight and remain missing for days at a time.

Researcher: So why did you start running away at X [YPC]? Had you been running away at your parents?

Sally: Na

Researcher: Right, right so it was more like you were coming back late to your parents or not going home exactly when they wanted, what did you do?

Sally: Aye, but I would always come home, I wouldn't run away and I would phone them and say 'I'm just coming up the road.' But when I ran away [from YPC] I had no contact with anybody.

Researcher: So actually it sounds like going to X [YPC] just made the situation worse.

Sally: Aye, I hated it

Five of the young people spoke about their unhappiness in their YPC placement leading to their absconding, whereas, only one spoke about the support in the YPC helping her to settle and stop running away.

Several of the young people spoke quite eloquently about how upset and distressed they were and how this fed into their running away. In this extract Joe's social worker gives her summary of how she understood Joe's behaviour at the time:

He went out there as an escape from his reality and that is really my sense of what he did . . . he was smoking, he was drinking, he was stealing . . . You know he had went to that point where he was on his own, he was barely dressed, he was barely eating, he was walking the streets throughout the night . . . You know he was just seeking so much to find somebody who would give him a hug and kind of look after him and he wasn't finding that in a YPC. (Social Worker 1, Interview)

This quote illustrates the desperation and sense of being lost that was a theme in all these cases and was strongly linked by the young people to their choice to run away. It also shows how the pattern of running away could

have a detrimental effect on a young person's health, due to lack of a routine in sleep and eating and being outside in the elements. Several young people explained how they would run away and stay in stairwells or fields.

In secure referral discussions the whereabouts of young people was a crucial detail relating to the risk associated with running away. As chapter 7 showed, the secure criteria was written in such a way as to try and ensure that running away in itself was not viewed as 'risky'. The criteria specifies that secure should only be used when the child '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' (1995 Act s 70 (10)).

In analysing the observations of the secure referral discussions most of the concerns about running away related to physical risk, but quite often concerns for mental and moral welfare overlapped with concerns for physical welfare. So for example, physical risks included young people not having sufficient shelter and food when they absconded. Joe's social worker and several social workers observed at the SRG meetings also highlighted the mental risk of this behaviour, describing young people who would seek affection and care from anyone he/she could find.

Physical risk also included being physically or sexually abused by others, including peers, when they were away, as illustrated by the following example from SRG Discussion 4.

Senior Social Worker: The other thing that has been quite concerning and was hugely concerning when she went missing for so long [9 days] is that on a couple of occasions some strange men, we don't know who, have dropped her off back at X Unit.

This extract also illustrates how the physical risks associated with running away and being raped or sexually exploited were also linked to moral risks, with this young woman becoming involved with a group of girls who were

given money, gifts and a place to stay in exchange for sex with a particular group of older men.

Young people also presented physical risks to others through their offending behaviour when they went missing, as in the example of the young man from SRG Discussion 1. This young person was involved with carrying out robberies and burglaries. He was often stayed in an abandoned flat when he absconded from the YPC or with a 'well known' family who were described as inappropriate because of their involvement in criminal activity, drug use and suspected drug dealing. This shows how physical and moral risks were often linked in the minds of the referrers.

The risks associated with running away varied considerably and assessing them often required detail about what they were doing when they were away, which was information referring social workers did not always have. This further highlight the issue of 'evidenced' risk, because often when young people run away from placements adults are unsure of where they have gone, who they are with and what they are doing. Interviews with social workers and focus groups with residential workers also suggest doubts about what a young person is doing when they run away plays on the minds of those with responsibility for looking after them.

In some ways it was ironic that because of young people's unhappiness with their placements, which had been supplied to minimise other risks such as neglect or abuse from family members, young people then engaged more with other risks such as running away. This is one of the challenges and dilemmas of social work intervention: do we, in our efforts to improve a situation, in fact make it worse in some ways?

Drinking and Taking Drugs

Using drugs and alcohol was another activity that many of the young people who were referred to secure engaged in. Most of this was during times when they had run away from their placements but sometimes it was also in the units where they were stay. Depending on the situation this activity was described as presenting physical, mental and moral risks to young people. Misuse of drugs and alcohol was also viewed as making it more likely that the child would meet part (b) of the secure criteria which states 'is likely to injure himself or some other person unless he is kept in such accommodation'.

In this example from SRG Discussion 14 the residential worker describes an extreme pattern of drinking by one young woman.

Residential Worker: When X drinks she drinks incredibly quickly, and she will tell you she drinks to forget. Her behaviour can be extremely erratic. . . She becomes very violent towards herself and other people. (SRG Discussion 14)

In this discussion the residential worker, social worker and drug counsellor were at the SRG meeting. They explained their view that the young person's alcohol misuse was impacting on a range of self harming behaviours, which in some instances had endangered her life and the lives of others. In this description there is once again this sense of a young person 'out of control', behaving in an extreme way but unable to remember what has happened. The social worker went on to explain her view that the young person drank to forget previous experiences of sexual abuse and neglect. This impulse to 'forget' is sometimes described in the substance misuse literature as an attempt to 'self medicate'; the drugs and alcohol are used to anaesthetise one from painful past memories and so the behaviour is a kind of coping mechanism for the user (Nelson 2001; Petersen and McBride 2002; Caan and de Belleruche 2002).

In the Local Referral Population the misuse of drugs was mentioned in 42% (n= 43) of cases and the misuse of alcohol was mentioned in 36% of cases (n=37) referred to secure accommodation. Three young people in the Interview Sample mentioned their drug and alcohol use as a cause for concern, and one young person mentioned her drug use alone as a cause for concern. Two of these young people had been hospitalised due to taking a mixture of drugs and alcohol. Both were eventually placed in secure accommodation. Four of these young people mentioned taking cannabis. Two mentioned taking ecstasy and speed.

All of these young people spoke about drugs and alcohol being something they used with their peers. They were able to obtain drugs from older teenagers they knew in the community and were often supplied with alcohol by adults. Two young people described taking drugs and alcohol with their friends as being 'fun' times.

Linda: I was having a good time. (laughs) Aye and nobody could tell me what to do. I was out steamin every night, walking about the town and that, it was fun but it was dangerous.

Researcher: It must not have always been fun.

Linda: Most of it was fun. Like the house parties. Like the parties you had to have a password to get into. Everyone would be lying on the floor or on the stairs just singing. You would get the occasional person going to the bathroom to be sick. Me and my pals used to go about with the music blaring getting all the drink down us.

This close relationship between fun and danger was re-iterated by two other young people in the sample. However, in the extract below this same young women talked about how her drinking developed into a regular habit.

Linda: You dinnea really think about it. Cuz you start off with 3s or something and you share a 3 litre bottle of cider between the three of you and it gets you drunk. Then you get on to the hard stuff and then drinking just gets first cuz you are not getting the same effect

as you did before. I could go from a half a litre of vodka to a litre of cider and still be drinking and not be drunk.

Linda did not talk about having an alcohol dependency but she did describe being medicated for withdrawal symptoms when she was first admitted to secure, which further suggests the seriousness of her problem. Her comments also suggest her relationship with alcohol and drugs was an ambivalent one; sometimes it had been fun but she also acknowledged that it had at times been dangerous.

In interviews, focus groups and during observations of the SRG meetings social workers and residential workers often spoke about the link between drug and alcohol use and vulnerability. For young women this was almost always described in terms of sexual vulnerability, whereas with young men it was most likely to relate to concerns about them harming someone else or developing a dependency on a particular substance. This quote from the interview with a senior social worker was fairly typical of the kind of concerns raised for young women:

So there was concern about whether or not she was actually able emotionally and physically to put in place any boundaries to protect herself. That as well as what others might do to her when she was out of her face was also increasing our concern. (Senior Social Worker, Interview)

Professional judgements about how serious the level of drug and alcohol use had to be before it was seen as a significant risk to young people varied between workers. As we saw in the previous section, secure referral group members generally felt that evidence of dependency or bingeing which required hospitalisation met their threshold for risk, whereas some social workers were more concerned with experimentation which they felt might escalate.

Spending Time with Unsuitable People

Seven out of the eight young people in the Interview Sample mentioned spending time with adults outside of their family who harboured them when they were running from their placements. In all but one case these people also supplied them with drugs and/ or alcohol. This was not something that young people discussed in detail. However, in three cases young women described staying on their own with adult men who were not well known to them for days at a time and being aware that the police were looking for them.

As we have already seen, social workers and other referrers often felt young people showed a lack of judgement about who were safe adults to spend time with. The comments from this residential worker were fairly typical of the kind of concerns raised about young women's judgements:

Our concerns for Tina were about her safety . . . She was using alcohol and trusting people who were really there to use her. . . she went with anyone who showed her any concern. People that she had barely met, just anyone who said a kind word to her and said come back with us we will give you a cup of tea she would do it . . . When she went off we just had no idea what state she would come back in or if she would even come back safely. (Residential Worker 1, Interview)

As in this interview, social workers and residential workers in interviews, focus groups and observations often related young people's indiscriminate acceptance of adult attention to their desire to be cared for or to belong.

For young men this was often highlighted in relation to the time they spent with older male offenders, as was illustrated in Discussion 13.

Practice Team Manager: He is becoming a bit of a career criminal in that he sees that as his status identity. . . He is very much out and about [with a local group of older male offenders]. . . I mean he has been assaulted on at least one occasion and I think he refused further treatment at some point so he has been injured and people were clearly after him. (SRG Discussion 13)

In this discussion the referring social worker and the practice team manager both felt this young person's identity as a 'career criminal' was being shaped by his contact with older offenders and the reputation this association conferred on him in his local community. Beyond the risk to his identity, his physical association with these offenders brought real risks that he would be violently attacked by members of other criminal groups. As this extract illustrates, there was also the risk that he would refuse to have these injuries treated. This young person had already been in secure on three occasions; however after this discussion a third placement was agreed.

Some social workers and residential workers also linked this poor judgement about who was a 'suitable' or 'trustworthy' adult to young people's previous histories of neglect and abuse and the poor role models they had had in their lives. The range of negative experiences in the lives of these young people, taken to together with research relating to the impact of abuse, may support the conclusions of these social workers (Farmer and Pollock 1998; Bandura 2001; Everett and Gallop 2001; Nelson 2001).

Getting into Trouble with Peers

Relationships with peers were very important for young people in this study. Young people in the Interview Sample primarily described these relationships as having a negative effect on their behaviour and attitude. Joe explained how the peer group in the open residential unit where he was staying before he was referred to secure influenced the deterioration in his behaviour.

Joe: We were all just trying to show off to each other really. We were all trying to see who could do the worse thing. I was always the one.

Researcher: Oh dear.

Joe: . . . So we would do things like that and chuck things and hit staff and throw shampoo in their eyes and things.

Researcher: Geez

Joe: We used to always sneak into the kitchen at night and steal food and then run away with it like. We would take our covers and that cuz sometimes we would go and stay with our other pals who did have spare covers and that so we would take our ain covers and steal food and that.

Joe's description suggests an open residential unit where the young people are acting together to undermine the authority and control of the staff team. This raises concerns about how this situation was allowed to develop and escalate in this particular unit. Joe's Social Worker also felt that the negative influence of peers in the open residential unit had been the catalyst for a range of this young person's negative behaviours. She said that she had worried about placing Joe in a residential unit for precisely this reason, but had been told there were no other available resources.

Molly described how she saw the deterioration in her own and other young people's behaviour after being admitted to the YPC. She felt this was in part due to the peer influences within the unit.

Molly: I never used to swear to my ma or that or argue with my ma or that but after I got put in a home I got used to it. It changed people a lot. Because this wee laddie came into X as well and he was so quiet. He was the quietest laddie there and after he got used to the, cuz he was there for about a year, wee X, when he got used to the home that's when he used to just start shouting at the staff, like kicking things and smashing things and chorning things and that.

Researcher: So do you think he was looking at the other young people and thinking I will do the same or just that he was unhappy in there?

Molly: I dinnea know. Well copying some of them and just he's not happy at all. Cuz it is the home that turns people around.

This idea that 'the home turns people around' was supported to some extent by what social workers said about their experience of placing young people in open residential units, and was further evidenced by a number of social workers who said at SRG meetings that they did not want to request open residential placements because they felt this would make young people's behaviour worse. In 3 out of the 15 cases discussed at SRG meetings young people were being referred to secure from home after failed placements in open residential settings.

However, it must be stressed that some social workers also gave examples of young people's behaviour changing for the positive after an admission to an open residential unit. Two of the young people in the Interview Sample felt their placements in open residential units had been very helpful. Molly's experience perhaps reflects what was happening at a particular time in the unit where she was staying, and one of the key features of residential care is that the population of residents, and in some cases staff, is continually shifting (Utting 1997; Skinner 1994; DoH 1998).

Residential staff spoke in focus groups about the challenge of managing the group dynamic in an open residential unit. In the first focus group there was a strong emphasis on the importance of establishing a positive peer culture in the residential unit.

Residential Worker 4: It [the influence young people have on each other] all depends on the culture in the unit. Some young people see being in a YPC as a big party but if you have a good culture with attachments and relationships they will learn that it's not like that. (Focus Group 1)

This residential worker identifies what many of the residential workers mentioned, the importance of relationships with young people. This positive relationship was seen as the focus point for encouraging changes in behaviour. Young people also mentioned the importance of relationships;

however, for them it was changing relationships with family that was most important.

Young people described how they could feel close to one another in a YPC because they had been through the same process of having to leave their families.

Tina: I don't know. He [speaking of another resident she used to run away with] said he was the same as me. He didn't like staying here and you feel like there's nothing left for you.

Researcher: Yeah . . . just because you're not with your family and it's all staff and stuff and not your own family?

Tina: Aye. . . Not being able to stay with my mum. . . You had to be in for a certain time, had to be in my bed at a certain time.

Researcher: All the rules. Were there more rules here than there were at your mums?

Tina: [She Nods]

Researcher: Yeah, so that must have taken some getting used to?

Tina: [She Nods]

This sense of feeling understood by your peers can be one of the positive impacts of living in a group setting, and has been highlighted by other research (Emond 2003). In this extract Tina suggests that young people in residential care sometimes share a lack experience of adults setting rules and boundaries.

Having Unsafe Sex

In 31% (n= 32) of cases in the Local Referral Population being 'at risk sexually' was listed as one of the reasons for referral to secure accommodation. 100% of these cases were young women. Young people in the interview sample did not speak about their sexual behaviours and they were not asked to comment about this directly.

Social workers, residential workers and managers identified unsafe sex in terms of young people not using contraception, having multiple sexual partners while being under the age of consent, and appearing to be willing to have sex with 'anyone' who gave them anything including a place to stay, food, money or just attention. They were concerned about the physical harm that could come about from this unsafe sex including young people contracting sexually transmitted diseases; which in some cases might lead to permanent harm such as infertility, depending on the sexually transmitted diseases they contracted. One young person had repeatedly contracted a range of sexually transmitted diseases and concern about her physical health and the fact that she continued to have unsafe sex after treatment was seen to be putting herself and other young people at risk of physical harm.

Pregnancy was also seen as a harmful consequence of unsafe sex. Pregnancy was seen to be harmful for young people themselves, due to their perceived lack of physical and psychological maturity and the stress of having a baby to look after. It was also perceived as having harmful consequences on the baby itself, as it was feared that the young person's lack of care for herself would extend to the baby both during pregnancy and after the birth with the baby being at risk of neglect and abuse. The possible need to terminate a pregnancy was also seen by some respondents as posing a physical and psychological risk to young people.

Concern about young people having unsafe sex was almost exclusively related to the young woman in the study, with the exception of one male discussed at the secure referral group who workers felt was at risk of being drawn into a 'rent boy scene'. The gendered nature of this area of risk has been well documented in other studies (Kehily 2005; Creegan et al. 2005; Farmer and Owen 1998) and yet key guidance from the Scottish Executive (2003e) on safeguarding young people from sexual exploitation

does not explore this issue. Later in this chapter we will look at how the issue of gender related to decision makers perceptions of vulnerability more generally.

Harming Themselves

In 20% (n=21) of the Local Referral Population concerns regarding the psychiatric health of young people were listed as one of the reasons for referral to secure accommodations. The primary behaviours in this category were deliberate overdose (usually using paracetamol) and self-harming behaviour such as cutting, but there were also several cases where young people had tried to throw themselves into traffic.

Two of the young women in the interview sample spoke about deliberately taking an 'overdose' prior to their referral to secure accommodation. While none of the young people talked about other self-harming behaviours such as cutting, information from case files and discussions with social workers suggested four of them had cut themselves in the past.

Self-harming behaviours were discussed in 4 of the 15 SRG discussions. In discussion 7 a clinical psychologist was one of four workers presenting the referral of a 13 year old girl who had regularly cut herself and had been threatening to kill herself. The clinical psychologist explained her concerns about the girl's behaviour:

She could do something in an effort to get somebody's attention, a reaction from somebody that could actually end up being very dangerous. Because it feels like a lot of what she does is an attempt to get some response from the adults around her. (SRG Discussion 7)

This young person was placed in a closed support unit, rather than the secure unit. Interestingly, this young person's behaviour was interpreted as an attempt to get a response from adults. However, the young people

tended to describe their behaviours as a response to problems in their relationships with family and feelings of loss and abandonment. One young person also described her deliberate neglect of a serious health condition as a kind of self-harming which she said was because she had not cared about what happened to her at the time.

Offending

In 66% (n=67) of the secure referral population offending was cited as a reason for secure being needed. The range of offending was very hard to capture because of its diversity. For example one young man had 43 charges including multiple charges for breaking and entering and driving offences. Another young person had several breach of the peace charges which he had incurred in the open residential unit where he was staying. Some records were also very vague with statements such as 'assault charges' making it unclear whether there were two or ten of such charges. Offending predominated in male referrals (n=41); however, 26 of the female referrals also cited offending as one of the behaviours causing concern.

All of the young people in the Interview Sample had had contact with the police, most often because they had been missing rather than because of offending behaviour. Four out of the eight young people in the sample had committed offences. In this extract one young woman described in some detail her offending.

Researcher: What kind of offending?

Linda: Just assaults, breach of the peace and resisting arrests and assaults of police officers.

Researcher: Was that while you were drinking?

Linda: While I was drinking and when I was out of my face.

Researcher: On drugs? (She nods). So were you doing that on your own,

the offending, or were you doing that with other young people?

Linda: Sometimes but most of it was on my own but some of it was with my pals.

In the Interview Sample this young person had the most persistent pattern of offending. She links this behaviour to her use of drugs and alcohol.

Although the interviewer's question is a bit leading here, information from her social worker and her file also suggested that her offending was limited to when she was drinking or using drugs.

Two out of four of the young people described being kept overnight in police cells due to their unruly behaviour, one had destroyed property in the open residential unit where they were staying and the other had attacked police when they tried to remove her from the address of an adult who had been harbouring her.

In the SRG discussions offending was only a significant focus in 8 out of 15 discussions. SRG members felt there were serious concerns about the safety of the public due to the young person's behaviour in only two of these cases. Both of these were young men who were placed in secure. One of these cases involved multiple thefts and assaults carried out against vulnerable members of the community, while the other case related to the theft of vehicles and dangerous driving. There were three cases where offences involved violence towards family members, residential workers or young people in open residential units. In these cases SRG concern about 'harm to others' seemed to be less pronounced. In two cases social workers disagreed with Children's Panel decisions to make a secure authorisation for young men who had been violent towards their mothers. This raises questions about how violence directed from children towards their parents is understood and assessed.

The chapter will now consider how these behaviours and other factors were weighed up by decision makers in order to determine who should be placed in secure accommodation in the study authority.

Thresholds of Risk

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. I think that X [secure group member] and Y [secure group member] are more able to sit back and be objective, I'm less objective and then I think Z [secure group member] is less objective still in a sense. There is where I would class the four of us. (SRG Member 1, Interview)

Like other secure referral members, this respondent highlights how his individual sense of risk depended on his assessment of the range of behaviours a young person was engaged with, and an examination of how this fit together with other factors. Using this description, the 'threshold' seems to be an invisible point in the mind of the individual decision maker when secure accommodation is viewed as necessary and justified.

Like this respondent, most decision makers emphasised the importance of objectivity in decision making, while also acknowledging how personal factors and levels of experience impacted on how much risk they could 'tolerate'.

But it can be subjective, it's about recognising the changing nature of morals if you like. . . I guess that people are probably different too. X and Y as family men with children, whereas Z and myself see ourselves as family men but we don't have children. But we have never debated it. (SRG Member 2, Interview)

While SRG members all felt they had more similarities than differences in their 'thresholds of risk', they explained they had not explicitly discussed the issue of thresholds as a group. Given what is known about the pitfalls of

group and individual decision making, such as the tendency towards group polarization and risky shift (Munro et al 1999; Johnston and Johnston 2003), this raises questions about how conscious, systematic and objective their assessments of risk could be.

Several of the respondents were concerned about this, as reflected in these comments from SRG Member 4.

The evidence is that X [the study authority] uses more secure. So for all that we think we are super scrutinisers, our thresholds [for placing young people in secure] are obviously different and that's worrying. (SRG Member 4, Interview)

Although generally reluctant to acknowledge the impact of resources on decision making, this respondent highlights the differences across the country in the use of secure; differences which, later in the interview, he attributed primarily to the availability of secure placements.

In five out of the fifteen discussions observed during the period of this study there was a decision by the secure referral group members to agree the use of secure accommodation. A summary of the outcomes of all discussions is provided in the table below.

Table 17: Outcomes of Secure Referral Group Discussions

Outcome of Secure Referral Group Discussions	Number of Cases	Features of These Cases
A place in secure offered	33% (n=5)	3 male 3 aged 14yrs 2 female 2 aged 15yrs (2 were re-submissions to secure)
An alternative placement in closed support unit offered	13% (n=2)	2 females both 13yrs old
No place offered	53% (n=8)	4 male 1 aged 13yrs 4 female 3 aged 14yrs 4 aged 15yrs (1 proposed re-submission to

Outcome of Secure Referral Group Discussions	Number of Cases	Features of These Cases
		secure)
Total case discussions	100% (n=15)	

Looking across the eight cases that were rejected and the five cases that were accepted by the secure referral group a number of themes relating to decision making and thresholds become apparent. In three of the rejected cases there were issues raised about secure accommodation not being the 'last resort' for the young person because a placement in an open residential unit had never been tried. In these cases the SRG felt that a YPC placement might address the needs and risks identified. This justification seems to be in keeping with the legislation, as we saw in chapter 2 the principle of 'last resort' is spelled out in the guidance to the CSA 1995.

In the five cases that were offered a placement in secure there was far more consistency in terms of secure accommodation being the 'last resort', for example all of the young people had had at least one out of home placement prior to secure referral. Overall these cases also had a greater level of involvement from across a range of services including wrap-around support, specialist criminal justice input and specialist mental health input. This indicated that, prior to referring the case to secure, some effort had been made to address needs and risks by alternative means. However, services also noted it was difficult to engage with these young people and social workers commented on delays to proving placements and other support. These delays may have meant that help was not provided early enough, a criticism raised by the young people and the parent in this study.

In a further two rejected cases the key issue seemed to be a lack of agreement between social work and the Children's Panel about the levels of

risk in the case. In both of these cases the Children's Panel had authorised the use of secure against the recommendation of the social worker. In both of these cases other placements and resources were being actively pursued by the social worker; however the Children's Panel felt that secure was necessary to reduce the immediate risks and were concerned about the risk posed by these young men to their mothers. The SRG agreed with social work assessments of risk and felt the principle of last resort had not been given due consideration by the Children's Panel.

The three other rejected cases are more complex. One of them, case 8, was discussed in detail in the previous chapter in relation to inconsistencies around risk assessment (See Table 8). In that case the decision seemed to relate to anxieties about the sexual offending of the young person and a refusal was justified on the basis of needing 'further assessment'. This suggests that issues of 'threshold' can also relate to beliefs about the ability of the secure placement to address needs and risks. This is an issue that will be discussed further in chapter 8.

A further rejected case related to a young man who was almost sixteen years old. In this case there was discussion about his offending pattern and statements from the SRG that they believed an admission to secure would not arrest this. It also seemed in this case that there was a reluctance to offer a place to a young person who might shortly be the responsibility of the adult criminal justice system.

The final rejected case was a young woman from discussion 15. A comparison of her case with that of another young woman who was re-admitted to secure provides a basis for further examination of this concept of 'thresholds'. These two discussions were about female referrals who had both been previously been admitted to secure accommodation (see Table 15). At the time of referral they were both back in the open residential units they

had been placed prior to being secured. Both of these young women had long histories of social work involvement with their families and both had been looked after and accommodated for more than two years. One of them had just turned 15 and the other was soon to turn 15.

Table 18: Comparing the Outcome of Discussions

Discussion number	Discussion 4	Discussion 15
Age of referral	14 year old young woman	15 year old young woman
Referrers present	1 Social worker 1 Residential Care Officer 1 Senior Social Worker	1 Social Worker 1 Assistant Residential Unit Manager
Secure group members present	4	6
Risks identified in the SRG discussion	<p>Concerns regarding use of alcohol and drugs, 2 recent hospitalisations due to excessive use of alcohol and some drugs</p> <p>Regular absconding 2 to 3 nights out of the week over the last 3 months</p> <p>Recently missing for 9 days</p> <p>Concerns regarding sexual exploitation, pregnancy and STDs</p>	<p>Concerns regarding use of alcohol and drugs, returned to the open residential unit under the influence on numerous occasions</p> <p>Regular absconding, missing 2 to 5 nights out of a week over last two months</p> <p>Concerns regarding sexual exploitation and possible prostitution (large amount of unexplained cash), pregnancy and STDs</p> <p>Concern she may be grooming other young people to engage in sex</p>

Discussion number	Discussion 4	Discussion 15
		for money
Outcome of Meeting	Placement in secure offered	Placement in secure refused

One of the key differences in the behaviour of these young women was around the level of alcohol and drug use, level was determined in these cases by the physical effects that the drinking had on each young woman. The young woman in discussion 4 had had two hospitalisations for excessive drug and alcohol use which required her having her stomach pumped. The young women in discussion 15 had regularly been seen under the influence of drugs and alcohol but had never required hospitalisation.

Both young women had been regularly absconding from open residential units over a period of months. However, the young women in discussion 4 had also recently been missing for nine days, a longer single period of being missing than the other young woman who had been missing for a maximum of five days. It was not known where either of these young women was staying when they were missing. They both had families involved with drugs and criminality who were uncooperative with social services. They were both refusing to attend school. They both reported multiple sexual partners and, although they were both provided with information and access to a sexual health service, referrers were concerned that these young women were not using contraception of any kind.

The young woman in discussion 5 was placed in secure for a second time. The young person in discussion 15 was not. In summing up the reasons for not giving this young woman a place the chair had this to say:

I think there is a view that we are not clear about the actual risk and harm that X is experiencing. So although we guess about what it is, it would be very hard to sit in front of a [Children's] panel, compared to some of other young people who go before the panel, and say X

requires a secure place more than these young people. And I think it is always a really difficult situation when you have a chronic issue rather than an acute issue and I think that is what we are describing here. (SRC Member 5, Discussion 15)

This summary raises a number of key issues that were repeated themes in the secure referral discussions. The first point, raised in the previous chapter, is about there being 'actual risk and harm'. What counts as 'actual risk and harm'? In this case there was a young person absconding from her placement, refusing to engage with school, refusing to engage with services, taking drugs and alcohol, reporting that she was having unprotected sex with multiple partners.

SRG Member 5 seems to mean several things by saying 'we are not clear about the actual risk and harm'. As the previous chapter showed, 'actual risk' was often used interchangeably with the term 'evidenced risk'. In the secure referral group discussion there was a great deal of speculation about this young person being involved in prostitution because she had unexplained cash and spoke about meeting men she did not know in their cars. There was no 'hard' evidence of her involvement with prostitution, such as witness testimonies or disclosures from the young woman herself.

SRG Member 5 also views the situation as 'chronic' rather than 'acute' and therefore sees the possible risk of harm diminished in this case. He also makes a comparison between this case and other 'young people who go before the panel.' He is suggesting that for him, assessing the threshold of risk is also an exercise in comparing the current cases on referral to secure accommodation.⁵⁵ This would mean that while 'thresholds of risk' are individual ideas about acceptable levels of risk they can also shift according

⁵⁵ However, in his interview he says he 'aspires' to a 'purist view', where the secure criteria are applied to each case on its own merits, rather than being factored alongside what other cases are around or what resources are available. See chapter 5 for a discussion of how the issue of resources impact on secure accommodation decision making.

to the other cases on referral at a particular time; and the CSWO and secure referral group members explained in interviews that patterns in the type of referrals change over time.

In this meeting there was some rare debate between one member of the group and others in the group over the degree of risk in this case.⁵⁶ The debate focused on immediate harm verses long term harm if certain patterns of behaviour persisted. SRG Member 2, who felt this young woman should be secured, explained it like this.

I think in the longer term if this pattern develops and endures the future has almost being written now for X if it hasn't been for the last year and I am concerned about that. I have a sense of foreboding that by the time X presents enough detail of the risks she presents herself that by the time she does that it will be too late to do very much about it. I think by then she will be ensconced in the kind of sex for money and possibly the procurement of others for this because peer relationships are important for her. For that reason I would like to give more consideration to her having a place here . . . I think she is involved in much much more than we can evidence. (SRG Member 2, Discussion 15)

This member of the secure referral group is using his knowledge of the young person from her previous stay in secure to argue that there may be more risk around than has been 'evidenced' in reports. Suggesting, as the last chapter showed, that the importance of 'evidence' in the minds of decision makers fluctuated according to the situation. He argues that perhaps there is value in considering the long term risks associated with her behaviours.

SRG Member 2 tried in this meeting to get others in the group to agree another secure placement for this young woman. He pushed the notion that there was a 'window of opportunity' to do something to change this young

⁵⁶ There were only two discussions where members of the secure referral group disagreed openly in the meeting. As in the example of discussion 15, this was always resolved with the consensus view prevailing.

woman's behaviour and that there was probably much more going on than was 'evidenced'.⁵⁷ In the end the view of others in the group was that the evidence about risk was not sufficient and that the situation was not 'acute' enough for the threshold of risk to be met. This suggests, again, that 'acute' situations are more likely to be seen to meet the threshold for secure accommodation.

In contrast, it was argued that for the young woman in discussion 4 there was 'evidence' of a recent escalating pattern of behaviour with heavy drinking episodes developing into heavier drinking and drug using episodes, further developing into drinking and drug using episodes requiring hospitalisation. The young woman in discussion 4 had also recently been missing for a nine day period.

The decision in these two cases seems to support what secure referral group members had to say in interviews about their process of assessing risk. They are most concerned with immediate risk and harm that is evidenced by significant harm already taking place and escalating, suggesting a situation that is 'acute' and 'out of control'. Individual 'thresholds of risk' were not absolute but they were important to the 'risk logics' of secure referral group members because of this idea that once a case crossed this invisible line or threshold of risk then the use of secure accommodation could be justified in their mind. Interestingly, both of these young women had already had one placement in secure accommodation, neither of the SRG discussions addressed in detail what had happened in the first placement and why changes in behaviour had not been achieved or sustained.

⁵⁷ The next chapter will look in more detail about how the idea of secure being of help and therapeutic value influenced decision making.

In order to further flesh out this notion of 'thresholds' we will now turn to the concept of 'control' which decision makers felt was crucial to understanding the level of risk in a young person's situation.

'Out of Control'

In general, the notion of 'control' is important to social work decision making with children and their families due to the criteria laid out in the Children (Scotland) Act 1995. Section 52 (2) of the Act specifies where a child is deemed to be beyond the control of parents or carers then there are legal grounds for bringing that child before a Children's Hearing.⁵⁸

In discussing their 'thresholds of risk' respondents highlighted that the level of control exhibited by young person over his/her own behaviour influenced how risky his/her behaviour was believed to be. In all of these cases parental control had been completely absent or seriously diminished for quite some time. This links to the example of differences in drug and alcohol misuse which we saw in the last section.

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)

In the view of this respondent the level of risk is associated with a young person being 'out of control'. He uses 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

⁵⁸ See Chapter 2 for a more detailed discussion of the grounds for referral to a Children's Hearing.

a way that results in hospitalisation is not (Thom et al. 2007). For this respondent 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 which eventually threaten their life. However, this is of less immediate concern to decision makers than a young person who may die now. Again the distinction between 'acute' or 'chronic' is relevant here. The young person in an 'acute' situation is perceived to be more 'out of control' and therefore likely to kill themselves soon.

In the focus groups with residential workers and in the interviews with social workers this notion of young people most at risk and in need of secure being 'out of control' was also repeatedly raised. This is how one residential worker explained it:

I think it is more about them being out of control. Whatever has happened to them prior to coming here that 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, Joint Interview)

The residential workers and several of the social workers felt it was one of the key functions of secure accommodation to bring young people back under the control of adults and this was seen a synonymous with them being safe and no longer 'at risk' or 'a risk'. In this description there is again this notion of 'escalation', things are getting worse and worse and that is why

you know the young person is 'out of control' and in need of a placement in secure.

Her comments also reflect a theme that emerged from all of the focus group discussions: workers in open residential units feel that they have a limited number of available strategies for dealing with these escalating behaviours. For them secure often seems the only option when things reach this point. When their referrals of young people in this situation are refused they often feel helpless about what to do next. This perhaps further explains some of the anger that can be directed at the secure referral group when referrals are denied.

This respondent also identifies how the 'out of control' behaviour is a response to how the young person feels inside and the anger that he or she feels about his or her life. As the earlier section of this chapter showed, experiences of loss, abuse and family disruption characterise the lives of most of the young people referred to secure accommodation. These experiences might give them good reason to be angry and also good reason to mistrust adults who might be trying to exert 'control' over them, even if the stated aim of that 'control' is to keep them 'safe'.

Interestingly, 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 this young woman.

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)

Some of these young people appreciated that adults had taken control by referring them to secure and were grateful for the outcome of this, either because they felt their secure placement had helped them or because their

referral to secure had been a 'wake up call' and they had changed their behaviour.

Other young people felt that their decisions to behave in a certain way had not been appreciated by the adults around them. They did not articulate their behaviours as a loss of 'control' but instead explained how their behaviour was an attempt to communicate what they were feeling or what they wanted at the time. This is illustrated in this quote where Sally is explaining why she kept running away from the open residential unit where she was placed.

Sally: It 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 worst room and it was just horrible.

Researcher: And you thought forget this?

Sally: Aye and 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.

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 and communication about her placement and situation.

Sally's social worker, like the other social workers interviewed and many of the social workers observed at the SRG discussions, felt these 'out of control' behaviours often reflected a tendency towards self destruction in the young person. Social workers and residential workers often felt these

behaviours were generated from some deeper place of hurt and anger inside the young person, related to their life experiences.

It [the placement in secure accommodation] wasn't about a punishment to anybody, everyone said this to Sally. 'It is not about a punishment it is about what you need to keep safe yourself and safe from other people.' Cuz she was just, she purely hit the self destruct button and you could see her skin was getting horrible and she was totally going downhill. (Social Worker 3, Interview)

In the social worker's view, Sally's behaviour made her vulnerable to manipulation and the fact that she persisted in this behaviour despite warnings was taken as a sign that she did not care about keeping herself safe. Sally's social worker felt secure accommodation was required to, in a sense, wake her up to her own behaviour so that she would realise the dangers she was exposing herself to and would stop doing this. All of the social workers hoped that this was something that secure accommodation could provide, an external environment of safety where the young person might learn to internalise messages about how and why he/she should then keep him/herself 'safe' and 'in control'.⁵⁹

Gender, perceptions of risk and thresholds

Gender was one of the factors which this study specifically hoped to investigate⁶⁰. Chapter 4 explored the rationale for choosing the study authority and how this related to the proportionately higher numbers of young women being placed in secure accommodation in this authority. Respondents in the study authority were themselves very keen for me to

⁵⁹ The available literature on efficacy of particular treatment approaches in secure settings is limited (Bullock et al. 1998; Walker et al. 2002; Walker et al. 2006; Sinclair and Geraghty 2008). Walker et al. (2006) suggest that the aftercare provision is perhaps more important than what happens in secure accommodation. Behaviour modification approaches are highlighted in the literature, but have not been systematically evaluated.

⁶⁰ See Chapter 2 and 3 for an exploration of the range of evidence about the role of gender in the use of secure accommodation in different parts of the United Kingdom and Scotland.

explore the issue of gender and the use of secure accommodation in more detail.

One of the first things that respondents identified in relation to gender was a possible link between gender and perceptions of vulnerability. Three of the respondents felt that this was related to cultural stereotypes.

I think we in Scotland do fundamentally look at females in a more vulnerable, less powerful position. And the males are in a more powerful position and I suppose males in our environment [secure accommodation] have been more protectors. (SRG Member 1, Interview)

Although this group member and others identified the possible influence of gender stereotypes originating in the wider culture on their own thinking, they were all keen to stress that they reflected critically on the influence of gender in the process of decision making.

Efforts to remain objective were articulated by all of the secure referral group members, as represented in the following extract.

I think that although it is something that I am aware of I would like to think that regardless of gender it doesn't have a major impact [on decision making]. But then again I think to myself the way that young women and young men are operating in society, it has to have an impact. But in terms of assessing risk and all that I don't think it does. (SRG Member 5, Interview)

SRG Member 5 is acknowledging that just as perceptions of gender are influenced by society, risks are also different for young men and young women because of the way society operates. In a bit of a contradictory statement, he is ultimately keen to stress that he doesn't let gender influence his risk assessments.

Other respondents explored in more detail this notion that different risks exist for females and males.

I think if you use any of the assessment tools it is difficult to be purely objective because there are certain behaviours that carry greater risk

for girls than boys. Clearly the duration of harm can be infinitely longer for girls than it can for boys. Having a child, for example, is likely to impact . . . So I would not want to single out gender as being more important than others but I do, the model that I try to use is the likelihood of the harm, repeated harm, the duration of the damage done. (SRG Member 2, Interview)

This respondent returns to a discussion of harm in trying to explain how the impact of particular risks might be different for girls and boys. He uses the issue of pregnancy to illustrate his point, arguing that this has a greater impact on young women because it is easier for young men to 'walk away'. However, he is also keen to stress that other factors may be significant including family dynamics and the age of the young person.

This theme around reproductive risk and sexual vulnerability was also picked up by respondent SRG Member 3.

The sexual vulnerability of children is something which I think is taken very seriously. It seems to be a feature which comes with most of the young women who come our way but not with most of the young men who come our way. . . And I have wondered if we are not sufficiently sensitive to boy's sexual vulnerability . . . but I wonder whether or not there are issues where a girl should and could be seen as more capable of impairment as a result of ill judged [sexual] activity. . . They are more likely to get pregnant and the life losses associated with that and to the child, abortion and then in terms of fertility with Chlamydia . . . Also because of their sexual reputation, and their dual standing, because a girl who is having, who is promiscuous, will suffer for that socially in her community in a way that a boy won't. (SRG Member 3, Interview)

This quote raises a range of issues. In particular he is suggesting that girls are more likely to suffer negative impacts from sexually promiscuous behaviour either because of pregnancy, sexually transmitted diseases or because of a loss of their reputation in a society which operates a double standard for male and female sexual behaviour. Although the respondent does not acknowledge it explicitly, part of the 'social' suffering he describes

for these so called 'promiscuous' young women may include placement in secure accommodation.

This view of girls being more 'at risk' rather than presenting 'a risk' to others was refuted slightly by SRG Member 6's account. He spoke about what he saw as changing trends among girls referred to secure accommodation in recent years. In particular he felt there was evidence of increasing violent crime among young women referred to secure. He felt that prostitution had become more of a problem as the study city had become more known for this and the demand for prostitution had increased. He also felt the increasing range of services for young people might be impacting on the referral of girls to secure accommodation because greater contact with professionals could lead to problems being more likely to be detected.

The only female member of the secure referral group felt that gender played much less of a role in determining the use of secure accommodation than it used to. SRG Member 4 said, 'there was a time when girls were seen to be more at risk than boys but I think that is much less now. . . Previously there was not much scrutiny; it depended very much on one person.' She is referring here to the fact that the HRE did not, in the past, confer with the group but instead decided on his own. She felt the growth of the secure referral group's power and scrutiny of decisions had lead to increasing objectivity within the decision making process.

Several respondents were more circumspect about the ability of the secure referral group to be unbiased in its view of risk and vulnerability. They highlighted the fact that this might partly be because there was a lack of gender balance in the secure referral group.

The CSWO identified gender as a possible factor in decision making but felt she was objective in her determinations.

I am often very much aware that I am being asked to secure someone because of indiscriminate or promiscuous sexual behaviour and these tend to be young women and I am generally very cautious of this because we do run the risk of applying the [secure] criteria in a discriminatory way. What I would say about us securing more women is that we are more likely to secure young people who are likely to injure themselves and it's back to this therapeutic bit you see. If you sort of take a sort of macho view of secure accommodation you will generally have young males of 15 years old who are likely to damage other people. That's who your secure population will be. If you are at least as concerned about those young people who are likely to injure themselves then I think inevitably you will have more of a gender balance. (CSWO, Interview)

This respondent felt that the study authority had a more therapeutic view of secure accommodation and because of this view was more likely to secure young people whose behaviour could be a risk to themselves. She defines this 'therapeutic' view of secure as a less macho way of viewing secure accommodation and therefore more likely to result in placements for young women. It is interesting is that young people who present a risk of harm to others have not been identified here as in need of 'therapeutic' support.

As has already been discussed in Chapter 4 the sample of young people interviewed for this study was primarily female and therefore not representative of the study authority secure accommodation population, which was roughly even for boys and girls at the time of this study. In interviews social workers were asked to discuss the specific reasons why they had referred these young people to secure accommodation. Their discussions were very detailed in relation to those cases but did not explore the issue of gender in a more general way; for this reason their comments do not particularly illuminate this issue.

The seven young people interviewed for this study were asked if they felt there were differences between boys and girls when it came to secure accommodation. Only two felt this was the case. Linda had this to say:

- Linda: More girls are put in secure than boys.
- Researcher: What makes you think that?
- Linda: Cuz more girls are known to be vulnerable. Young girls are vulnerable.
- Researcher: Why are girls more vulnerable?
- Linda: Because when we are drunk we don't know what we are doing (puts on a voice like a prissy adult).
- Researcher: Do you think boys know what they are doing when they are drunk?
- Linda: Aye but it is not the same story.
- Researcher: Is it not, why not?
- Linda: Cuz how many laddies have you seen in secure?
- Researcher: I am not disagreeing I am just trying to get you to explain what you mean.
- Linda: Cuz we are seen to be more at risk then laddies cuz girls can get taken advantage of [sexually]. Well laddies can as well but it's not really likely but em if somebody sees a young girl walking about the street drunk then they are more vulnerable.
- Researcher: Do you think that's true, in our world, do you think girls are more vulnerable?
- Linda: Na, laddies are just as vulnerable as us.

This extract shows a young person who feels that there are differences in the way that risks to boys and girls are viewed by adults, particularly in relation to sexual risk. When pressed to explain her own view on this she felt however, that boys were just as vulnerable as girls but perhaps in different ways.

Cheryl also felt there were differences in the reasons why girls and boys were placed in secure. This is what she had to say:

Most of the time boys were just in there because they broke the law and they would get sentences and you've to do most of your time in secure because you're too young to go into jail. . . . Most of the girls had been through really traumatic things and so did I and like the

boys handled it in anger and the girls tried to handle it in emotions and express themselves but mostly girls couldn't do it. It was really hard for the girls. It's a shame. . . girls were doing more harm to themselves than to other people. (Interview)

This young person's analysis of the difference between boys and girls focused on how they dealt with their feelings and emotions. She felt that boys and girls were expressing hurt in different ways and that girls were more likely to hurt themselves.

Two out of the seven young people interviewed did not feel gender was an issue in decision making but wanted to stress that they felt decision makers were inconsistent in their decisions. Both Molly and Joe gave examples of young people they knew who had 'escaped' secure but who they felt should have been there because of their dangerous behaviours; they also gave examples of others who were put in secure but who they felt should not have been because they were not 'bad enough'. Molly articulated it this way:

Cuz sometimes people get put in [to secure] when they have done silly things where some people have done worsen things but they dinnea get put in but the other ones do. (Interview)

There was a feeling among six out of the seven young people that adults were not very good at understanding the risks and dangers that young people faced and that they would over react or under react. All of the young people stressed the importance of talking to young people themselves in order to better understand their behaviour and the dangers they faced.

Age and perceptions of risk

There seemed to be a general view from across professional respondents that age and vulnerability were correlated. This view that the younger the child the more vulnerable they would be is captured in the following quote.

The younger the person the more vulnerable they are . . . I suppose if there are two children with similar experiences and similar thresholds I would always go with the younger person [when deciding who to prioritise with a place in secure accommodation]. And that would just be based on them being more vulnerable than the older person. (SRG Member 1, Interview)

This respondent is suggesting that somehow the impact of certain negative behaviours and experiences would be greater the younger the person is.

In discussing age respondents also seemed to feel that there was a greater duty upon professionals to intervene with younger children because the resource would be more likely to make an impact on their behaviour in the longer term.

I think for instance of a child who is already 16, or just about to be 16, the question of what difference are we going to make is very appropriately asked. Because there is a responsibility to garner that precious resource for those that need it and can make use of it. If you have got two children who equally need it and one can use it and the other cannot it makes the decision as far as I am concerned. Now very rarely are you going to have two children whose needs are exactly the same. But, all other things being equal that becomes an issue. (SRG Member 3, Interview)

This notion that problem behaviours become entrenched with age was repeated by most respondents. The secure 'resource' was felt to be best saved for those who had an ability to 'make use of it'; this ability was related to the age of the young person in the mind of all of the secure referral group members.

There was for some respondents, however, a lower age limit for this. Several SRG members felt recent placements of young people aged 9 and 10 in secure had been necessary but regrettable. They felt that for children this young family placement was the best option and worried that a secure placement risked institutionalising young people.

Discussion

Official Views and Influencing Factors

Looking across the findings presented in chapters 5, 6 and 7 it is clear that a number of key factors influenced secure accommodation decision making including: the roles and responsibilities of decision makers and the operation of systems; the availability or not of resources; the relationships between professionals; interpretations of risk based on the secure criteria, principles of minimum intervention and last resort; definitions of risk and dangerousness; the evidence of risk; and thresholds of risk. Some of these were explicitly included in the formulation of the official view that admission to secure accommodation was necessary and in the best interests of the young person and/or others, while others were found to be influential but were not explicitly acknowledged in discussions.

While decision makers acknowledged in interviews that resources and their wider job responsibilities had some impact on their views about risk, and some cases seemed to get a placement more easily because there were resources available at the right time, official accounts given at SRG meetings did not address these issues. Systems were also identified in interviews as significant in terms of how cases were progressed and the efficiency of communication about the needs of a particular young person but these factors were not identified in official accounts during SRG discussions.

It is primarily the observations of the SRG discussions that provide an insight into the balance of factors which were consistently emphasised by decision makers who were presenting an official view about the necessity or not of secure placement. As chapter 6 and 7 have shown, there were three key factors which seemed crucial to official determinations about whether an offer of secure placement should be made:

1. whether assessments of risk were felt to be sufficiently detailed and evidenced
2. what interventions had already been tried and whether secure accommodation was believed to be the 'last resort' for a particular young person
3. whether situations of risk were acute enough to justify a secure admission (often described in terms of the young person exhibiting 'out of control' behaviour)

This study has shown there were sometimes inconsistencies in the expectations of practitioner risk assessments (as in the example of case 1 and case 8 given in chapter 6) and in the type evidence required (as in the example of case 12 and case 13 given in chapter 6). The most consistently applied factor across the 15 SRG case discussions in official determinations was the notion of 'last resort'. This was the crucial factor in deciding not to place three of these young people in secure. A further five cases were placed explicitly because secure accommodation was seen as the 'last resort', even although one of these (case 2) was receiving almost no support from services at the time of his admission to secure.

In its 2008 report the European Commission once again highlighted their concern that the United Kingdom continues to place a large number of children in custody of various kinds, including secure accommodation. They recommend that the United Kingdom should 'establish the principle that detention should be used as a measure of last resort and for the shortest period of time as a statutory principle' (European Commission, Committee on the Rights of the Child 2008: 19). Although this notion of 'last resort' is spelled out in the guidance to the CSA Act 1995, it is not clear how consistently this principle is being applied in Scotland. This study has shown that despite an attempt to use this principle in practice the positive view of secure as a 'therapeutic resource' creates dilemmas for decision

makers about when it should be used⁶¹. Focusing on the notion of 'acute' or immediate risk of serious harm seemed to help focus the minds of decision makers, but dilemmas remained when there were felt to be no other available resources. This suggests that the EC (2008) and other researchers (Creegan et al. 2005; Walker et al. 2006) have been right to recommend the development of a wider range of alternative resources to secure and other locked settings.

The final factor which came up across the 15 case discussions was the issue of 'acute' versus 'chronic' risk and, as we have seen in this chapter, this was linked to notions of 'control'. SRG meetings spent a good deal of their time discussing the behaviours of young people and how 'risky' they were felt to be depended in large part on how 'out of control' the young person seemed to be. Official risk formulations were very much focused on immediate situations of risk where the impact of harm could be death or permanent injury to the young person or a member of the public, rather than more 'chronic' situations (as the example of case 4 and case 15 in this chapter illustrates).

Cases which were most likely to be placed in secure were those where there was evidence from a number of credible sources that the young person's behaviour was putting themselves and/or others at acute risk of harm and a range of other provision had been put in place to support the young person to no avail (as in the examples of case 13 and case 4 discussed previously). Although these were the 'cast iron' cases for secure there were others that were less clear and where the weighing up of factors seemed more inconsistent, as in the example of case 15 whose sexually harmful behaviour was of serious concern to police, social work and residential

⁶¹ Chapter 8 will provide a more detailed discussion of the perceived value of secure accommodation placement and how this impacted on decision making.

workers but was not placed in secure due to differences in opinion about the type of assessment required.

This study suggests that in the real world decision making can be a messy and inconsistent business (Brandon et al. 2008). However, theoretical frameworks may offer a helpful way forward in improving decision making practice. We will now turn to a consideration of these in order to identify some specific recommendations for improving practice.

Assessing Need and Risk

According to Dalgleish (2003,) decision making needs to be understood as a two part process. The first stage is about making assessments and forming judgements. At this stage questions are asked like: What is going on here? What are the types and levels of risk? What type of harm might result if these risks become realities? What will the short-term and long-term impact of these harms be? This is not a totally objective and value free process, this study and previous research suggest that professional discourses and personal values influence how individual practitioners view risk taking by young people (Sharland 2006; Barry 2007; Thom et al. 2007; Kemshall 2008).

In the United Kingdom frameworks for the assessment of risk and need in child protection and welfare services generally focus on the dynamic relationship between three dimensions: the child, their caregiver, and the wider environment (DOH 1998; Scottish Government 2008h). In Scotland the *Getting It Right for Every Child* framework encourages the assessment of risk and resilience through the use of the Resilience Matrix (Daniel and Wassell 2002). In this model the practitioner is asked to identify: life events or circumstances posing a threat to healthy development (Adversity); characteristics of the child, family circle and wider community which might

threaten or challenge healthy development (Vulnerability); characteristics that enhance normal development under adverse circumstances (Resilience); and factors in the child's normal environment acting as a buffers to the negative effects of adverse experiences (Protective Environment) .

'Risk factors' in the form of vulnerabilities and adverse experiences were collected in this study rather than 'protective factors' as these negative experiences were immediately identifiable in reports, referral forms and secure referral discussions. This perhaps suggests one of the weaknesses of many resource allocation systems identified by some participants in this study: in order to access resources it seems necessary to focus on negatives and deficits, this may compromise a holistic picture of risk and resilience factors during the assessment process.

This study has, however, confirmed that children and young people referred to secure accommodation share some common experiences of adversity and vulnerability. Identifying these has implications for assessment practice, highlighting areas for the attention of practitioners, and for developing policy and service provision. Based on the findings of this and other studies practitioners and decision makers should pay attention to key risk factors identified in this population which include: family disruption, abuse, loss, and disrupted educational experiences (Millham 1978; Harris and Timms 1993; Social Work Inspectorate 1997; Bullock et al. 1998; O'Neill 2001; Goldson 2002a; Scottish Executive 2002; Walker et al. 2006).

Likewise, policy and practice efforts to reduce the demand for secure accommodation on a local and national level might be usefully targeted at: improving family functioning and placement stability for looked after children and young people (Bullock et al. 1998; Walker et al. 2005); preventing abuse and exploitation and providing more timely support to

children and families dealing with the aftermath of abuse (Brogi and Bagley 1998; O'Neill 2001; Walker et al. 2005; Roesch-Marsh 2005; Pearce 2007; Coy 2009); increasing mental health provision for looked after children (Brogi and Bagley 1998; O'Neill 2001; NHS 2004; Mooney et al. 2007); and improving school attendance and decreasing exclusions (HMIE 2001, 2003, 2008; Scottish Government 2006c, 2007a, 2008a; Walker et al. 2006).

While research evidence may aid social workers and other practitioners to identify and 'think through' the significance of particular risk factors, identify needs, and consider the impact of particular interventions, social workers need to be able to focus in on the particulars of each case under consideration and determine the significance or weight of particular factors for *that* child. Risk assessments must also be holistic and include attention to chronological data (Munro 2004; Hollomotz 2009; Macdonald and Macdonald 2010).

Looking at the risk assessment work undertaken by the SRG and practitioners in this study it would seem the focus of assessment work was very much on quantifying the dangerousness of particular behaviours and the state of mind of the young person, as the focus on notions of 'control' illustrates. As this chapter has shown, factors in the case that pushed up the perceived level of risk included:

1. behaviour that seemed 'out of control' and was 'escalating', i.e. seemed to be getting worse quickly
2. immediate risk of significant harm, describe as 'acute', rather than the potential of harm in the longer term, described as 'chronic'
3. significant harm included behaviours that could result in the impairment of the young person (examples included: the death or serious injury of the young person or a member of the public, the sexual exploitation or rape of a young person, drug addiction)
4. the number and combination of dangerous behaviours which could lead to serious harm

5. the age of the young person (the potential harm of particular behaviours or situations was seen to be increased the younger the person)
6. the gender of the young person (the kind of danger and harm was seen to relate to gender, particularly sexual danger and harm)

The types of behaviours and situations that professionals consistently identified as being 'risky' for young people 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 (a risk almost exclusively identified with females)
- self-harming
- offending

The focus on individual behaviours highlighted by this study has been identified by Howarth (2002) as one of the main causes of 'lop-sided' assessment practice; the interaction between environment, parenting capacity and the child's behaviour is lost and the focus of assessment becomes diagnosis and labelling of the child's behaviour. In risk assessment with adolescents there is an increased danger of 'lop-sided' assessment because of a shift in focus towards the child's agency and responsibility for their actions as they get older (Jackson and Scott 1999; Thom et al. 2007; Kehily 2009). As Kemshall (2008) and others (Evans 2002) have identified this can lead to risk assessment systems in which children and young people are blamed and punished for behaviour which has been heavily influenced by the context in which they are living and the lack of care and support they are receiving from family and from services.

A key example of this was the lack of critical discussion in assessment meetings about the role of the present placement in escalating particular behaviours. While some managers acknowledged that poor practice in particular units was an 'open secret' it did not seem that there were mechanisms to address this. Some social workers and young people also identified that a lack of care, consistency and boundaries in open residential placements had significantly contributed to the development of behaviours such as absconding, offending and self harm. Indeed there is increasing evidence that some residential care settings could be categorised as criminogenic environments (Hayden 2010).

A holistic assessment of risk and need must attend to the capacities of carers, even when these are corporate parents. According to the GIRFEC 'My World' framework this means considering the following dimensions: everyday care and help, keeping me safe, being there for me, play, encouragement and fun, guidance and supporting me to make the right choices, knowing what's going to happen and when, and understanding my family's background and beliefs (Scottish Government 2008h). Secure accommodation assessments need to take explicit account of all these dimensions, clearly identifying how the environment and caring capacity of those involved with the young person increase or minimise adversity and risk. When they are identified as part of the problem, failings in services should be addressed so that young people do not end up in secure because services have not done all they could to meet these needs.

As we saw in chapter 2, all secure accommodation decision making must return to the question: what is in the best interests of this child? In order to determine this, consideration must be given to the views of the child (see sections 16(1) and (2) of the CSA Act 1995). The findings of this study suggest that discussions of risk in relation to secure accommodation remain

focused on the negative aspects of risk taking and that there may not be enough involvement of young people in the process of risk assessment and decision making. Adolescents in particular need opportunities to take increasing levels of responsibility for themselves and exercise their agency (Daniel and Wassell 2002; Rutter and Taylor 2002); placing them in secure accommodation and failing to involve them in decision making works against this as control is taken away.

Interesting this study found that some young people identified with the idea that they had been 'out of control' around the time of their referral to secure. However, they also spoke about their behaviour in terms of a reaction to circumstances that made them unhappy, particularly being placed in open residential units and having limited or difficult contact with their families and peers. The young people also felt that they had not been listened to around the time of their referral to secure accommodation and they wanted to see this change for other young people; this chimes with findings elsewhere (Barry and Moodie 2008; Sinclair and Geraghty 2008).

The findings here suggest a complex struggle for young people who are trying to exercise their agency. On the one hand they find this difficult because of their distress, upset and unhappiness, and describe being frightened and, in some cases, appreciate the experience of secure or residential care. On the other hand they are infuriated by adults making choices for them and want more opportunities to be involved with decision making and more support earlier on.

The findings of this study would suggest that more work is needed to develop and evaluate less extreme and longer term strategies to help young people develop their agency and keep themselves and others from coming to serious harm (Kemshall 2008; European Commission 2008). As an examination of the behaviours of young people showed, there is also a need

to examine alternative approaches to working with these behaviours. This is the work of risk management, which is allied to risk assessment (Kemshall 1996, 1997). Evidence from other studies suggests that one of the key indicators of poor risk assessment practice is a failure to follow through and put in place a plan for managing risk (Merrington 2001; Baker et al. 2006; Burman et al. 2007). Secure accommodation decision making processes need to take account of risk assessments *and* risk management plans to ensure that secure accommodation is a measure of last resort.

Thresholds

The second stage in Dalglish's (2003) *General Model for Assessing the Situation and Deciding What to Do* is about deciding what to do and then taking action. He asserts that 'thresholds' are about *when* people are prepared to take action. As we saw in chapter 5, each practitioner's threshold for action is influenced by their role and responsibilities and by wider systems issues including available resources and organisational constraints. As we have seen in chapters 6 and 7, decisions about when to take action can become mixed up with the process of risk assessment and this can lead to misunderstanding between professionals. This conflation of risk assessment with thresholds for action is well exemplified in the term 'thresholds of risk' which SRG members often used. The conflation of these two stages also explains why agreements about risk could still lead to differences in decision making. In order to keep these two stages distinct it might be more helpful to talk about 'assessments of risk' for placement in secure accommodation and 'thresholds for action' in the use of secure accommodation. This could also help decision makers to pinpoint the reason for differences in opinion.

Dalgleish (2003) has asserted that questions of threshold also relate to the values of individual practitioners and the value they attach to particular outcomes. Some workers may value rights to liberty and prioritise these. While other workers may feel very strongly that children have a right to be protected from harm and may be more willing to do this at a cost to their liberty.

Part of the challenge of decision making in situations of uncertainty relates to the fact that both action and inaction can lead to error (Dalgleish 2003). In the case of secure accommodation decision making the failure to place a young person in secure can result in their death or injury or the death or injury of a member of the public. The consequences of not taking action was very much the focus of referrers concerns and this study has shown how quite often referrers feared that a child would die if they were not placed in secure. The values they attached to the consequences of their decision were related closely to preventing death or serious harm coming to the young person.

Equally, in an environment of limited resources, placing the wrong young person in secure may deny another young person the resource they need and may unnecessarily institutionalise a young person who could have been supported in the community. As we saw in chapter 5 and 6, members of the secure referral group, the HRE and the CSWO had to consider the cost of offering limited resources to the wrong young person. This related both to the rights of young people to retain their liberty (Article 37 UNCRC), as well as the rights of other young people to be protected, who might not be allocated a resource if these were used inappropriately (Article 19 and 20 UNCRC). Although decision makers said that they tried to avoid the consideration of resources and tried to focus their assessments on

establishing risk and need, in reality resources were always a consideration and the national variation in the use of secure accommodation clearly confirms this.

This study found that the values of decision makers were evidenced in interesting ways when the topic of gender and age came up. It was clear that for many respondents girls and younger children were felt to be more vulnerable and in need of the protection and support that secure accommodation was felt to provide; whereas the value of placing young men in secure was more likely to be related to protecting others in the community.

Given the socio-cultural context within which professionals live and work, it is not surprising that age was seen as marker of vulnerability. Age acts as a marker of vulnerability because of wider social discourses on the nature of childhood and adult views in our culture about how to 'protect' childhood; the younger you are the more 'childlike' you are, and therefore the more in need you are of protection (Jackson and Scott 1999; Thom et al. 2007; Kehily 2009). The developmental discourse on childhood also suggests that younger children are less developed and therefore we place less trust in their ability to self determine.

While most young people who are placed in secure are 14 or 15 years old, the findings of this study suggest that the older the young person the less they are likely to be seen as 'vulnerable'. This is further evidenced by the fact that so few young people over 16 are placed in secure units (Scottish Government 2009e), while many 16, 17 and 18 year olds are placed in adult prisons (Scottish Government 2009f). This situation continues despite the recommendation that children who have been looked after be supported until at least the age of 18 and be kept in the looked after system as long as it is in their interests (Scottish Throughcare and Aftercare Forum 2006).

Research suggests that looked after children and young people make their transition from childhood to adulthood more abruptly than other groups, which has consequences for employment and health outcomes later in their lives (Dixon and Stein 2002; Stein 2006). Young people leaving care also often highlight feeling 'dumped' by those who had previously been looking after them (Marshall 2008). This, taken together with the findings of this study, suggest that our ambivalence about how to categorise young people according to their age has serious implications for their lives which require further exploration in policy and practice.

This study found ideas about gender were also central to the ideas professionals had about vulnerability. There was a clear gender division in terms of how behaviours were viewed and which behaviours were felt to be a cause for concern. Girls were far more likely to be seen to be 'at risk sexually', while boys were most likely to be causing concern because of their 'offending behaviour.' This supports earlier findings, discussed in detail in chapter 3, which suggest that judgements of risk and need in relation to secure accommodation are hugely influenced by gender, with girls being seen as 'at risk' and boys being seen as 'a risk' (Dennington and Pitts 1991; Harris and Timms 1993; O'Neill 2001; Goldson 2002a; Jane Held Consulting 2006).

The relationship between gender and risk has only begun to be theorised about in different areas of social work relatively recently (Cavanagh and Cree 1996; Christie 2006), although the various impacts of social inequality on woman have been explored by feminists and sociologist for much longer (Smart 1976; Oakley 1985; Evans 1995; Millar 1997). Studies focusing on the needs and perspectives of young women in residential care have suggested that care settings often reinforce gendered behavioural roles (Green 2000, 2005; Lees 2002; Coy 2009). It is perhaps not surprising then,

that decision makers should also draw on shared socio-cultural discourses about what is 'normal' or 'natural' behaviour for males and females (Price and Simpson 2007). In criminology and health a range of research has suggested that decision making systems do tend to respond to males and females in different ways (Dobash et al. 1986; Showalter 1987; Cox 2003; Gelsthorpe 2004), while more recent research has also shown that the gender of the decision maker can also influence risk assessment practice (Christie 2006; Warner and Gabe 2008).

Chan and Rigakos (2002) have argued that notions of gender and risk are inextricably linked.

Gender is one important constitutive determinant of how risk is negotiated and understood. Risk is gendered on a continuum both in the sense of empirical potential harm and the recognition and definition of that harm (Chan and Rigakos 2002: 756).

Whilst not discounting the significance of race and class, Chan and Rigakos give a range of examples to illustrate that women face a greater number of particular risks than men, in particular the risk of sexual violence, domestic violence and poverty.

One of the dilemmas for decision makers identified by this study is that they felt there was a greater empirical risk of harm for young woman in some situations, particularly in relation to the risk of sexual exploitation and rape by older males. Many of them felt torn about how to respond to the risks posed to and by young women and were uncomfortable about 'locking up' young women to keep them safe; while at the same time acknowledging they felt a duty to keep them safe. Rationales for placing young women in secure were, therefore, usually framed in terms of the need to protect these young women and get them the therapeutic help they 'needed'⁶².

⁶² The 'uses' of secure as defined by respondents will be explored in more detail in Chapter 8.

In this study the 'empirical potential harm' for young men was most often related to the consequences of their offending and the potential risk of reprisals for their crimes or the risk that they might kill themselves or someone else in the act of committing a crime. Although not highlighted by Chan and Rigakos (2002), research does suggest that certain risks are greater for young males than young females, including a greater risk of death and injury by violence from other young men and a higher risk of suicide (Connell 2002, 2005).

Although there is undoubtedly a continuum of 'empirical potential harm' which impacts on young men and young women differently, Chan and Rigakos are also right to point out that discourses about 'femininity' and 'masculinity' impact on 'the recognition and definition of that harm' (Chan and Rigakos 2002: 756). In particular the pre-occupation with the sexual activities of the young women referred to secure accommodation suggests that unwritten socio-cultural rules about how young women 'should' behave sexually remain intact.

Central to the 'ideology of femininity' has been the notion that women's sexual behaviour must be 'responsible' and 'safe' to prevent pregnancy and the spread of sexually transmitted diseases; it is seen as the responsibility of young women, whose 'natural' role is assumed to be that of wife and mother, to ensure sex for procreation and the raising of 'healthy' children (Dobash et al. 1986; Hudson 1989; Cox 2003; O'Neill 2005). O'Neill (2005) has argued that social services take a more punitive approach to female sexual activity because of the continued prevalence of this 'ideology of femininity' and she cites the use of secure accommodation as a prime example of this.

Kehily describes this as the 'girls-at-risk discourse' in which society articulates 'its moral and social concerns in relation to young women'; these

concerns are focused around 'loss of innocence and reputation, teenage pregnancy and sexually transmitted disease' (2005: 93). In this study all of these issues were cited as possible harms associated with female sexual promiscuity; however there was also a concern about young women not being able, for various reasons, to exercise an informed choice about their sexual activities and being coerced into sexual activity. Respondents felt these young women often did not make good choices or recognise dangers due to the psychological and emotional effects of prior experiences of abuse and trauma. Research conducted with survivors of abuse suggests these difficulties are regularly experienced (Herman 1992; Nelson 2001; Mistral and Evans 2002).

Pearce (2007) has argued that young women who are being abused through sexually exploitation are often labelled 'at risk' and in need of protection if they comply with social services; while those who are uncooperative, aggressive, or unmanageable are labelled 'a risk' to themselves and responded to in more punitive way through arrest and placement in secure. This study found that young women labelled in both these ways ended up in secure accommodation for their own protection. The Interview Sample was very small and possibly biased toward young people with good experiences to share, however, many of the young people felt their time in secure had been helpful, if not always fair (Ofsted 2009).

Evidence from elsewhere, however, suggests secure accommodation is not the best type of provision for sexually abused and exploited young people (Parkin and Green 1997; O'Neill 2001; Creegan et al. 2005). Pearce argues that safeguarding young people from abuse through sexual exploitation 'cannot only be done through efforts to protect them from risk . . . approaches are needed that offer local resources to help young people build their confidence and make changes they own and understand' (2007: 216).

Although the young people interviewed for this study were mostly female, they had a range of views about gender differences in the use of secure accommodation. The sample is too small to draw broad conclusions about young people's view on gender and secure accommodation decision making; however, research examining young people's perceptions of risk more generally suggest that they often reflect wider gender-role stereotypes (Harris and Miller 2000; Tom 2003; Ward and Bayley 2007). More work needs to be done to understand how young people understand risk and what role, if any, their gender and other characteristics play in these perspectives. Crucially for social work, further research is needed to understand what young people themselves find most helpful in terms of managing risk and the outcomes of these interventions need to be evaluated.

Practice Recommendations in Summary

This discussion has shown that to improve assessment and decision making practice for the purposes of secure accommodation decision making it is necessary to:

- Utilise a holistic framework for assessment which attends to the dynamic inter-relationship between factors in the environment, the capacities of those providing care, and the characteristics of the individual child which includes but is not exclusively focused on their behaviour.
- Examine factors that are protective and indicate resilience as well as those that increase adversity and vulnerability.
- Take account of research evidence which suggests certain factors may increase the need for secure accommodation (e.g. experiences of abuse, loss, disruption to family life and education).
- Take steps to intervene and provide support before problems reach a crisis point and consider ways of working alongside the young person to reduce risk. If admission to secure accommodation becomes necessarily later on it will then be possible to demonstrate that other interventions have been tried and that an admission to secure truly represents a 'last resort'.

- Recognise that situations of immediate and 'acute' risk, often defined by decision makers as 'life or death' situations, may be prioritised for resource allocation but ensure that risk assessments provide a clear analysis of any patterns in harmful behaviour over time to ensure that more 'chronic' situations of significant risk are not overlooked by decision makers (Douglas and Kropp 2002).
- Provide an analysis of possible outcomes and impacts for *this* child, so that it is clear what short-term and long-term harm could arise through action or inaction and how an admission to secure fits into the wider long-term care plan for this young person (Scottish Government 2008h).
- Be clear and critical about the sources of evidence being used in your assessment, it is essential to separate out fact from opinion (Prince et al. 2005).
- Ensure that the assessment involves the young person and their family or carers at every stage and that their views about the use of secure accommodation are highlighted within the assessment.
- Bring reflexivity to the assessment process and ensure that consideration is being given to how your own values are shaping your view of particular risks and the desirability of particular outcomes (Ruch 2007; Dalglish 2003).
- Consider the impact of age and gender on how risk is understood by professionals and experienced by young people (Chan and Rigakos 2002).
- Where there are disagreements between professionals about secure accommodation decisions, work to untangle the source of disagreement: is it about the substance of the assessment and its conclusions or is it about a willingness to take action, based on the desirability of particular outcomes? Clarity about the source of disagreement can aid dialogue, learning in assessment practice and clearer thinking about organisational thresholds.

Conclusion

This chapter has re-enforced findings elsewhere that young people who are referred to and placed in secure accommodation come from backgrounds characterised by family disruption, abuse and loss and that they are disadvantaged within the educational system and likely to have had social work involvement for a significant period prior to referral.

The chapter has explored the important concept of 'thresholds of risk' and what this idea meant to decision makers. It has shown that definitions of 'threshold' are helpfully understood as 'a willingness to act'. However, it also showed that in the messy real world of secure accommodation decision making assessments and judgements of risk are often conflated with decisions about when and if to take action.

This chapter examined how the notion of young people being 'out of control' was used by decision makers to help them determine if the necessary 'threshold of risk' had been met. This, together with the differences in perspective about some of the behaviours exhibited by young people, raises issues about how the autonomy and agency of young people is viewed and highlights the need for secure accommodation decision making to involve young people in a more meaningful way.

The chapter also explored how ideas about age and gender influenced decision makers. It highlighted the dilemmas faced by decision makers who may be wary of holding different standards of behaviour for males and females, whilst recognising the risks faced by young people in the world are empirically different.

The chapter which follows will examine the value respondents attached to the idea of a secure accommodation placement and how this impacted on their decision making.

Chapter 8

But will it help? Establishing Value as Part of the Decision Making Process

Introduction

This, the final findings chapter, will examine what impact decision makers hoped secure accommodation would make in the lives of young people referred there. These hopes were found to be important because they motivated decision makers to seek placements in secure accommodation and helped them make choices about which young people to prioritise for secure accommodation.

The chapter will begin by looking at why decision makers felt it was important to ask 'will it help?' and 'how much will it help?' during the process of making decisions. The chapter will then go on to look at the different kinds of help that it was felt secure accommodation could provide for young people.

Considering the Impact

I think there has also always been this question well what is this going to achieve? Because if it's not going to achieve anything it may not be justified. If the only thing it achieves is something very short term, in other words while the young person is here that they are safe but you

actually feel that nothing is progressing . . . then it may not be justified. (SRG Member 4, Interview)

The extract above illustrates a point that was made by all of the members of the secure referral group: that it is important to consider what would be achieved by placing a young person in a secure unit. The findings, presented throughout the previous chapters, suggest that social workers and residential workers often felt young people who they referred to secure accommodation were in life or death situations. For them this was reason enough to refer a young person to secure accommodation.

While we have seen that secure referral group members, the HSE and the CSWO also considered these immediate risks and made decisions about whether a young person's situation met the 'threshold of risk' for secure admission, these immediate risks were not the only consideration. As illustrated by the respondent above, decision makers in the secure referral group in particular felt it was also important to look beyond issues of immediate physical safety and consider what else might be achieved by a placement in secure accommodation.

These decision makers felt that a stay in secure accommodation had the potential to have a longer term impact on young people's lives. This was partly because they felt the type of secure placements on offer in the study authority were more 'therapeutic' than elsewhere in Scotland.

I also believe that our own secure accommodation is significantly different than elsewhere in Scotland. And I do genuinely believe that it is a much more of a therapeutic environment. . . We probably do in some circumstances place young people who wouldn't be placed elsewhere. (SRG Member 5, Interview)

This respondent was echoing a sentiment raised by others that because the secure provision in the study authority was more 'therapeutic' it was used

more. Interestingly this contradicts some of what was said by the same respondents about the importance of sticking to a consistent application of the secure criteria and being clear about 'thresholds of risk'. It also offers evidence about the multiple functions of secure accommodation and the sometimes competing aims for its use: on the one hand it is only to be used in situations of the most extreme risk while on the other hand it should be used as a therapeutic resource.

Another challenge in framing secure accommodation as a therapeutic resource relates to the idea that it should therefore be prioritised for those young people that can 'make use' of it.

I think if I had one vacancy today and I had two young people with similar risks but I could see some motivation to change, some sense of things moving on in secure for one of them. Then I might put them number one on the hit parade and the other person might have to wait 2 or 3 weeks. (SRG Member 5, Interview)

This respondent is clear that this is not the only consideration but, in situations of equal risk, a young person who is seen to be more likely to 'make use' of secure accommodation is more likely to be given a place.

Several respondents linked this ability or willingness to 'make use' of a place to age. As we saw in the previous chapter, age was linked to vulnerability, but it was also seen as something that might make the young person more susceptible to change. As SRG Member 4 said, 'clearly if they are younger it means you are more likely to effect change.'⁶³

In the secure referral discussion there was always a question about what the aims of a secure placement would be and it was often there that issues of how much a young person would be able to 'make use' of secure

⁶³ During the observation period there were no sixteen year olds admitted to secure accommodation in the study authority, although respondents explained that this does occasionally happen. National statistics provided by the Scottish Executive (2009) show 16 year olds, although rising as proportion of the secure population in recent years, have remained under 25% of the overall secure population.

would emerge⁶⁴. In SRG Discussion 9 this issue came to the fore with a young person who was just about to turn sixteen.

Where is the evidence to suggest that even if we do what you are suggesting that there will be any sustainable change? I am trying to tease that out because from where I am sitting at the moment I am thinking we can bring X in and give him everything on a plate, he'll go no thank . . . And then at the end of it what we have done is we have managed to keep him safe for a period of time and offer him everything we can offer him so that we feel comfortable but that in terms of three, six months time, whenever, the level of risk won't be changed. (SRG Member 5, SRG Discussion 9)

This extract illustrates an example of how referrers could be asked to justify why they thought a placement would make an impact on a young person in the longer term. Respondents had a range of perspectives about the kind of help that could be provided to achieve short and long term changes. Let us now turn to an examination of these.

What Kind of Help?

In the decision making forum of the secure referral group it was repeatedly argued by social workers that young people referred to secure needed 'help' which could only be provided in a secure environment. Some requests for 'help' were specific and well defined, with agencies outside of secure as well as resources within the secure unit identified to provide specific things. Appendix 11 shows a summary of the various placement aims which referring professionals included in their applications to secure; these aims were then discussed at the secure referral group meetings. These aims were summarized by me from information taken from referral forms and from notes taken during the referral discussion.

⁶⁴ See Appendix 11 for a summary of the kind of aims referrers had for young people placed in secure accommodation.

Looking across these various aims clear continuities emerge. Referrers were looking first and foremost for physical and psychological safety. They were also hoping it would allow for further assessments of need to be completed. In terms of service provision drug and alcohol counselling, education, and support with family difficulties were those most commonly mentioned.

Often the help that was needed was talked about in extreme terms. Those referring to the secure referral group seemed to think they had tried everything they could think of and this was really their 'last hope.' One social worker describes it this way:

I went to secure looking for a timeframe to work with X. . . I know this maybe sounds a bit crazy but I thought a secure referral would have done X more good than harm. And that was really just was because we could have done some really intensive work with her . . . I could see her time running out as a teenager . . . It was about in terms of her looked after status and the fact that she was approaching 16. I thought maybe this is the last chance to do anything positive or make a difference for X. (Social Worker 2, Interview)

In this case the referring social worker did not get the young person placed in secure. She felt this had been to the long term detriment of this young person, a perspective that was not shared by the young person. However, this feeling of secure being 'a last chance' was around for many of the referring social workers and fed into their sense of desperation.

A number of respondents also highlighted how there were different professional perspectives about the remit of secure and the value of secure placements. This view is reflected in the following quote:

Different people have different perspectives on secure. Professional perspectives can be carried on to the young person . . . If you have the wrong perception you cannot pass that on but if you have the right perspective of what secure is you would be able to pass that on to the young people and they wouldn't feel threatened about going to secure. It [secure] is a nurturing, warm environment where you get

one to one and can settle down and make decisions. It is almost like some people think it is a jail, a punishment. (Residential Worker 4, Second Focus Group)

Interestingly, this residential worker also highlights how professionals can influence the views of young people through the messages they give. In both focus groups residential workers were mostly positive about secure accommodation, which is also reflected in this quote from one worker.

Not surprisingly SRG Members were also mostly positive about the help the secure accommodation could offer. Several of them spoke, however, about how this could have a detrimental impact on their decision making.

Secure has got to be used as the last possible option. What you have to watch for is that there is a part to every kid who comes through the door and probably as a person and a professional I want to help and I want to save and I have to constantly watch that. (SRG Member 6, Interview)

This respondent and several others in the SRG acknowledged that because they were so convinced of the value of secure accommodation there was a danger they would see it as a good thing for *any* child referred to secure accommodation. This respondent highlighted how the legislative requirement and a reflective approach helped him to balance his perspective.

The CSWO highlighted that the therapeutic dimension of secure provision in the study authority might sometimes make Children's Panel member or social workers keen to use secure in instances where the secure criteria had not really been met. She felt it was her responsibility to guard against this tendency but acknowledged that this might have been impacting on the high numbers of young people being placed in secure in the study authority.

One of the SRG members also highlighted that sometimes 'help' is about offering *something* when no other provision is appropriate, but this might still not feel 'right' to decision makers.

Sometimes it is like that, you just feel kind of helpless, you feel that this is the only thing we can do but I wish to goodness it wasn't. Cuz there is something about it that doesn't feel right and yet you can't think about what else could happen [to help the young person]. (SRG Member 4, Interview)

This respondent acknowledges, rather bravely, that there are cases where nobody knows what to do and therefore a placement in secure fills the gap. This feature of secure accommodation as the placement that fills the gap for young people who don't 'fit' anywhere has also been highlighted by Harris and Timms (1993).

'A Place of Safety'

Secure accommodation was felt to offer physical safety and also psychological safety for young people. As we have seen in previous chapters, physical safety could mean safety from physical injury or death, physical assault, sexual abuse, etc. Understanding its role in providing psychological or mental safety is more difficult.

Psychological safety was often explained in terms of young people feeling cared for, 'held', nurtured and, therefore, able to address the 'root causes' of their difficulties (Little and Kelly 1995). In this focus group a worker is talking about how secure can be used in different ways for different young people; she explains that 'therapeutic' refers to this act of emotionally 'holding' young people so that they can face some of their traumatic experiences in a supportive and contained context.

Residential Worker 4: I know at times we have had young people who are not engaging, out of control, putting themselves at so much risk. What we are actually looking for is something so that we can hold them, so that therapeutic aspect of secure. So that we can actually do work when we have them face to face to speak to. (First Focus Group)

In focus group two an assistant unit manager explained something similar, saying 'we were always looking at secure from a therapeutic point of view.'

This same notion of safety as a feeling that secure can give you, which helps you deal with your problems, was also something that two of the young people highlighted as one of its benefits. As a result Joe said: 'Well I mean young people might not think it's the right thing for them but like half of them will find that it is good for them.'

While all of the social workers highlighted that safety is something that secure *could* offer, a couple also highlighted that it was not something that it always did offer. In particular they pointed out that the mix of other young people in the secure unit could play a role in how safe the secure setting was for a young person. This has also been highlighted by other research (Brogi and Bagley 1998; O'Neill 2001; Ofsted 2009).

'Engaging with Services' and 'Getting the Work Done'

Secure accommodation was also seen as therapeutic because it allowed services the chance to engage with young people who had been refusing contact with them or continually absconding.

Senior Social Worker: I mean this is a young man who we just can't get in contact with, can't get in touch with, and when people do have discussions with him . . . he'll say well do what you want but I'm just going to carry on doing what I'm doing. So basically it is containment so that people involved with him can do the work that they want to do with him. (SRG Discussion 1)

In seven of the SRG discussions 'engaging' or 're-engaging' with services was an explicit aim of the secure placement and a key thing that it was felt would 'help' the young people concerned.

Secure was also justified as a way to force young people to comply with existing care plans. These plans and services had often been put in place to prevent a young person needing a secure placement, but because the young person refused to meet with workers or was missing all of the time the services were making no impact on his or her difficulties. This social

worker explained how she hoped a stay in secure accommodation might help this young person re-engage with services.

For me it is somewhere where he cannot vote with his feet. It would be a place where it would be possible to re-engage with him and try and tackle some of the issues that are around for him at the moment. And some of the things that you know that are around for him, not just the adult perception of what is around for him, but how he is feeling about it and thinking at the moment. (SRG Discussion 8)

This social worker, like many others referring young people to secure accommodation, felt out of touch with how this young person felt about his situation. The continual absconding and ongoing aggressive and challenging behaviours meant that no-one felt they had been able to talk to this young person about how they were feeling in any meaningful way. These difficulties of tracking down young people and getting time and space to speak to them, may also help to explain why some young people felt they had not been listened to.

Interestingly several respondents felt that young women were often more likely to 'engage' with the supports offered in secure settings than young men and that this might be impacting on why so many young women were being placed in secure units in the study authority. This, taken together with ideas about gender and vulnerability discussed in the previous chapter, offers further evidence about the ways that secure accommodation decision making may be impacted by gender stereotypes.

Referrers felt 'further assessment' was one of the most important things that secure could offer. Engaging with the young person was also seen as a vital component in completing a more thorough assessment of their needs. Several of the SRG members highlighted that successful engagement with young people once they were placed in secure could only be achieved when they understood the reasons they were being placed in secure

accommodation. For this reason several SRG members felt very strongly that social workers had to consult with the young person about their decision to refer him/ her to the SRG.

‘Facing-up’ and ‘Learning Discipline’

Aye cuz now I can face up and say what I did whereas before it was no there’s nuthin wrong and like I was right and everyone else was wrong but now I realise that basically it was all my fault. (Laura, Interview)

In the quote above Laura, who was 14 when she was placed in secure, reflects on whether it was right to place her in secure accommodation. She feels it was the right decision because it helped her to ‘face-up’ to her behaviours which included running away, drug taking and violence towards her family. Four out of the five young people from the Interview Sample who had been to secure accommodation felt secure was a place that helps you ‘face-up’ to your behaviour and its consequences.

As we have seen in the previous chapter, young people’s behaviours were often described as ‘out of control’ by adult decision makers. Several of the young people also identified with this characterisation. It is not surprising then that some of them valued having rules and boundaries when they were in secure. In this extract Joe describes how being in secure helped him.

Joe: Well, if I was trying to do something bad they would just stop me and put me in my room to calm down and that. And so that helped and they wouldnea, cuz I was smoking all the time as well and they dinnea give me any cigarettes which helped as well. So I stopped smoking as well.

Researcher: That’s brilliant. Good job.

Joe: So that just helped to stop a lot of things that you got into.

Researcher: So the main thing was people saying you cannot do that and giving you discipline?

Joe: But it's not in a bad way, in a good way. (Interview)

Joe viewed his experience of discipline in secure in positive terms and felt it had helped him change his behaviour.

Not surprisingly social workers referring young people to secure felt that it would offer young people an important experience of limits, which would ultimately be good for their pro-social development. This sentiment is captured in the quote below.

Social Worker: I don't think there has ever been any repercussions for anything X has ever done, so he carries on and carries on and carries on. (SRG Discussion 7)

The importance of learning limits and boundaries is equated here with an ability to survive in the adult world and this is an important part of the 'help' that social workers felt secure could offer. This social worker went on to explain his fear that without a placement in secure, the first experience of consequences for this young person would be a custodial sentence in an adult prison.

A Threat

Jenny: It [being referred for a placement in secure] scared me and like gave me a shock so I think it made me realise how much I did have to just settle down and just move on from that. . . it didn't sink in how bad I was being to myself until they said that [you are going to secure].

Although secure accommodation was mostly spoken about as a way of 'helping' young people, there were times when it was described as a threat. Referrers were ambivalent about referring to secure accommodation in negative terms, because they did not generally want to scare young people; however, they explained that sometimes they did use it as a threat in

order to prompt the young person to change their behaviour. For some young people the threat of secure did seem to act as a 'wake up call' and they were able to change their behaviour, as in the case of Jenny above. For Jenny, the fear of going to secure and not seeing her mother and little brother were so strong that she decided to make a change in her behaviour. In this way secure acted as a deterrent for her continued absconding and she began working with the open residential unit in particular, seeking support with education and increasing her contact with her family.

However, Jenny also had a very pro-active social worker and residential key worker with whom she had developed positive relationships. They worked closely together to make the most of this change in Jenny's behaviour and by the time she was interviewed for this study she was attending college and was very settled in her residential placement. Without these relationships it seems unlikely that the 'threat' of secure on its own would have changed her behaviour.

Two residential care officers and two social workers spoke specifically about how they used the threat of secure accommodation to warn young people about just how serious their behaviours were. Tina's key worker from the open residential unit explained how she discussed the possibility of secure with Tina.

What I said to her to her was that you need to be careful, and I know it is difficult for you to trust us because you don't know us, but you need to be careful because if you carry on running away like this then you are not going to be able to stay here. You are maybe going to have to go somewhere where you are not going to have the opportunity to run away. This is not what we want but we are not going to have any choice if you carry on doing this . . . She saw secure as jail. And she would be locked up. It scared the wits out of her.
(Residential Worker 1, Interview)

In this account we can see quite vividly how the threat of secure was used by a worker to encourage a young person to change her behaviour. The worker did this with the hope that she could get through to this young person about her behaviours. In Tina's case this did work, albeit only temporarily.

Several respondents highlighted that threatening the use of secure could also be counter-productive, particularly if adults could not deliver on their threats. While other respondents felt that using secure as a threat created the wrong image of secure in the minds of young people, which made them unnecessarily anxious about being admitted to secure.

Discussion

The aim of this study was not to understand what happens in secure units or what types of interventions they can provide for young people. However, this study found that ideas about what secure could or could not offer influenced the decision making process. This echoes findings from Walker et al. (2006) who found that secure accommodation was more likely to be used in areas where there were positive views about it.

Part of the reason ideas about secure accommodation influenced this process relates to how the referral process worked. Referrers were required to outline the aims for a placement in secure and to speak about a young person's perceived ability to engage with a process of change in the secure referral meetings. Whilst it is a legislative requirement to have a care plan for all looked after young people, and the efficacy of this is also well supported by research (Parker et al. 1991), the quality of these plans is notoriously variable (Schofield et al. 2007; Scottish Executive 2006c, 2006g).

Interestingly the success of plans or interventions was often framed as the young person's responsibility and judgements were made about their willingness and ability to 'engage'. Given the backgrounds and experiences

of these young people, as well as some of the systems problems such as the lack of school or foster care placements explored previously, it seems wrong to place the responsibility for engagement on the young person alone. As Webb (2006) and others (Mullaly 1997; Sharland 2006; Kemshall 2008) have suggested, there can be a tendency within social work to individualise problems and blame service users when, in fact, problems or behaviours have emerged as a result of wider system failings.

Despite their preoccupation with 'acute' risk, secure referral group members considered whether they felt a stay in secure accommodation would impact on the behaviour of the young person in the longer term. While this was not the only consideration, it did seem to affect how cases were prioritised and that young women were sometimes viewed as more likely to 'change' through a placement in secure than young men. Walker et al.'s (2006) study found that outcomes for young women were slightly better than those of young men two years after secure placement; however the small size and female bias of their sample means the evidence is inconclusive.

Decision makers also felt that the generally positive view of secure accommodation in the study authority created more demand for the service and also meant that sometimes young people were admitted for 'therapeutic' reasons rather than strictly because they met the secure criteria for admission. Although this was not raised by respondents, this might also have something to do with the lack of other therapeutic provision within the study authority; however this would need to be further investigated.

Referrers were on the whole very positive about secure provision and the kind of supports it could offer young people placed there. Their perspectives very much chimed with the report *A Secure Remedy*.

Secure care is positive, active and demanding. It is not focused on punishment, and it involves much more than just holding children, waiting for them to calm down or for some other form of care to be found. Secure units hold children in a safe place and, by working directly with them and with social workers and others, change their disruptive and dangerous behaviour so that they can return to open care and education (SWSI 1996: 6).

As chapter 3 showed, however, there is still limited evidence to suggest that secure fulfils this 'therapeutic' function. This raises question about the expectations verses the realities of secure provision in Scotland.

There was some evidence to suggest that secure is sometimes used as a threat with young people, albeit with the aim of encouraging them to change their behaviour rather than just scaring them. This highlights the ambiguous nature of secure accommodation. Whilst allegedly it is not about punishing young people, it can be described in negative ways in order to discourage particular behaviours.

As we have also seen in previous chapters, residential workers in particular can feel they have a limited number of options when it comes to challenging or changing young people's behaviour in open settings. Previous research has shown that outcomes for young people placed in open residential units are tied to the culture and ethos of the unit. Positive outcomes for young people have been found to be associated with strong leadership from a unit manager who is clear about the aims and the approach of the unit and has successfully enrolled the staff team in adopting a consistent approach addressing behaviours (Sinclair and Gibbs 1998; Brown et al. 1998).

Conclusion

This chapter has shown how beliefs about secure accommodation and what it can provide impact on decision making. Whilst the effect of these views is difficult to quantify there does seem to be some evidence to suggest that secure is more likely to be used where it is viewed as a positive, therapeutic option for young people.

Whilst this perspective on secure predominated among the respondents interviewed for this study there is evidence to suggest secure is not always the positive intervention social workers would wish it to be. This chapter also showed how it can be used as threat with young people, and whilst this may result in positive changes to young people's behaviours in the short term, these are unlikely to be sustained without a longer term strategy and positive relationships in place to support young people to maintain those changes.

Chapter 9

Conclusions and Recommendations

Introduction

This chapter will return to the core aims and questions which framed this enquiry into local secure accommodation decision making in order to draw out the implications of this study. It will make some recommendations for how secure accommodation decision making might be improved in the future for the benefit of young people. It will also provide my reflection on the methodology adopted for this study and highlight future directions for research in this area.

Improving the Context, Improving the Systems

The first two questions which guided this study were: How does the local system for secure accommodation decision making work? And, what are the roles, responsibilities and relationships of key stakeholders within the secure accommodation decision making system?

As chapter 5 showed, it is perhaps more accurate to recognise that local secure accommodation decision making functions as a result of a number of overlapping systems and decision making forums and includes formal and informal elements. Although the journey that each case takes through these systems is different, the findings of this study suggest that key focus points include: families and/ or carers, residential workers and other

support workers, social workers in their area teams, the secure referral group and secure services, the Children's Hearing, and the CSWO. The chosen methodology attempted to gain an insight into the perspectives of all these system actors.

Drawing on the work of Munro (2005) and others (Hanson 1995; Fish et al. 2008) it has been argued that decision making can best be understood as a systems outcome and that these systems are in a dynamic relationship with each other and the wider national and political context. Chapter 5 showed how individual decision makers are impacted on by the systems within which they operate; although how they are impacted depends on their role and the amount of power they have within systems. These roles are defined by the organisation, which in turn must respond to policy, guidance and legislation. However, informal relationships also have a role to play in the way that systems function. The wider context also determines which young people are being referred to secure accommodation. In attempting to improve local systems it is therefore essential to first address some of the wider national policy issues that impact on these systems.

Working Towards a Fairer Society

Socio-economic conditions such as poverty enhance the risks faced by particular groups in society and this needs to be more widely recognised and efforts made to alleviate these risks (Webb 2006; Garside 2009).

Unfortunately the impact of socio-economic deprivation is not often investigated in studies of secure accommodation or looked after children, future research in this area needs to be more sensitised to these issues (Walker et al. 2006; Scottish Government 2006d).

Clarifying Our Shared Aim

The variability across Scotland in the use of secure accommodation has been repeatedly identified as problematic by this study. In order for there to be more equity in the use of secure accommodation across Scotland, changes need to be introduced at the national policy level.

The first step is for there to be clarity at a national level about the role of secure accommodation. The Scottish Government, in response to the *Securing Our Future Initiative* (2009) report, has recently made a bold statement about what the wider governmental view of secure care will be in the immediate future:

Our ultimate ambition must be to have no child in Scotland in secure care and we must actively work to reduce the need for secure.
(Scottish Government 2009a: 1)

This clarity of vision about secure accommodation is welcomed and may signal an important turning point. It firmly re-positions secure care as the end of a line of other intervention and suggests that our shared aim should be to 'reduce the need for secure care'; as we saw in chapter 2 this clarity of purpose around the use of secure accommodation in Scotland has been lacking in recent years.

The new emphasis seems to be on developing community based resources, and using secure care only for a very small select group of young people. Although evidence about the efficacy of 'alternatives' to secure accommodation is limited and needs further investigation (Walker et al. 2002; Walker et al. 2006; Boyle et al. 2007) the limited evidence of positive outcomes and the extreme costs associated with secure care suggest this shift towards 'alternative' provision is necessary (Walker et al. 2006; SCRA 2010).

Clarifying Who Secure Accommodation is For

It will be a challenge to ensure that local authorities, like the one studied here, begin to move towards the aim articulated by the Scottish Government above. First of all there needs to be further clarification of who these 'high-risk' young people are and under what circumstances secure accommodation should be used for them, so that there is some common understanding between professionals (Barry 2007). This should not, however, be at the expense of efforts to develop more holistic, welfare oriented partnership approaches to risk management which identify the needs and develop the strengths of the young person and his or her family (Bell 1999; Pearce 2007).

There needs to be continued work to ensure that the perspectives of young people and their families on their lives, behaviours and associated risks are understood (Thom et al. 2007) and taken account of in the assessment and care planning process (Milner and O'Byrne 202). This change is needed at the level of individual workers but is not necessarily easy to achieve because it also requires a culture shift in social work and society more generally (Children in Scotland 2006; Scottish Government 2009c).

Developing Quality and Capacity in the Wider Looked After System

The reliance on secure accommodation in the study authority, and others like it has been supported by funds made available during the re-development of the secure estate. This means that in some areas there is a local culture of reliance on secure care. This is re-enforced by a lack of capacity and resources elsewhere in the looked after system (Scottish Government 2006d). This study further demonstrated that the availability of

and confidence in other resources in the looked after system may impact on demand for placements in secure accommodation (Walker et al. 2006).

For this reason it is crucial that work should continue on the implementation of the National Residential Child Care Initiative recommendations (SIRCC 2009) and the roll out of the *Getting it Right for Every Child* agenda (Scottish Executive 2006g) to ensure that young people's needs are assessed in a timely and holistic manner and appropriate interventions are put in place. This should include the continued development of other services including open residential provision, foster care provision and residential school provision; for 'if secure accommodation is truly to be a last resort, there must first be other options' (SWSI 1996: 25).

Practice and policy developments are needed to better support young people who are engaging the 'risky' behaviours which increase the likelihood that they will be considered for secure. For example, an escalating pattern of going missing was present in all the referral cases across all samples and populations in this study (which is perhaps not surprising given the secure criteria). Professionals feel there is little they can do to interrupt patterns of absconding. It would seem there is a need to develop more successful strategies for preventing or reducing the harm of running away as a measure towards decreasing secure accommodation referrals (Streetwork 2008; Mallock and Burgess 2007).

This study also found high rates of drug and alcohol misuse among young people referred to secure accommodation. This finding would support the conclusion that there is a need for more effective approaches to engage and support young people to address their drug and alcohol use; this is a measure that might also impact on secure accommodation referral and has been recommended by other studies (Walker et al. 2006).

This study identified that peers and 'unsuitable' adults have a significant influence on behaviour and risk. Few studies have explored the importance of peers relationships for looked after young people, however, those that have been done have suggested the need for more understanding about how to engage with peer dynamics in a positive way (Hudson 2000; Emond 2003; Barter 2003).

In the child protection literature there is recognition of the vulnerability of looked after children and the need to be aware of adults who might target these vulnerable young people (HMSO 1995). Findings from this study support those of other studies (O'Neill et al. 1995; Melrose et al. 1999; Pearce et al. 2003) which suggest that there are adults willing to harbour young people who are running away from residential care and in some cases, sexually exploit these young people. It is not known how wide spread this is. The findings suggest, however, that there needs to be more cross disciplinary work and research into how to best prevent this abuse and exploitation (Pearce 2007).

A good deal of work has been done in recent years to improve mental health provision for looked after and accommodated children; however it is unclear what, if any impact this has had on the demand for secure accommodation (NHS 2004). Discussions continue about whether there is a need for secure mental health provision for young people (SOFI 2009); the findings of this study suggest a significant number are self harming but further work is needed to determine the efficacy of different types of support for young people who are routinely harming themselves (National Children's Bureau 2002).

This study also suggests particular young people are not being well catered for in open residential placements and that there remain problems with accessing educational resources for looked after children. Several

examples of young people going into closed support provision instead of a secure placement adds further weight to Walker et al.'s (2006) suggestion that this provision needs to be further researched. Addressing gaps in educational provision and changing attitudes to the education of looked after children, as outlined in *We Can and Must Do Better* (Scottish Government 2007a) and *These Are Our Bairns* (Scottish Government 2008c), could also help to reduce the demand for secure accommodation.

National Monitoring of Secure Accommodation

The recent proposals by the *Securing Our Future Initiative* (SIRCC 2009) do not go far enough in addressing the issue of how the government can encourage the improvement of decision making procedures and practices at a local level. I would recommend that the government begin by returning to two of the most important recommendations made in 1996 by SWIA. Recommendation 3 was that 'the main secure units should, after consulting local authorities, develop and agree on standard admission forms and assessment procedures, monitor demand and produce monthly reports' (SWSI 1996:55).

Improvements to assessment and care planning are underway with the developments of the *Getting it Right for Every Child* agenda (Scottish Executive 2006g). However, this does not address the issue of standardised referral and admission forms for secure units. As this study found in attempting to collect data about secure referral, standardised forms and consistent procedures are important for monitoring referral and admission and would facilitate the comparison of referrals on a local and national basis.

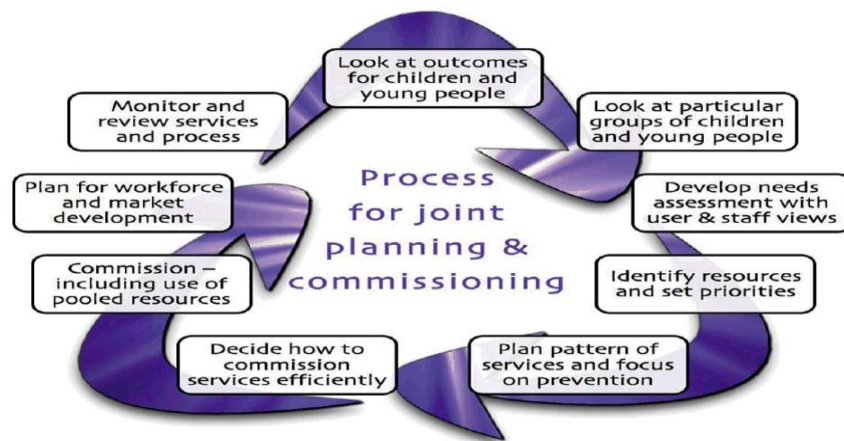
As the National Residential Child Care Initiative's report on Commissioning (Milligan 2009) highlights, the development of services and efficient use of those services requires mechanism for monitoring local

demand and understanding the trends in this over time. This study found that respondents believed there were patterns in local referral, such as higher rates of referral from particular residential units or social workers, but the lack of longitudinal data about referrals prevented further investigation. Patterns of referral also need to be compared across the country in order to better understand trends in demand, manage demand, and learn lessons from areas where local authorities are successfully reducing their need for secure accommodation.

This raises questions about whether local secure accommodation decision making should be more closely monitored at a national level. A further recommendation by SWIA's in 1996 was that 'a Secure Accommodation Admissions Bureau' should be set up 'to serve as the first point of contact for any agency wanting to send a child to secure care. The Bureau should also monitor demand and produce monthly reports' (SWSI 1996: 56-57).

More recently the National Residential Childcare Initiative (2009) has recommended the establishment of a national strategic commissioning group to develop highly specialist services such as secure accommodation. They recommend that this commissioning should be done based on the 9 principles developed by the Commissioning Support Programme (2009) for England and Wales, depicted in the figure below.

Figure 2: Process for Joint Planning and Commissioning



(Commissioning Support Programme 2009)

A new external scrutiny body is to be developed to replace the Social Work Inspection Agency (SWIA). The NRCCI (Milligan 2009) recommend that this body should also have responsibility for scrutinising national and local commissioning of secure and other specialist services. However, it is not clear if the scrutiny role for this new body will include monitoring the demand for secure services.

On the basis of the findings of this study, I would recommend that the government should begin by commissioning further research into the current population being held in secure accommodation in order to identifying their needs. On completion of the work of the national strategic commissioning group and informed by research into the needs of the population, the government should then issue revised guidance on the use of secure accommodation and the criteria. Finally, consideration should be given to including some national targets which encourage local authorities using more than their fair share of secure accommodation to reduce this use and more carefully manage their secure resources.

Developing Local Decision Making Systems

This study found that at the top of the hierarchy of systems actors are the CSWO and the HRE. Like many at the top of organisational hierarchies, there is little scrutiny of their decision making practice. Changes introduced by Section 145(7) of the Children's Hearing (Scotland) Bill will enable Scottish Ministers to make new regulations relating to the work of the CSWO and the HRE. These areas include: the timescales for the decision; the procedures to be followed, the criteria to be applied; who must be consulted; and who must consent to a decision. Regulations may also make provision about: the notification of decisions, the giving of reasons for decisions, the reviewing of decisions and the review of an order or warrant containing a secure accommodation authorisation where the head of unit does not consent.

Obviously additional consultation is required to develop these new regulations. However, given the findings of this study these developments are welcomed. Recent research by the Scottish Children's Reporter Administration (2010) also highlights the importance of Children's Hearing being able to clearly record why secure authorisations have not been implemented so trends in decision making and issues with resources can be monitored over time.

One of the consequences of the lack of clarity and transparency about the workings of local secure accommodation decision making systems was speculation about the 'real' motives of local authorities and, in some cases, resentment of colleagues. It also led to a feeling among those seeking resources that there simply were not enough secure resources, while in reality there seems to be reasonable capacity in the secure estate despite the recent 'moth balling' of placements (SCRA 2010; SIRCC 2009). Given the

way that secure accommodation has been politicised in the last ten years, arguably leading to an overdevelopment of the secure estate, it is important that efforts are made to correct local perceptions about the use and availability of secure accommodation. Increased clarity and transparency about local systems and priorities for decision making could help with this process.

Although recommended changes to the broader context for secure accommodation decision making should improve and standardise the kind of information processed by the system, there will remain local approaches to managing secure accommodation decision making. Every local area should have an agreed procedure for secure referral which incorporates the principles and guidance provided at a national level, but also responds to the local context. Given the number of organisations with an interest in secure accommodation decision making, there needs to be an inter-agency procedure and this should not be developed by one organisation alone (as was the case in the study authority).

It is suggested that this procedure, drawing on the principles highlighted previously, should be developed in consultation with the key local stakeholders including: the local secure establishment management, the CSWO, the Children's Panel, and relevant service managers with responsibilities for field and residential services. It should also give local referring agencies, practitioners, and children's advocacy organisations a chance to input to the process to ensure that the perspective of referrers and young people are included in the development process.

The final procedure should make clear how a referral should progress through the system and the stated aim of the procedure should be congruent with the national aim: to reduce the number of young people needing placement in secure accommodation (Scottish Government 2009a: 1). This

procedure should be reviewed at least every three years and supported with regular information sharing and training events for local stakeholders.

One of the tasks of developing the procedure would be to consider the role of the secure referral group or other similar forums. One of the benefits of this group, as identified by this study, is that it can provide a problem solving forum and may help to defuse anxieties, which some referring social workers value. A problem with the group however, was its dual function in assessment and allocation of resources. Because of the dual function the group was dominated by staff from the secure units, it also lacked a gender balance. Other models, such as that proposed by Dennington and Pitts (1991), suggest that specialist consultation and review of young people 'in crisis', who may be candidates for a secure placement, can be helpful in defusing anxiety and re-energising problem solving. This is harder to do when a group has multiple functions in gate keeping, assessment and problems solving, and considering the needs of young people already in secure placements. A consultation group, such as that proposed by Dennington and Pitts (1991), might be able to make more use of a range of professional expertise by including mental health, education, and criminal justice expertise.

Secure units would still need a mechanism for reviewing referrals and local authorities would still need to have a mechanism for prioritising cases for secure placement. The findings of this study suggest that being clear about the remit of any groups or forums would be crucial to managing expectations and encouraging collaboration. The findings also suggest that whatever groups or forums are set up need to have training and regular opportunities to reflect on their decision making practice. To support this and ensure that it is prioritised, there also needs to be some external scrutiny of such groups.

Given the feedback from young people the procedure would also need to highlight how young people will be included in the decision making process. The findings of this study suggest that it is not enough to rely on the Children's Hearing, there must be other mechanisms for young people to participate in secure accommodation decision making. The secure referral group in the study authority was generally very good about asking referrers to explain how they had consulted with young people; this could be strengthened by offering the young people and their families the opportunity to meet with the panel for at least part of the meeting. Further consideration of the pros and cons of various approaches to including young people in secure accommodation decision making should be explored with young people and their families.

The Importance of Decision Making Relationships

Emerging evidence from the early evaluation of the pilot of the *Getting It Right For Every Child* (GIRFC) approach suggests that decision making is improved by a two-fold process of strengthening individual professional values and aims, to ensure a focus around the needs of the child, and improving inter-professional working cultures to support multi-agency working (Scottish Government 2009c). We have already seen how changes at a national level could help clarify the aims of local secure accommodation decision making.

This study found, however, that informal relationships and different approaches to communicating about risks and needs impact on decision making within systems. This study found that some referring social workers were more skilled than others at navigating decision making systems and advocating for the resources they felt were necessary. These social workers

had often built up their credibility with gatekeepers over many years of formal and informal contact.

Consultation on a revised secure referral procedure would help to better inform all social workers about the mechanisms and priorities for secure accommodation referral. However, these procedures will work best in the context of positive relationships between professionals working within the system. Opportunities for joint training, regular supervision, and a culture that encourages reflexive practice could all help to develop these positive relationships (SCIE 2004).

Responding to the Needs and Behaviours of Young People

The third research question which directed the focus of this study was: What are the characteristics, backgrounds and behaviours of the young people referred to secure accommodation? Broadly speaking this study confirmed findings made elsewhere that this group of young people are one of the most disadvantaged and traumatised within the looked after system.

The characteristics and backgrounds of young people suggest that preventative work might be fruitfully targeted at family systems and that more needs to be done in preventing abuse and tackling domestic violence (O'Neill 2001; Goldson 2002a; Creegan et al. 2005). Studies have also highlighted the importance of family work for young people placed in secure units (Walker et al. 2006). The experiences of loss and bereavement experienced by looked after young people and the lack of support and provision around this issue, highlighted by other studies, suggests this is another important area for early intervention (Sinclair and Geraghty 2008; National Children's Bureau 2009).

Sexual abuse among young women referred to secure accommodation has again been highlighted by this study (Brogi and Bagley 1998; O'Neill

2001; Creegan et al. 2005). Sexual abuse and sexual exploitation have not been effectively tackled in policy or practice (Pearce 2007) and the *Vulnerable Children Guidance* (Scottish Executive 2003b) remains unevaluated by the Scottish Government. Further work is urgently needed in this area to ensure that young women are not being routinely locked up for their own protection when supports in the community might better meet their needs (Creegan et al. 2005). Also, additional work is needed to understand the problem of sexual exploitation in the looked after population and how good practices, such as those developed by Barnardo's (2005), might be shared and developed across the country. Ongoing concerns also remain about the mix of young people in secure units and the potential damage secure placement can do for some young people (SCRA 2010).

Further developments are also needed to improve procedures for safeguarding and intervening in cases where young people present significant risk to themselves and/or others. Glasgow Child Protection Committee (2006) have done some important work developing a distinct approach for this group of young people and this needs to be evaluated and further research undertaken to understand what works best for different groups of young people.

The findings of this study suggest there are ongoing problems with securing and maintaining suitable educational placements for looked after young people and that those referred to secure seem to have high rates of educational difficulty and exclusion. Efforts to improve the educational attainment for looked after children must continue and changes in the monitoring of disability and educational achievement among the whole looked population are welcomed (Scottish Government 2008b).

One of the unique aspects of this study was its attempt to try and better understand the behaviours of young people referred to secure

accommodation. As chapter 7 explored, there was often agreement among professionals about the types of behaviours and situations that might be 'risky' for young people. These 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 (a risk almost exclusively identified with females)
- self-harming
- offending

The perspective of the young people about these behaviours showed that there were some continuities and differences between their views and the views of adults. In particular, young people highlighted the impact that a range of other difficulties in their lives had on these behaviours. This strengthens the suggestions, already highlighted, that working with families and increasing mechanisms for participation in decision making is key to improving outcomes (Bell 2002; Cashmore 2002).

Chapter 7 suggested that particular strategies could be targeted around these behaviours at an earlier stage in order to decrease the demand for secure accommodation. For example, an exploration of the issue of absconding highlighted the need to develop practice which can help to decrease absconding and minimise the harm of absconding. Similar targeted developments are needed in the areas of peer relationship, drug and alcohol misuse, sexual activity and sexual abuse through exploitation, mental health and self-harming, and offending.

Developing Knowledge to Aid Decision Making

The fourth question which guided this study was: What factors and concepts influence decision making practice? As we have already seen in the previous sections, factors included: the working of systems themselves; the resources available to systems at particular times; the relationships between professionals and between professionals and service users within systems; and the competing responsibilities of individuals and organisations.

In addition to these factors the concept of risk was found to be central to the 'logic' of most secure accommodation decision making. This was, at least in part, due to the wording of the secure criteria. However, this study found that decision makers used a range of allied concepts including hazard, danger and harm to define risk and their ideas about risk and risk assessment were not static.

While risk was used in secure accommodation to regulate the use of resources, as Webb (2006) suggests, this risk defining, risk assessment, and risk regulation activity did not preclude the consideration of needs. In fact, the majority of referrers spoke passionately about their concern for the development, as well as the safety, of young people. As chapter 8 showed, much of the impetus for placing young people in secure related to the hope that a placement could help adults to re-engage with young people in-order-to better support them, help them to change their destructive behaviours, and feel differently about themselves. This suggests that Webb's (2006) thesis about the corruptive influence of the 'risk society' on social work practice and values, presented in chapter 3, is overstated and overly simplistic.

This does not mean that all of the practices around defining risk and conducting risk assessment were perfect. The findings of this study would

suggest that there is a need for greater clarity about the aims and principles of risk assessment. These need to be supported by organisational practices such as supervision and implementation of continuous learner frameworks (Sheppard 1995; Kemshall 1998; Benbenishty et al. 2003; SCIE 2004; Barry 2007; Baker 2008). The findings of this study suggest that such practices are in operation within the study authority but not uniformly.

Walker et al. (2006) and Sinclair and Geraghty (2008) have both suggested that social workers in particular need to be supported to improve their risk assessment and risk management approaches as a key strategy for improving secure accommodation decision making. However, as this study has identified, risk assessment is not a neutral activity and wider factors such as economic and social inequality mean that certain young people face greater risks in their lives and are more likely to be labelled at 'a risk' or 'at risk' (Beinart et al. 2002; McLaughlin 2007). A wider recognition of the subjectivity of risk assessment and decision making might help practitioners and managers involved to further appreciate the importance of discussion and debate in the decision making process (Ruch 2007, 2009).

Dalgleish's (2003) general model of assessment and decision making provided important insights about the difference between the process of making risk assessments and forming judgements and making decisions about when and if to take action. This study found that although respondents spoke about there being different 'thresholds of risk', the process of identifying and assessing risk was often conflated with the decision about when and if to take action. The findings of this study support Dalgleish's (2003) suggestion that thresholds are influenced by the roles and responsibilities of practitioners, available resources, the values of practitioners and the value practitioners place on particular outcomes.

The findings of this study suggest that in relation to secure accommodation it is important for practitioners to reflect on their value base and on the value they place on particular outcomes for young people. In particular competing ideas exist about the importance of promoting the agency and freedom of young people. The argument has been made in this study that there are sound ethical and practical reasons for seeking to promote the agency and freedom of young people and limiting the use of secure accommodation. Ongoing work is needed to explore the dilemmas around promoting choice, dignity and autonomy, while also safeguarding and protecting young people.

In particular ideas about vulnerability, age, gender and risk deserve further attention. For while it may be unfair, and indeed unhelpful, to continue to label sexually active young women who are looked after as 'vulnerable to sexual exploitation' as a matter of course, the fact remains that they may actually be more vulnerable to sexual exploitation for a number of reasons (Chan and Rigakos 2002). In addition, confusion about the boundaries of childhood and youth and who is 'deserving' of a welfare approach continue to be problematic in our society, and therefore raise problems for secure accommodation decision making (Jackson and Scott 1999; Goldson 2002c; Hill et al. 2007; Thom et al. 2007). Our risk assessment and risk management strategies need to deal with these issues critically and we need to develop a wider repertoire of responses, beyond placement in secure accommodation, for addressing the risks presented by young people's behaviours.

For this reason further empirical research is needed into the strategies that social workers, residential workers and others use in interpreting behaviour and working with the risks presented by that behaviour. Recognition of the limitations of actuarial and procedural approaches

(Sheppard 1995; Kemshall 1998; Benbenishty et al. 2003; Baker 2008) needs to be accompanied by further understanding of what social workers can do to help young people manage risks in their lives. This should include recognition that risk taking is not always a negative activity and has the potential to develop the agency and resilience of young people (Bandura 2001; Newman 2002). Further understanding is also needed about what supports individual workers to manage risk and make decisions (Ruch 2007).

Keeping the Young Person at the Centre

The final question for this study was: How might decision making be improved for the benefit of young people? The previous sections have identified a range implications and recommendations which could, if implemented, go some way towards achieving this. However, one of the slightly disheartening findings of this study has been that all of the young people felt they had not been adequately listened to by the adults who were making decisions which could change their lives.

This study has shown that ensuring participation in decision making is not always simple. Respondents raised legitimate concerns about how to inform and include young people who might respond by running away or engage in more dangerous behaviours if they knew adults were considering placing them in secure accommodation.

A consideration of the background experiences of these young people reminds us, however, of why they might not trust or value the input of adults. Reflecting on what young people had to say about their behaviours around the time they were referred to secure also shows how much insight and understanding young people have about their situations and behaviours. If we are willing to listen to them, they will tell us how they feel and what they need (Green 2000; Morris 2000; Bell 2002; Cashmore 2002; Children in

Scotland 2006). However, as Sharland (2006) has suggested, we must be reflective in our approach and:

. . .look not only to what risk taking means to young people's lives, but to what we 'make it' in our professional minds and actions. Rather than simply going along with neo-liberal orthodoxies, we need consistently to question the distinction between what is normal and abnormal, acceptable and unacceptable risk (Sharland 2006: 260).

This approach recognises that when it comes to secure accommodation decision making there can be no comfortable resting place, no final and conclusive definition of what good practice is or should be. Decision making is a dynamic activity which requires ongoing reflective engagement on the part of individual practitioners, organisations and policy makers.

Reflections on Methodology

The case study approach adopted in this enquiry allowed me direct and indirect contact with 89 professionals and volunteers⁶⁵ involved with secure accommodation decision making in some way and 8 young people referred to secure accommodation. Without the use of mixed methods this breadth of coverage would not have been possible and a real strength of this approach has been its ability to capture a range of different views about secure accommodation decision making.

The study was not, however, without its limitations. In the first place the use of only one case study meant that comparisons with other areas were not possible. Yin (2003) highlights that comparative case studies allow for more testing of themes and theories than single case studies. Although a comparative design was originally considered, issues of feasibility meant that this was not possible. As a lone researcher I was acutely aware of not

⁶⁵ 40 professionals were observed making referrals the SRG meetings, a further 49 were involved with interviews, focus groups, or completed questionnaires. See Appendix 8 for a list of all respondents.

wanting to 'spread myself too thin' and made the decision to focus on developing a depth of understanding in one area rather than seeking to achieve breadth with a further case study.

It is acknowledged that every area in Scotland will have slightly different arrangements for secure accommodation decision making and will face particular local pressures, as in the example of rural areas with no local access to secure units or local authorities who must negotiate with secure establishments run by voluntary organisations. The chosen 'case' under examination was a large urban local authority area which could be described as an 'extreme' case due to its heavy reliance on secure accommodation and its access to local secure beds. Despite these differences it has been argued that a common legislative framework and theoretical links ensure the relatability if not the generalizability of these findings (Bassey 1981). Other research suggests that the issue of risk assessment and decision making in particular is pertinent to a range of practice areas beyond secure accommodation decision making (Webb 2006; Kemshall 2008) as are issues related to the impact of systems on decision making (Fish et al. 2008).

As a former institutional insider to the local authority area under investigation, I was acutely aware that I could bring a particular bias to the study of the 'case'. However, on balance I feel my prior knowledge of systems and practice realities brought more advantages than disadvantages to the study of this 'case'. This is further supported by a developing recognition in social work research of the value of 'practitioner' research, due to the understanding and insight practitioners have been shown to have about the 'realities' of social work (Shaw and Gould 2001). It is also important to note that biases and assumptions are possible in all kinds of research, being an 'outsider' does not necessarily guarantee 'objectivity' (Hammersley 2000). The best that can be hoped for is an open and reflexive

approach which ensures the researcher makes explicit their process of gathering and interpreting data and this is the approach I adopted in conducting this research (Hertz 1997). Through the provision of research instruments and a description of the research procedures adopted I have also attempted to make it clear how this study might be replicated.

It is undoubtedly the case, however, that because I was 'known' to some respondents this impacted on their willingness or lack of willingness to engage with me and is likely to have influenced their responses to my questions (Coy 2006). Although it has not been possible to quantify this impact, I have tried to remain alert to this and worked to ensure participants did not feel under undue pressure to speak to me. To ensure validity I have also tried to be systematic in my approach, ensuring the same questions were asked of different participants and data sources, while always acknowledging the need for some flexibility in real world research situations (Robson 2002).

In managing such a detailed case study research project it was necessary to adopt a rigorous approach to organising and analysing data (Gomm 2004). Upon reflection some of the methods adopted were more successful than others in eliciting the perspectives of participants. In particular a limitation of this study was the lack of more in-depth engagement with Children's Panel members. This was a real disappointment as this research has highlighted the importance of these decision makers in authorising the use of secure accommodation. More needs to be understood about their role and what motivates their decision

making practices (SCRA 2010), it was not possible to gain a depth of insight into this through the use of questionnaires⁶⁶.

One of the other disappointments of this study was my failure to recruit more young people or parents as participants. The difficulties encountered illustrate, however, the challenges and complexities in the lives of many of these young people⁶⁷ (Alderson 1999). The young people who did participate were also predominately female and in stable situations, further limiting the generalizability of their perspectives. These limitations were counteracted, at least to some extent, by the use of a mixed methodological approach which meant that further insights into young people's situations could be gleaned from the quantitative review of 110 referral forms and the observation of 15 SRG discussions.

The findings of chapter 8 also highlighted a further limitation of this study, respondents were generally professionals who had a positive view of secure accommodation because they were referring young people there or worked with or for the secure service in some way. An alternative perspective on the value of secure accommodation and its role might have been gained by speaking to social workers or others who had chosen *not* to refer young people to secure.

Directions for Future Research

A number of areas for further research have already been highlighted, particularly in relation the decision making work of Children's Panels and strategies and models for assessing, managing and engaging with young people who present risks to themselves and/or others. These investigations

⁶⁶ See chapter 4 for a discussion of why the original plan to conduct focus groups was not possible.

⁶⁷ See chapter 4 for a more detailed discussion of how the sample of young people was recruited.

need to be sensitised to debates around the meaning of risk and the gendered nature of certain risks. There are several other areas which I feel also require some urgent investigation.

In particular this study did not investigate decision making by sheriff courts. A lack of understanding about this route into secure accommodation has recently been highlighted by SOFI (SIRCC 2009). Offending behaviours and strategies adopted by secure units to turn these behaviours around also deserve further investigation (Walker et al. 2006; Kroll et al. 2002), particularly because the argument has been made that secure accommodation is a more desirable placement for serious young offenders than the adult prison system (NACRO 2003; Howard League for Penal Reform 2007). The lack of clear and specific detail about offending, and the variability in types of offending also suggest that this area requires further investigation. While this is particularly relevant to young males, who have been under-represented in studies of secure accommodation, there was also growing concern among some respondents about female offending.

This study has also found that there are crucial links between what happens in open residential units and the demand for placements in secure units, supporting findings elsewhere (Walker et al. 2006). There is a real need to further examine these links and identify successful strategies open residential units can utilise to manage a range of 'risky' behaviours (Kilpatrick et al. 2008), without unnecessarily criminalising young people (Taylor 2006). Significant work was undertaken by the DoH (1998) to understand the factors that improve outcomes for open residential units; however, this understanding needs to be further developed for a Scottish context.

While the quantitative element of this study was useful in collecting more detail about the Local Referral Population, missing information on

referral forms did limit how helpful the data set could be to this study. Further quantitative research should be done to identify the trends in the national secure referral population and how these compare to the population admitted to secure accommodation. This would help us to deepen our understanding of the different pathways particular young people take and identify any features which seem to make a difference to placement outcomes.

Conclusion

Decision making is a core social work activity. Social work decision making is often at its most complex when decisions must be made about curtailing the liberty and freedom of individuals for their safety or that of the wider community. Such decisions create a conflict for the individual practitioner about how to promote the choice and independence of the service user while at the same time working to ensure their safety and the safety of others.

Secure accommodation decision making, because it is generally for young people under the age of sixteen, has several added layers of complexity. In the first place the status of young people in our society is contested and their rights are not the same as adults. On the one hand we recognise that for developmental reasons and, some would argue, moral reasons young people require increasing levels of autonomy and decision making power in adolescence. On the other hand we are ambivalent about how much freedom we should grant and how much responsibility to retain as adults.

When a young person's behaviour is perceived to be dangerous to themselves and/ or others, as in the case of young people referred to secure

accommodation, this tension is highlighted. When are we justified to intervene? Why are we justified to intervene? How should we intervene?

Secure accommodation, as potential provision for all young people who may represent a risk to themselves and/ or others, sits in an uncomfortable gap between the cultural imperative to treat and rehabilitate the young or to punish and reform them. So long as these tensions exist about who we define as a child, what we believe our responsibility is to those children, and what we feel we should do about meeting that responsibility, these problems with the role and function of secure accommodation are likely to continue.

This study has shown, however, that a range of decision making theory provides a helpful framework to enable us to think more clearly about the factors that influence decision making practice. Through engagement and reflection with these ideas and models a range of recommendations have emerged about how the direction of secure accommodation might be shaped for the future. Whatever changes are adopted in future must return to the central question: what systems, procedures and practices are most likely to promote the welfare of children and young people?

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Appendix 1 Observation Recording Form for Secure Referral Group

Meeting No: _____ Date of Meeting: _____

PERMANENT MEMBERS PRESENT:

VISITORS PRESENT:

List all and include:

Name, Job Title, LA or Agency, Consent Form, Young Person Referred

UPDATE ON OUTSTANDING REFERRALS:

<p>TOTAL OUTSTANDING REFERRALS: TOTAL REFERRALS CLOSED: TOTAL REFERRALS RE-OPENED:</p>

Bed Stats (Who is in the secure unit and their planned date for moving on):

--

Total Beds Available:

Date of Next Available Beds:

REFERRAL DISCUSSION

Name of Young Person: _____

Referred By (list agencies): _____

Sex:		Age:	
Number of Referrals to secure:			
Reason(s) for			

<p>Referral: (Summary list of main reasons/ risks e.g.: absconding, substance misuse, etc.)</p>	
<p>Type of Placement at time of referral AND legal basis of placement: (e.g. Residential care)</p>	
<p>Total number of care placements:</p>	
<p>Previous secure admissions:</p>	
<p>Aims for Secure Placement: (Are these specific, clear, etc.)</p>	
<p>Details of School Placement at time of Secure Referral: (do they have one? Gaps? Etc.)</p>	
<p>Alternatives to Secure Explored: (list those discussed, any omissions?)</p>	

<p>Plans for Moving on from Secure: (are these clear, well developed, vague, etc.)</p>	
<p>Referral Decision and Rationale: (note any questions or omissions you notice)</p>	

RESEARCHER NOTES AND QUESTIONS:

[Consider: atmosphere of the meeting (e.g. generally friendly and relaxed or tense and uncomfortable), rapport between group members and cues about their relationships (e.g. some group members asked after children or family members by name or knew where referrers lived), order in which topics were discussed and how strictly the agenda was followed, non-verbal cues from group members and referrers about the input of others (so for example angry looks, etc.)]

Appendix 2 Questionnaire Children's Panel Member

**YES, I HAVE SAT ON A PANEL WHICH DISCUSSED
WHETHER TO RECOMMEND A CHILD FOR SECURE
ACCOMMODATION**

This questionnaire will help me in my PhD research about decision making and secure accommodation undertaken at the University of Edinburgh. All responses will be anonymised for presentation in my dissertation and any articles produced. Your help is greatly appreciated as findings will be used to help review systems. If you have questions about this project or questionnaire you can phone me on 07738002253 or email me at: autumnroeschmarsh@yahoo.co.uk.

I. BACKGROUND DETAILS ABOUT YOU

NAME

EMAIL ADDRESS

NUMBER OF MONTHS OR
YEARS YOU HAVE BEEN
SERVING ON THE
CHILDREN'S PANEL

SEX:

Male

Female

II. INVOLVEMENT WITH SECURE ACCOMMODATION DECISION MAKING

1. As a Children's Panel member have you ever received any training about making secure authorisations under the Children (Scotland) Act 1995?

YES

NO

1a. If YES, please describe the training your received including: who provided it and what was covered in this training?

--

2. How many Children's Panel discussions have you been involved with where secure accommodation was discussed as an option for a young person?

3. How times have you sat on a Children's Panel which made a secure order?

4. How many of these authorisations resulted in a young person ending up in secure accommodation and were you aware of there being any delays?

5. Under what circumstances do you feel secure accommodation should be used for children or young people in Scotland?

6. What is your understanding of the support and help made available to young people who are placed in secure accommodation?

7. What, if any, problems do you see with the decision making system for secure accommodation in Scotland?

8. What, if any, strengths do you see with the decision making system for secure accommodation in Scotland?

9. Girls in Scotland represent about 30% of secure admissions. However, in X girls make up 50% of secure admissions. Why do you think this might be?

10. Is there anything else you would like to say about your experience of making authorisations for secure accommodation in X?

Appendix 3

Interview and Focus Group Questions

It will be clearly explained to all interviewees that they can 'pass' on any question posed to them and stop the interview at any time. To do this they do not need to provide an explanation to the researcher. Key points from consent form will also be reviewed again at the start of each interview.

For Young People

Using some techniques drawn from 'Life Story' work the researcher will involve the young person in drawing a time line depicting the sequence of events and the 'cast of characters' or people involved leading up to secure referral and placement. The interviewer will provide pencils, pens and paper. It is hoped this will provide the focal point activity for the interview and the following questions will be incorporated into this process in a semi-structured way. However if the young person prefers not to do any drawing, or wishes the researcher to do the drawing then the interview will follow this structure.

1. What kind of things had been going on in your life leading up to the time you were referred to secure accommodation?
2. When did you first find out secure was being considered for you?
3. Who told you?
4. What did you think about this?
5. When did you get a chance to express your opinion about this?
6. Who did you express your views to?
7. Who was involved in deciding you should be referred to secure accommodation? (you, your SW, Carer, family, residential workers, children's panel, others)
8. Can you rank these people according to who had the most say about you going into secure accommodation? (1- most influence, 5-least influence)
9. What things were influencing people towards deciding that secure accommodation might be the best place for you? (Prompts to include: Were there any things you were doing that you think people were worrying about? Were there any problems with your placement which made people think secure might be a better place for you?)

10. Do you think there were any things influencing them against the idea of secure?
11. Were any other options other than secure explored and discussed with you?
12. If they were ruled out, do you know why?
13. In the end what do think the main reason was for why you were placed in secure/ or referred to secure?
14. Do you think that the reasons for referring girls and boys to secure are different?
15. How do you feel now about the decision to refer/ place you in secure?
16. Were there any good things about the decision making process?
17. Are there any things you might change about the decision making process? Which of these is most important?
18. Is there anything else you feel you want to say?

For Family Members

1. What kind of things were going on in _____ life around the time he/she was referred to secure accommodation?
2. When did you first find out that secure accommodation was being considered for _____?
3. Who told you?
4. What did you think about _____ being referred to secure?
5. Who was involved in deciding _____ should be referred to secure accommodation?
6. How and when were you involved in this process?
7. Were there any factors influencing you *towards* the view that secure accommodation might be the best place for _____?
8. Were there any factors influencing you *against* the view that secure accommodation might be the best place for _____?
9. In the end did you agree that _____ should be placed in secure accommodation? Why or why not?
10. Were any other options other than secure explored or discussed with you?
11. If these options were ruled out do you know why?
12. In the end why do you think _____ was placed/ not placed?
(What was the most important factor in determining their placement or lack of placement?)
13. How do you feel now about the decisions that were made?
14. Were there any good things about the decision making process?

15. Are there any things you might change about the decision making process? Which of these is most important?
16. Is there anything else you feel you want to say?

For Carers

(Carer could include Residential Keyworker, Foster Carer, or Relative Carer depending on the case)

1. What kind of things were going on in _____ life around the time he/she was referred to secure accommodation?
2. When did you first find out that secure accommodation was being considered for _____?
3. Who told you?
4. What did you think about _____ being referred to secure?
5. Were there any factors influencing you *towards* the view that secure accommodation might be the best place for _____?
6. Were there any factors influencing you *against* the view that secure accommodation might be the best place for _____?
7. In the end what did you think should be done?
8. Who was involved in deciding _____ should be referred to secure accommodation?
9. How and when were you involved in this decision making process?
10. What influence do you feel you had on the decision making process?
11. In the end why do you think _____ was placed/ not placed?
(i.e. What was the most important factor in determining their placement or lack of placement?)
12. How do you feel about that decision now?
13. Were there any good things about the decision making process?
14. Are there any things you might change about the decision making process? Which of these is most important?
15. Is there anything else you feel you want to say?

For Social Workers

1. Could you tell me a bit about your experience of being a social worker and how many years you have been in this role?
2. What kind of things were going on in _____ life around the time he/she was referred to secure accommodation?
3. What kind of things had you or others been doing to try and change the situation before secure was considered?
4. Were alternatives to secure were explored?

5. If so, why were they ruled out?
6. What factors were influencing you towards deciding that secure accommodation might be the best place for _____?
7. What factors were influencing you against deciding that secure accommodation might be the best place for _____?
8. In the end what was your view about secure and which factor(s) were most influential in bringing you to this view? (Could you rank these according to significance?)
9. Who else was involved in making decisions about referring/ placing this young person to secure accommodation?
10. How were these people involved and who had the most influence on this decision making process? (If a range of people are identified, could you rank them according to their influence?)
11. In the end what influence do you feel you had on whether or not this young person was placed in secure accommodation?
12. What single factor do you think had the biggest influence on this young person either ending up or not ending up in secure accommodation?
13. What is your view on the decisions that were made?
14. Were there any good things about the decision making process?
15. Are there any things you might change about the decision making process? Which of these is most important?
16. Is there anything else you feel you want to say?

For Senior Social Workers

1. What was your role in the process that lead up to _____ being referred to secure accommodation?
2. Who else was involved and how were they involved?
3. What factors were influencing you towards deciding that secure accommodation might be the best place for _____?
4. What factors were influencing you against deciding that secure accommodation might be the best place for _____?
5. In the end what was your view about secure and which factor(s) were most influential in bringing you to this view? (Could you rank these according to significance?)
6. Were alternatives to secure were explored?
7. If so, why were they ruled out?
8. In the end what influence do you feel you had on this decision making process?
9. How do you feel about the decisions that were made now?

10. Were there any good things about the decision making process for secure accommodation?
11. Are there any things you might change about the decision making process for secure accommodation? Which of these is most important?
12. Is there anything else you feel you want to say about the process of decision making and secure accommodation?

For Secure Referral Group Members and the Head of Establishment

1. How do you see the role of the Secure Referral Group?
2. What is *your* role in the Secure Referral Group?
3. Is your role in the group any different to the roles played by other members of the group?
4. How does the group relate to other decision making forums like the Children's Panel or discussions between the Head of Secure Services and the Head of Social Work Development, etc.?
5. How much autonomy do you feel the group has in decision making?
6. What criterion guides the group's decisions about admission?
7. Is this criteria standardised and written down anywhere?
8. What dilemmas does the group face in making decisions about who to admit and who not to admit to secure accommodation?
9. What factors influence you towards deciding that secure accommodation might be the best place for a young person?
10. What factors influence you against deciding that secure accommodation might be the best place for a young person?
11. How do you think the gender of a potential admission influences the group's judgements about admission?
12. How do issues relating to resources impact on the decision to admit a young person to secure accommodation?
13. How are disagreements about admission resolved within the group?
14. What are the strengths of the present decision making process for secure accommodation?
15. What things might you change about the present decision making process for secure accommodation?
16. Is there anything else you feel you want to say about the process of decision making and secure accommodation?

For Chief Social Work Officer

1. What is your role in the decision making process for secure accommodation?

2. How much autonomy do you have in decision making about secure accommodation?
3. What criteria guide your decisions about secure accommodation admission?
4. Is this criteria standardised and written down anywhere?
5. What dilemmas have you faced in making decisions about who to admit and who not to admit to secure accommodation?
6. What factors influence you towards deciding that secure accommodation might be the best place for a young person?
7. What factors influence you against deciding that secure accommodation might be the best place for a young person?
8. How do you think the gender of a potential admission influences your judgements about admission?
9. How do issues relating to resources impact on the decision to admit or not admit a young person to secure accommodation?
10. How are disagreements about admission resolved?
11. What are the strengths of the present decision making process for secure accommodation?
12. What things might you change about the present decision making process for secure accommodation?
13. Is there anything else you feel you want to say about the process of decision making and secure accommodation?

Questions for Residential Care Focus Group

1. What is your philosophy in working with young people?
2. How are staff from the YPC involved in decision making and secure accommodation?
3. In your experience what kind of things are going on in lives of young people who you have considered in need of secure accommodation?
4. In your experience what kind of risks do young people who need secure pose to themselves?
5. In your experience what kind of risks do young people who need secure pose to others?
6. What kind of things does your unit try and do to deal with these behaviours and situations in order to avoid a child going to secure?
7. In your experience what factors most influence whether a young person is placed in secure accommodation or not?
8. Some young people and social workers have felt that being in a YPC made their behaviour worse, resulting in them being 'secured', do people agree that this is the case?

9. Referral rates from YPCs to secure vary at different times, what factors make it more likely that a YPC will need to refer a young person or more than one young person to secure?
10. What are the present strengths of the decision making process for secure?
11. What are the weaknesses?
12. Final comments and any recommendations about how secure accommodation decision making could be improved?

Appendix 4
Data Collection Form for Local Referral Population
All referrals between 1 April 2005 and 31 March 2006

Initials of YP:	
Case Code:	
DOB:	
Sex:	
Age:	
Disability:	
Ethnicity:	
Number of Referrals to SA (list dates):	
Reason(s) for Referral: (Summary list of main reasons in order e.g.: absconding, substance misuse, etc.)	
Type of Placement at time of referral AND legal basis of placement: (e.g. Residential care)	
Admitted to secure: (Yes or No)	Total No. of Admissions:
Record of Admissions and Discharges from Secure:	ADMISSION DATE DISCHARGE DATE LEGAL BASIS
Details of School Placement at time of Secure Referral including type plcmt, attend, exclusion:	
Alternatives to Secure Explored:	
Discharged to: (type of placement)	

Appendix 5

Leaflet for Young People

WHO WILL KNOW IF YOU ARE IN THE RESEARCH, OR WHAT YOU HAVE TALKED ABOUT?

Some other people I interview, like your social worker, will know if you are in the project. However, I will not tell them or anyone else what you tell me.

The only time I might have to break this promise is if I think you or someone else might be at risk of being hurt. If so, I will talk to you first about the best thing to do.

I will keep my tapes and notes about you in a safe lockable place, and delete named details about you after the project. When I write reports about your views, I will change your name, so no one will know you said that.

WILL YOU KNOW ABOUT THE RESEARCH RESULTS?

This is a long term project and results will not be ready until 2009. However, if you would like a copy when they are ready I will send you one.

Call Autumn on 07738002253 or email: s9901092@sms.ed.ac.uk

December 2006.

Thank you for reading this leaflet!

Autumn Roesch-Marsh

PhD Student

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Phone: 0131 650 3915

Email: s9901092@sms.ed.ac.uk

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SECURE ACCOMMODATION



WHO DECIDES?

Please will you help me with my research?

WHO AM I?

I am a research student and this leaflet gives you some details about my project.

I hope this will help you decide if you would like to take part.

Before doing this project I have worked as a Residential Care Officer in open and secure units and as a social worker.

WHAT IS MY RESEARCH ABOUT?

It is a really serious decision to put a young person in secure. I want to find out how it is decided that young people should go to secure or not.

I want to know what young people think about this decision making process. I want to know how they see things compared to the way that different adults see things.

I hope my research will help people understand how young people do or do not end up in secure accommodation.

I hope my research will help improve the way decisions are made.

WHAT QUESTIONS WILL MY PROJECT ASK?

1. What kind of things are happening in the lives of young people who are considered for secure?

2. Who decides secure is a good idea or a bad idea for a young person?

3. What are the different opinions of people affected by secure accommodation?

4. Is there anything that could make the decision making system better?

WHO WILL BE IN MY PROJECT?

I hope to involve at least fourteen young people who were referred to secure accommodation at some time in the last year. This means I hope to talk to young people who have stayed in secure, as well as those who never ended up in secure.

I will interview these young people and I also hope to speak to their social worker and a previous carer, which might be a family member, keyworker or foster carer.

DO YOU HAVE TO TAKE PART?

You decide if you want to take part or not. Even if you say 'yes', you can drop out at any time.

WILL YOU BE PAID?

All young people will receive two cinema vouchers as a 'thank you' for participating in this project.

WHAT WILL HAPPEN IF YOU TAKE PART?

If you think you want to take part I will meet with you wherever you stay, or at another place you would prefer, for an initial chat.

If you still want to go ahead after you have met me we will make another time to meet.

On this second meeting I will ask some questions about your view on secure accommodation and decision making. I will make a record of the things you have said.

There are no right or wrong answers to the questions I will ask. It is your own views that matter. You can also say 'pass' if you do not want to answer a question.

Appendix 6 Participant Informed Consent Form

Project Name: *Decision making systems and factors of influence in the use of secure accommodation for young people in one local authority in Scotland.*

Purpose: The purpose of this research is to learn more about how decisions are made about secure accommodation and to understand the perspectives of different individuals involved with and affected by this decision making process.

Research Description: The researcher will gather information about decision making related to secure accommodation by:

- auditing a year of referrals to secure accommodation
- interviewing the permanent members of the Secure Referral Group
- observing and analysing Secure Referral Group meetings
- interviewing the Chief Social Work Officer
- interviewing at least 10 young people referred to secure accommodation, their social workers and, if appropriate, a family member or previous carer
- gathering information from case files and reports
- surveying Children's Hearing members through a questionnaire
- interviewing a Children's Reporter
- conducting focus groups with residential care officers

Confidentiality: Information gathered in this research will be kept in a strictly confidential way. It will be stored in a secure place in keeping with the Data Protection Act 1998 and any personal data stored will be destroyed after the PhD is examined. Participant names and identifying details will be changed to protect the identity of individuals in any subsequent publications or reports. The researcher will not talk to anyone else about what participants have said, unless she is concerned about the risk of someone being harmed.

Your Participation: If you sign this form you are stating that you have agreed to the researcher interviewing you and recording what you have said on an audio recorder. You are agreeing to the researcher using your comments in reports and journals which she will produce in the future, with the agreement that she will change your name and any identifying details to protect your identity.

Acknowledgement: I have read the above description of the research. Anything I did not understand was explained to me by Autumn Roesch-Marsh. I had all of my questions answered to my satisfaction. I agree to participate in this research and I know how to contact the researcher if I have questions about the research in the future.

Participant Signature: _____ **Date:** _____

Print name here: _____

Researcher's Signature: _____ **Date:** _____

Autumn Roesch-Marsh, PhD Student, Social Work Department, University of Edinburgh, No. 31, Buccleuch Place, Edinburgh, EH8 9JT, Mobile: 07738002253 Email: s9901092@sms.ed.ac.uk

Appendix 7

Case Collection Form for Files

To be filled in by the researcher using data from social work records.

PART I: BASIC INFORMATION ABOUT THE YOUNG PERSON

CASE CODE:	
DOB:	
COUNTRY OF BIRTH (<i>list</i>)	
NAME OF SOCIAL WORKER	
SOCIAL WORKER CONTACT DETAILS	
CURRENT CONTACT DETAILS FOR YOUNG PERSON	

SEX:

- Male
- Female

ETHNICITY:

(Please tick which grouping best describes the young person, groupings are listed in accordance with the Commission for Racial Equality)

- White Scottish
- White English
- White N. Irish
- White Welsh
- White other, Specify . . . _____
- Black Caribbean

- Black African
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Dual Race
- Other *(please list)* _____

RELIGION

Does the young person belong to a particular religious group? *(Please Delete)*

- YES
- NO

(If yes, list which religion or religious group)

DISABILITY

Specify any Disability this young person has:

PART 2: FAMILY AND SOCIAL BACKGROUND

1. What is the composition of this young person's family? (Indicate family structure including parents, siblings, extended family and who is presently in contact with this young person)

--

2. Indicate family members, where they are currently living and why, if known.

	Family member (e.g. father, brother, stepsister)	Living Where? (Family home, foster care)	Reason Why?
Adult males			
Adult females			
Children (Siblings of Young person)			

3. What kind of financial situation does this young person's family currently have?

--

4. Before being referred to secure accommodation did this young person have an experience of? *(Please circle for each option)*

Emotional Abuse	Yes	No	Not Known
Physical Abuse (From RF)	Yes	No	Not Known
Sexual Abuse (From RF)	Yes	No	Not Known
Bereavement of a significant person	Yes	No	Not Known
Loss of a significant person	Yes	No	Not Known
Mental Illness in a significant care giver	Yes	No	Not Known
Suicide of a significant care giver	Yes	No	Not Known
Drug Abuse by a significant care giver	Yes	No	Not Known
Alcohol Abuse by a significant care giver	Yes	No	Not Known
Domestic Violence	Yes	No	Not Known
Incarceration of a significant care giver	Yes	No	Not Known
Prostitution by a significant care giver	Yes	No	Not Known
Homelessness	Yes	No	Not Known
Bullying	Yes	No	Not Known

PART 3: INITIAL SOCIAL SERVICE INVOLVEMENT

5. When did this young person first come to the attention of Social Services?

(Please list date)

Date of Referral	
Source of Referral (mother, father, G.P.)	

6. What were the reasons for this initial referral to Social Services? (If more than one reason please rank in order, i.e. 1,2,3)

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse
- Failure to attend school
- Parental drug misuse
- Parental alcohol misuse
- Parental criminal activity
- Child criminal activity
- Domestic violence
- Child missing/ running away
- Other (please specify) _____

7. Please tick all the services which were used by the family at the time of initial contact with social work?

- Area Team
- Respite care
- Residential placement
- School based supports
- Educational Welfare Officer
- Youth Work Provision
- Parenting Support

- Child and Adolescent Mental Health Services
- Emergency Social Services Support and Advice
- After School Club
- Citizen's Advice Bureau
- Other (please list) _____

8. When did this young person's case become an Active or Allocated case within the Social Work Department?

(Please list date)

9. Why did this case become an Active or Allocated case within the Social Work Department?

10. Did this child and their family attend a Children's Hearing at any point prior to a secure accommodation placement being provided?

- YES
- NO

(If NO please proceed to II. Placement History)

10a. What was the date of this young person's first Children's Hearing?

(Please list date)

10b. What were the grounds for this Children's Hearing under S. 52 (2) of the Children (Scotland) Act 1995? (please tick those that apply)

- (a) is beyond the control of any relevant person
- (b) is falling into bad association or is exposed to moral danger
- (c) is likely (i) to suffer unnecessarily due to lack of parental care or
- (ii) be impaired seriously in his health or development due to lack of parental care
- (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1975 (offences against children to which special provisions apply) has been committed
- (e) is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed
- (f) is, or is likely to become, a member of the same household as a person who has committed any of the offences referred in paragraph (d) above
- (g) is, or is likely to become, a member of the same household as a person in respect of whom an offence under sections 2A to 2C of the Sexual Offences (Scotland) Act 1976 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
- (h) has failed to attend school regularly without reasonable excuse
- (i) has committed an offence
- (j) has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971
- (k) has misused a volatile substance by deliberately inhaling its vapour, other than for medical purposes
- (l) is being provided with accommodation by a local authority under section 25, or is the subject of a parental responsibilities order obtained under section 86, of this Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interests or the interests of others.
- Other (please list) _____

10c. What was the decision of this Children's Hearing? (tick which applies)

- A Supervision Order was placed under S. 70 of the Children (Scotland) Act 1995
- A Supervision Order with a Condition of Residence to a Relative Carer was placed
- A Supervision Order with a Condition of Residence to a Foster Carer was placed
- A Supervision Order with a Condition of Residence to a Residential Unit was placed
- A Supervision Order with a Condition of Residence to a Residential School was placed

- Place of Safety Order Placed
- Other (*Please list*) _____

11. If this child has had multiple Children’s Hearings prior to being placed in secure please list these and any outcome.

Date of Hearing	Legal Grounds	Outcome (e.g. variation of Supervision order with condition of residence)

PART 4: PLACEMENT HISTORY

(If this young person was NEVER accommodated prior to their placement in secure accommodation please proceed to III. Education)

12. When did this young person first become ‘Looked After and Accommodated’ by the Local Authority?
(*Please list date*)

13. List reason that this young person became ‘Looked After and Accommodated’

14. List legal basis that this young person became ‘Looked After and Accommodated’

--

15. Does the Local Authority hold a Parental Responsibility Order in relation to this young person?

YES

NO

(IF NO PROCEED TO QUESTION 4)

15a. If YES, when was this Order granted?
(Please list date)

--

16. Has this Child been on the Child Protection Register at any time?

YES

NO

(IF NO PROCEED TO QUESTION 5)

16a. List dates, length of time, and reasons this young person has been on the Child Protection Register:

Date of Child Protection Registration	Reason for Registration	Date of De-registration

17. How many care placements has this young person had **PRIOR TO SECURE ACCOMMODATION?** (If known add reason for admission and discharge)

Type of Placement (i.e. Open residential unit, foster care)	Admitted on	Reason for admission	Discharged on	Reason for discharge	No. of days in placement

18. Utilising Referral Form for secure indicate young person's 'Response to previous placements':

Response 1.
Response 2
Response 3.
Response 4.

PART 5: EDUCATION HISTORY

19. How many school placements has this child had?

Total number of Primary School Placements	
Total number of Secondary School Placements	

20. Did this young person have a school placement in the year prior to being placed in secure accommodation? (Indicate Yes or No and why and what their pattern of attendance was if known)

21. In what type of school was this young person last enrolled? (*Mainstream, SEN school etc.*)

PART 6: OTHER SERVICES

22. List which services this young person had been **referred to but not provided with before** being admitted to **secure accommodation** and **any reason this provision had not been provided?**

23. Which services **were provided** to this young person and their family prior to secure admission? (Indicate type of service and dates of provision, e.g. CAMHS 19/5/01 to 13/12/01)

24. From the Referral Form, what 'medical issues' were outlined as 'relevant' to this secure referral:

25. From the Referral Form, 'Has this young person recently undergone a mental health or psychiatric assessment?'

- YES
 NO

26. If there were ongoing concerns about this young person having a mental health problem or illness, what are these concerns listed as:

PART 8: PLACEMENT IN SECURE ACCOMMODATION

27. Where was this young person staying just before they were placed in secure accommodation?

(Please tick)

- Birth family
- Extended family
- Friends
- Foster Care
- Specialist Foster Care
- Open Residential Care
- Closed Support Residential Care
- Adoptive family
- Bed and Breakfast
- Psychiatric Hospital
- Prison
- They were homeless
- Other (Please indicate) _____

28. List full name and contact details for last carer before secure admission:

29. Number of Referrals and Stays in Secure Accommodation.

(Please list below each referral and if admitted to secure accommodation, indicating the relevant legislation and starting with most recent admission first.)

Date of Referral	Date of Admission	Date of Discharge	Relevant Legislation (e.g. S.70 (10) Children Scotland Act 1995)

30. Utilising the 'Application for Placement of Young Person in Secure Accommodation' record the following data:

30a. List the main 'recent events' listed in the form as having 'led to a secure placement being sought at this particular time'

Event 1.
Event 2
Event 3.
Even 4.
Event 5.
Event 6.

30b. For this most recent placement request: 'How was the decision arrived at to request a secure placement?' (List answer given by form)

--

30c. List 'risk factors' identified in 'support of a secure placement'.

Risk Factor 1.
Risk Factor 2.
Risk Factor 3.
Risk Factor 4.
Risk Factor 5.
Risk Factor 6.

30d. 'Has the young person been missing from home or care placements? If yes give details'

Frequency (weekly, fortnightly, etc.)	Length of time away	Circumstances of return

30e. Fill in the following table indicating 'alternative to secure considered' and why they were rejected by the person referring this client.

Alternative to Secure Considered	Reason Rejected

30f. What are the 'key requirements' of the requested placement:

1.
2.
3.

30g. What does the referral form indicate about 'the feelings and wishes' of the young person being referred to secure care?

--

**PART 9: BEHAVIOURAL CHARACTERISTICS
AT TIME OF REFERRAL TO SECURE**

Utilising the 'Referral Form' for Secure Accommodation, fill in the following questions.

31. 'Has the young person had a history of drug, solvent, or alcohol abuse? If yes give details.'

32. 'Has the young person ever threatened or attempted suicide, or self-harm? If yes give details'

33. 'What are the positives or strengths that the young person has or shows in his/ her behaviours?'

34. 'To what extent, if any, is the young person known to be physically aggressive?'

Type of group aggression directed at	Extent of aggression
Peers	
Parents or guardians	
Staff/ carers	

Self	
Property	

35. 'Is the young person prone to bullying or being bullied?'

36. 'Does the young person have a history of sexualised behaviour towards other young people or adults?'

PART 10: AFTERCARE AND PRESENT CIRCUMSTANCES

37. Where did/ will this young person go after discharge from secure accommodation?

38. If this young person has now left secure accommodation is their current placement the one identified as 'most appropriate to their needs' as identified by their care plan?

- Yes
- No

(If YES, proceed to question 3)

38a. If NO, what type of placement was identified as 'most appropriate to their needs'?

38b. Why wasn't this placement provided?

39. What other services are currently involved in the care plan for this young person?
(Tick all that apply)

- Throughcare and Aftercare Service
- Health Services (e.g. GP, Nurse)
- Mental Health Services (e.g. Psychiatry, Psychology, CAMHS)
- Counselling Services
- Juvenile Justice Team or Equivalent
- Youth worker/ Youth Involvement project
- Befriender
- Afterschool club
- Careers Service
- Family Group Conferencing
- Family Support Outreach Service
- Family Mediation Service
- Community Education service
- Educational Psychology Service
- Specialist Drug Counselling/ Support Service
- Specialist Alcohol Counselling/ Support Service
- Parenting Group
- Special school
- Mainstream school
- Current placement providers (e.g. Residential Unit, Closed Support Unit)
- Other? (Please list) _____

40. What, if any, behaviours identified before referral or placement in secure accommodation remain of concern to social worker, carers, young people, or their family?
(Please list type of concern and who has raised it)



Appendix 8 List of Participants

Young People

7 interviews – 6 girls and 1 boy

1 questionnaire – female

Social Workers - Interviews

4 social workers for 5 out of the 7 young people (1 senior social worker and 1 residential worker for the other two)

Families - Interview

1 parent interviewed

Senior Social Worker - Interview

1 senior social worker for 1 of the young people interviewed

Residential Workers – Interviews

2 residential workers related to 2 young people in the Interview Sample

Residential Workers – Focus Groups and Joint Interview

2 full focus groups with (7 participants in one, 10 participants in the other)

1 joint interview with 2 Residential workers from a 3rd residential unit

Children's Hearing

15 completed questionnaires returned from Children's Panel Members

1 Senior Children's Reporter interviewed

Secure Referral Group

11 out of 13 scheduled meetings observed and recorded over a 7 ½ month period (total of 15 young people discussed and 40 referring professionals observed)

6 interviews – One with each member of the SRG group

Chief Social Work Officer

1 interview completed

Summary Table, All Study Participants

Method of Data Collection	Number of respondents
Interviews – Professionals	17
Questionnaires – Children’s Panel	15
Focus Groups	17
SRG Observations	40
Questionnaire – Young Person	1
Interviews – Young People	7
Interview – Parent	1
Total Number of Participants	98

Appendix 9 Questionnaire for Young Person

Completing this questionnaire will help me in my PhD research about decision making and secure accommodation undertaken at the University of Edinburgh. This project aims to develop understanding of local secure accommodation decision making systems from the perspective of: young people, families, social work staff, and Children's Panel members. All responses will be anonymised for presentation in my dissertation and any articles produced, this means nobody will be able to tell that it was you who said certain things. Information about you will only be kept until the project is finished. If you have questions about this project or questionnaire or would prefer to speak to me in person or over the phone you can contact me on 07738002253 or email me at autumnroeschmarsh@hoo.co.uk. Please tick here if you would like to be sent a notice of key findings and recommendations once the project has been completed. Please return this questionnaire in the envelope provided, your 'thank you' in the form of a cinema voucher will be posted to you in due course.

PART 1: BACKGROUND DETAILS ABOUT YOU

NAME:	
DATE OF BIRTH:	
ADDRESS:	
PHONE NUMBER:	
NAME OF PERSON HELPING YOU COMPLETE THIS FORM:	
ROLE OR JOB TITLE OF THIS PERSON:	

SEX:

Male

Female

ETHNICITY:

(Please tick which grouping best describes you.)

- White Scottish
- White English
- White N. Irish
- White Welsh
- White other, Specify . . . _____
- Black Caribbean
- Black African
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Dual Race
- Other *(please list)* _____

RELIGION

Do you belong to a particular religious group? *(Please Delete)*

- YES
- NO

(If yes, list which religion or religious group)

DISABILITY

Specify any Disability you have:

HOUSING

Where do you stay at the moment?

- With my mother
- With both my parents
- With my father
- With other family like grandparents
- With a friend or partner
- In supported accommodation
- In a residential unit
- In a residential school
- In a Secure Unit
- In a Closed Support Unit
- In homeless accommodation
- In my own flat
- Other (please specify) _____

EDUCATION

At the moment, are you in education?

- Not in education
- Attending High school
- Attending College
- Attending University
- Attending Training for work scheme
- Attending Other (please specify) _____

EMPLOYMENT

At the moment are you in employment?

- Not in employment
 - Working part-time
 - Working full-time
-

Other _____

Part 2: YOUR EXPERIENCE OF DECISION MAKING

1.) Consider the last time you were placed in secure accommodation, where were you living just before you entered secure? *(Please tick the one that applies to you.)*

- With my mother
- With my mother and father
- With my father
- With extended family like my grandparents, an aunt or uncle
- With friends
- With Foster Carers
- With Specialist Foster Carers
- In a residential unit
- In a closed support residential unit
- In supported accommodation
- Homeless accommodation
- Psychiatric Hospital
- Prison
- Other *(Please indicate)* _____

2.) Do you think this was a good placement for you?

- YES
- NO

If YES please go to question 3.

2a. If you put NO, why do you think this was the wrong placement for you?
(Please write a few sentences about why you think this was the wrong placement).

3.) How many times have you been considered for a place in secure accommodation?

(Please circle the correct number).

1 2 3 4 5 6 7 8 9 10 10+

4.) When were you last considered for a place in secure accommodation?

(Please put the approximate date below.)

5.) Who thought you needed to be placed in secure accommodation?

(Please tick all that apply to you).

- Social Worker
- Residential Keyworker
- Parents
- Foster Carer(s)
- Other carer, like a relative or family friend
- Friends
- Teacher or Guidance Staff from your school
- Children's Panel
- Youth Justice Worker
- Includem Worker
- GP
- Mental Health Worker
- Children's Rights Officer
- Other (Please specify) _____

6.) Did you think you needed to be placed in secure accommodation?

(Please circle below).

Yes, totally agreed Yes, partly agreed Was unsure No, mostly disagreed
No, totally disagreed

7.) Please explain why you agreed or disagreed about going to secure?

8.) What kind of things were you doing which made people think you might need to be placed in secure accommodation? *(Please tick all that apply).*

- Running away
 - Drinking
 - Taking drugs
 - Abusing solvents
 - Harming yourself
 - Offending
 - Spending time with people who were a 'bad influence'
 - Going missing overnight
 - Being violent
 - Having unsafe sex
 - Breaking the rules at the place you were staying
 - Refusing to go to school
 - Being excluded from school
 - Other (please specify)
-

9.) What other things made people think you needed to be placed in secure accommodation? *(Please tick all those that apply)*

- There were no other places for me to stay
 - The behaviour of other young people
 - My influence on other young people
 - The fact that I am a girl
 - The fact that I am a boy
 - The influence of my family, they thought I needed to go to secure
 - The influence of the police, they wanted me locked up
 - The influence of other people in the community, they wanted me locked up
 - The fact that other members of my family have been in secure accommodation
 - Other (please specify)
-

10.) In the end, what do you think was the main reason you were placed in secure accommodation? *(Please write what you think the main reason was below).*

11.) What things **were you unhappy** about in your life around the time you were considered for secure accommodation? *(Please tick all those that apply)*

- Relationships with my family
 - The place I was staying
 - Relationships with friends
 - School
 - Relationship with a boyfriend or girlfriend
 - Money
 - Level of contact with family
 - Relationships with people I was living with
 - Myself, I was feel bad about myself
 - Hobbies or leisure activities
 - Things that had happened in the past
 - Other (Please specify)
-

12.) What things **were you happy** about in your life around the time you were considered for secure accommodation? *(Please tick all those that apply)*

- Relationships with my family
- The place I was staying
- Relationships with friends
- School
- Relationship with a boyfriend or girlfriend
- Money
- Level of contact with family

- Relationships with people I was living with
 - Myself, I was feel good about myself
 - Hobbies or leisure activities
 - Things that had happened in the past
 - Other (Please specify) _____
-

13.) Who first told you about the possibility that you might go to secure?
(Please tick the one that applies)

- Social Worker
- Residential Keyworker
- Parents
- Foster Carer(s)
- Other carer, like a relative or family friend
- Friends
- Teacher or Guidance Staff from your school
- Children's Panel
- Youth Justice Worker
- Includem Worker
- GP
- Mental Health Worker
- Children's Rights Officer
- Other (Please specify) _____

14.) Did you get a chance to give your opinion about what you felt about going to secure? (Please tick all that apply to you.)

- Yes, I gave my opinion to my Social Worker
- Yes, I gave my opinion to my Residential Keyworker
- Yes, I gave my opinion to my Parents
- Yes, I gave my opinion to my Foster Carer(s)
- Yes, I gave my opinion to my another carer, like a relative or family friend
- Yes, I gave my opinion to my Teacher or Guidance Staff from my school
- Yes, I gave my opinion to the Children's Panel
- Yes, I gave my opinion to my Youth Justice Worker

- Yes, I gave my opinion to my Includem Worker
- Yes, I gave my opinion to my GP
- Yes, I gave my opinion to my Mental Health Worker
- Yes, I gave my opinion to my Children's Rights Officer
- Yes, I gave my opinion to an other (Please specify) _____
- No, I never had the chance to share my opinion

15.) What did you think secure accommodation would be like? *(Please write a few sentences about how you thought it would be or what you had heard it was like.)*

16.) What, if anything, could be done to improve the way that decisions are made about placing a young person in secure accommodation? *(Please write down any ideas or opinions you have about this).*

Part 3: YOUR EXPERIENCE OF SECURE ACCOMMODATION

1.) How many times have you been placed in secure accommodation?
(Please write the number below).

2.) How old were you when you were first placed in secure accommodation?
(Please write in your age at admission to secure)

3.) How long in total did you spend in secure accommodation? *(Please write the total number of months or years).*

4.) Consider the last time you were placed in secure accommodation, did you have to wait for a bed before you were placed in secure accommodation?

YES

NO

If NO, please go to question 5.

4a.) If YES, how long did you have to wait? *(Please specify the number of days or weeks)*

4b.) Did things get better, worse, or stay the same while you were waiting? *(Please circle the one that applies to you)*

Things got better

Things stayed the same

Things got worse

4c.) Why do you think this was the case? *(Please write your ideas about why you think things got better, stayed the same or got worse while you were waiting for a placement in secure)*

5.) What kind of **things did you get help with** while you were in secure? *(Please tick all that apply).*

Relationships with my family

Relationships with friends

Offending behaviour

Self-harming behaviour

My feelings about myself

- Mental Health
 - Education
 - Advice on careers
 - Sex education
 - Dealing with Anger
 - Keeping myself safe
 - Alcohol
 - Drugs
 - Solvents
 - Independent living skills like budgeting and cooking
 - Housing and future placements
 - Other (Please specify)
-

6.) What things do **you wish you had help with** when you were in secure?
(Please tick all that apply).

- Relationships with my family
 - Relationships with friends
 - Offending behaviour
 - Self-harming behaviour
 - My feelings about myself
 - Mental Health
 - Education
 - Advice on careers
 - Sex education
 - Dealing with Anger
 - Keeping myself safe
 - Alcohol
 - Drugs
 - Solvents
 - Independent living skills like budgeting and cooking
 - Housing and future placements
 - Other (Please specify)
-

7.) Where did you move after you left secure accommodation? *(Please tick the one that applies).*

- With my mother
- With my mother and father
- With my father
- With extended family like my grandparents, an aunt or uncle
- With friends
- With Foster Carers
- With a Specialist Foster Carer
- In a residential unit
- In a closed support residential unit
- In supported accommodation
- Another secure unit
- Homeless accommodation
- Psychiatric Hospital
- Prison
- Other *(Please indicate)* _____

8.) Do you think this was a good placement for you?

- YES
- NO

If YES, please go to question 9.

8a.) If you put NO, why do you think this was the wrong placement for you? *(Please write a few sentences about why you think this was the wrong placement).*

9.) Do you think your time in secure accommodation has made your life better in any ways? *(Please write Yes or No and Why).*

10.) Do you think your time in secure accommodation has made your life worse in any ways? *(Please write Yes or No and Why).*

11.) What do you feel now about the decision to place you in secure accommodation? *(Please write your view of secure now, it would be helpful if you could say if there was anything good and anything bad about the decision).*

Thank you for completing this questionnaire. Please put it in the Self Addressed Envelope provided. Make sure your correct address is on this form. I will be sending your cinema voucher to this address. If there is somewhere else you would like me to send it, for example to your Throughcare and Aftercare worker please write this information below.

I do not want you to send my cinema voucher to my home address, please send it to:

Appendix 10

Summary of Questions on Secure Referral Form in Study Authority

The referral document for secure accommodation in the study authority was eleven pages and included the following 31 questions:

1. Events Leading to Current Request for Referral
2. How was the decision arrived at to request a secure placement?
3. What are the risk factors presented in support of secure placement?
4. Alternatives to secure accommodation considered and reasons for their rejection,
5. Summary of present care plan
6. Outline exit plan for secure care and proposed timescales, i.e. where and when do you expect the young person to move onto once he/she no longer meets secure criteria
7. All secure placements aim to minimise the risk being presented to the young person or by the young person.
8. Aside from this task what are the key requirements of requested placement
9. Current placement and length of time in placement
10. Previous placement(s) and length of time in placement(s)
11. Indicate reasons for admission and discharge
12. Response to previous placements
13. Important family information (including expectations of family involvement during secure placement)
14. What are the feelings and wishes of young person in relation to this referral for secure care?
15. Is the young person on the Child Protection Register? If so, give details
16. Has the young person a history of drug, solvent, or alcohol abuse? If yes, give details
17. Has the young person ever threatened or attempted suicide, or self-harm? If yes, give details
18. What are the positives or strengths that the young person has or shows in his/ her behaviour?
19. Has the young person ever been the subject of physical or sexual abuse?
20. To what extent, if any, is the young person known to be physically aggressive? (a) towards peers (b) parents or guardians (c) staff/ carers (d) self (e) property
21. Is the young person prone to bullying or being bullied?
22. Does the young person have a history of sexualised behaviour towards other young people or adults?

23. Has the young person required to be physically held by those looking after him/ her? (Please describe circumstances)
24. Has the young person a history of offending? If yes, give details
25. Has an ASSET/YSL assessment been undertaken? If yes, then please attach.
26. Has the young person been missing from home or care placements? If yes, give details such as frequency, length of time away, circumstances of return, etc.,
27. Outline any medical issues that you feel may be relevant for this application,
28. Has this young person recently undergone a mental health or psychiatric assessment? If so please send any supporting information from the person completing the assessment.
29. Have there been ongoing concerns about this young person in relation to depression, other mood disorders or their general well-being? If yes, give details and what has been done to respond to these concerns
30. Educational details including: current school and educational psychologist
31. Please outline relevant educational information about this young person, e.g. major difficulties or transition issues. Attach relevant reports from Educational Psychologist/ Specialist support if applicable.

Appendix 11

Summary of Placement Aims for SRG Meetings Observed

Meeting Number	Age and Gender of Young Person	Summary of Aims for Secure Placement as Described in Referral Forms
1	14 year old, Male	<ul style="list-style-type: none"> - To engage with him - To contain him and keep him safe - To allow youth justice service to work on offending issues - To allow social worker to work on rebuilding family relationships
2	14 year old, Male	<ul style="list-style-type: none"> - To engage with him - To provide stability - To enable a mental health assessment to be completed - To provide routine - To repair family relationships - To learn anger management
3	14 year old, Female	<ul style="list-style-type: none"> - To help her cope with family relationships - To help her with alcohol and drug misuse issues - To raise her self esteem and self confidence
4	14 year old, Female 1 previous admission to secure	<ul style="list-style-type: none"> -To provide her with limits and boundaries - To help her learn to manage her physical illness - To improve relationships with her family
5	14 year old, Male	<ul style="list-style-type: none"> - To engage with services - To re-assess his learning disability and communication difficulties
6	15 year old, Male	<ul style="list-style-type: none"> - To provide him with rules and boundaries - To give him access to education and throughcare and aftercare services

		<ul style="list-style-type: none"> - To improve his self esteem - To improve his social skills - To learn anger management - To repair family relationships
7	13 year old, Female	<ul style="list-style-type: none"> - To provide a safe environment - To allow professionals to engage with her - To allow her a period of reflection
8	13 year old, Female	<ul style="list-style-type: none"> - To help her build self confidence - To help her develop self control - To help her improve her body image - To provide her with security and stability - To help her feel more hopeful about her future
9	15 year old, Male	<ul style="list-style-type: none"> - To engage him with mental health services - To keep him safe from sexual exploitation - To avoid him going to adult prison when he turns 16
10	15 year old, Male	<ul style="list-style-type: none"> - To re-engage him with services - To understand his perception of things at the moment - To prepare him for a move to a more specialist resource
11	13 year old, Female	<ul style="list-style-type: none"> - To keep her safe from sexual exploitation - To contain her behaviour - To allow a police enquiry to proceed - To engage her with mental health services
12	15 year old, Male 2 previous secure admissions	<ul style="list-style-type: none"> - To keep him alive - To facilitate a transfer to an out of authority resource away from his peer group who are offending with him
11	15 year old, Female	<ul style="list-style-type: none"> - To reduce risks to her safety - To provide her with emotional safety to address her experiences of trauma - To help her learn internal and external controls

		<ul style="list-style-type: none"> - To help her resolve some core issues relating to her identity - To improve family relationships
13	<p>15 year old, Female</p> <p>1 previous secure admission</p>	<ul style="list-style-type: none"> - To reduce risk of sexual exploitation - To re-engage her with services