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Chief Social Work Officers and secure care

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May 2017

Contents

Acknowledgements	2
Executive Summary	3
1. Introduction and context	10
Aims and purpose	11
Definitions	12
The legal, policy and practice context	12
The role of the Chief Social Work Officer	19
Methodology	21
Ethics	23
Conflicts of interest	23
About the Participants	24
2. The purpose and function of secure care	24
Principles of justifiability	25
Is secure care part of a continuum of interventions?	26
Does secure care indicate system failure?	28
Should secure care provide intensive therapeutic intervention?	29
Needs or deeds?	30
3. Current and future provision	33
Knowledge and views of current secure care provision	34
The contradictions in expectation	38
Working together?	41
Placement options and value	43
Views on current and future responses to high risk and vulnerability	44
Vision of future purpose and function	49
4. Decision-making and secure care	52
The Chief Social Work Officer role	53
CSWO secure care powers and duties	54
Understanding and communication of the CSWO role	56
CSWO professional supervision and support	57
Identifying young people and making the decision	58
The contribution and interrelation of agencies	62
5. The secure care placement	65

Preparation and admission	66
During the placement	67
Leaving the placement	69
6. Conclusions	70
7. Recommendations	75
References	77
Annex documents	78
Copy of full Interview schedule	78
Thematic discussion topics with CSWOs	81

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Executive Summary

This research was a qualitative study of Chief Social Work Officer (CSWO) perceptions; and of CSWO and local authority approaches to the use of secure care in Scotland. The central focus of the study was an examination of how the role and responsibilities of CSWOs in relation to secure care, as defined in legislation and related guidance and policy, are translated in practice, within the context of their local authority's approach to children and young people who are extremely vulnerable and who pose a very high risk to themselves and/or to other people. The project sought to understand how the personal and professional value base of individual CSWOs, and their role within each local authority context, impacts on perceptions of; approaches to; and usage of; secure care and complementary or alternative services.

Secure accommodation in Scotland is a form of highly regulated residential care for a very small number of children who are deemed to pose such significant risk to themselves, or to others, that for a particular time they require to be detained in the intensely controlled setting of secure care. Children and young people can be placed through the Children's Hearings Scotland system (the CHS) or the Courts. The CSWO in each local authority area has a complex range of duties, mainly as a professional social work adviser to the local authority. These include defined individual responsibilities in relation to decision making and secure care placements.

All 32 CSWOs were invited to participate in the study. The field work consisted of individual in depth interviews with CSWOs for 21 local authorities. Early data analysis highlighted areas which warranted further examination, which involved a thematic discussion and feedback meeting with CSWOs. This both enhanced, and brought a new perspective to, the data from the individual interviews.

All of the CSWOs articulated that their practice and professional judgements are underpinned by a commitment to certain core values and principles. These are principles of effective and early intervention, and minimum and justifiable intervention, where supports to vulnerable and troubled children and young people presenting very high risks should be provided to those children and their families, within their own families, wherever possible.

The vast majority of the CSWOs therefore regarded secure care as ‘other’ and separate, a specific resource for certain young people in extreme and immediate situations of risk, and not part of any ‘continuum of care’ available for children and young people requiring social work and other specialist supports or services.

For some CSWOs, the use of secure care indicates a failure at some point in the care journey and in how the young person’s needs and behaviours have been responded to. These deficits included missed opportunities to ensure early and effective interventions, gaps in intensive community supports, concerns about access to help and support with mental and emotional wellbeing, and a lack of appropriate ‘containment’ in looked after services for troubled young people. Macro structural issues such as the impact of inequalities and childhood adversity were also noted.

Additionally, within responses, some CSWOs did not state a clear view about the place of secure care within the wider care, health and youth justice systems, and whether the use of secure care is a punitive or protective response. There was then no consensus as to whether secure care should be described or considered as part of any ‘continuum’ of childcare interventions; and on the concept of ‘continuum’ itself, and whether and how this applies to the ‘menu’ of services available for children and young people within the care system; and to an individual child’s care journey. Neither was there clarity on whether secure care rather than imprisonment should be the place of detention for all young people aged under 18 who have been remanded, or sentenced to custody. This raises questions for further consideration about when, for whom, and how, secure care in Scotland should be used.

The majority of CSWOs stated that they had little or no first-hand knowledge of the current secure care centres in Scotland. In many local authority areas, secure care is used so infrequently that it is not often discussed or considered in the context of service review and future planning. However, regardless of levels of familiarity with the current services, a substantial minority expressed negative opinions about aspects of the current service provision and system.

Some CSWOs criticised aspects of practice, culture and environment within the current sector provision, including some who argued secure care is not delivering value in terms of the perceived outcomes for young people when compared to the costs of placements. System issues included perceived lack of placement choice; the geographical location and spread of the current services; the lack of gender and other specialist and specific services; and the use of the Scottish secure care sector by English local authorities.

However, the majority of respondents who were able to comment on the current quality of secure care provision described significant improvements in the quality and focus of what the secure care sector is offering.

Most CSWOs share the Scottish Government aspiration of a future where ultimately no child will be secured; but none described how they envisaged this position being reached, without radical review of the role of universal and specialist services. In particular, CSWOs identified the need for review of national and local responses to childhood adversity and trauma and the role of Child and Adolescent Mental Health Services (CAMHS). Whatever CSWOs views were, about when, for whom and for what purpose, secure care should be accessed, all nevertheless indicated a need for secure care, probably for a very small and further reducing number of young people, for the foreseeable future.

All bar one of the CSWOs interviewed retained direct responsibility for making the decision to secure; not to secure; or to end a secure placement and did not delegate this. CSWOs described the weight and complexity of decision making as a difficult balance of rights and risks. The duty of the CSWO to 'test' the reasoning and evidence that secure care was necessary was seen as an important safeguard to ensure that social workers, and/or panel members and/or other agencies, were not being reactive and that CSWOs did not secure unless the decision was legally and ethically justifiable. CSWOs also emphasised their role in supporting and advising social workers and sometimes other carers and colleagues through what they recognised as difficult and often emotionally demanding situations.

The specific local arrangements in place for identifying young people at the edges of secure care and for the formal assessment and 'screening' are unique to each area; but the majority of CSWOs stated that systems are in place which are appropriate and work well for their

area. Most were confident that they had a professional overview of every child and young person who was in 'out of authority care' or at risk of escalating towards secure care. However 'emergency admissions' appeared to be the most common route into secure care, in several local authority areas. These situations usually involved a point of acute crisis, most often regarding children and young people already in residential care.

There was a sense that more could be done within and across agencies and nationally to ensure better understanding of the CSWO role and powers and of the legal and rights framework around secure care. There was also consensus that communication and reflection across and between areas and all CSWOs should be improved, to clarify understanding about the use, purpose and expectations of secure care itself.

The admission process was identified as a stressful and upsetting time for young people and often a point of high anxiety for those supporting them. There was evidence that a high number of admissions to secure care happen at a point of acute 'crisis' and these emergency admissions mean a lack of time and opportunity for young people and their families to be informed, prepared and supported in ways which match best practice expectations. The level of direct involvement of the CSWO during the secure care placement varies. In many cases CSWOs personally chair all the ongoing reviews, in most others this is delegated to senior managers, but the CSWO remains closely involved, and in a few the CSWO is only updated if there is a particular issue. For over half of areas, the CSWO involvement and direct contact with the young person or their team sits somewhere in the middle, with the CSWO overseeing the secure care placement through regular sight of the care plan and papers, and contact and liaison with relevant staff.

The majority of CSWOs continually stressed the importance of minimising the length of time a young person is detained in secure care and the importance therefore of planning towards the move on from secure care. However, a range of barriers to successful moving on from secure care was identified by CSWOs, and these were the same barriers identified when CSWOs were discussing alternative responses to very high risk and vulnerability which fell short of secure care. They identified structural and capacity problems including a perceived lack of affordable, flexible, accessible 'wrap around' intensive support and transition placements. They additionally highlighted inadequate gender and other specialist and

specific services. They expressed concern about gaps in understanding and ‘ownership’ of risks between and across agencies.

In conclusion, Chief Social Work Officers identified a need for secure placements (i.e. a locked and contained environment) in Scotland for the foreseeable future; but for a very small and reducing number of young people. The use of secure care by Scottish local authorities has indeed been on a downward trend in recent years. The CSWOs we interviewed envisaged that this will continue. Local authority areas are at different stages of considering or commissioning services designed to identify and respond to very high risks and vulnerabilities without the need to detain young people in a locked environment. CSWOs have a specific role in advising the local authorities in relation to social work services for the most vulnerable; and in the context of the root and branch review of care announced in late 2016 and the developments in some Health and Social Care Partnerships and local authority areas, it might therefore be expected that CSWOs should have a lead role in achieving a shared vision for the future purpose and function of secure care.

However, this would require that CSWOs are equally well informed about recent and continuing developments within the sector, which we found was not the case, as there were significant gaps in knowledge and awareness among some CSWOs.

CSWOs also have varying perceptions, experiences, and expectations of secure care. There is a need to further explore these and in particular the inherent contradictions which emerged about their expectations of secure care. There are fundamental unresolved questions. Is the use of secure care a protective or a punitive measure? What is its purpose? The average stay in secure care is around four months, so is it practical or ethical to expect anything more than a period of ‘time out,’ safety and physical and psychological containment? This study did not provide answers to these questions, but it did highlight the need for greater clarity across CSWOs collectively as decisions makers and professional advisers to local authorities.

Recommendations and areas for potential further examination

To achieve clarity regarding the use and function of secure care in Scotland:

- The development of a strategic plan underpinned by a shared vision for the future purpose and use of secure care
- Review of responses to young people aged 16 to 18, and whether or not all such young people should be treated as children first and dealt with by the CHS, therefore placed in secure care where detention on remand or sentence is necessary
- Review of responses to young people with forensic mental health needs and the role of CAMHS and in reach to secure care
- A mechanism for ongoing reporting on, and evaluation and overview of, routes into, and transition out from, secure care
- CSWOs, as the professional social work adviser at local level, the Chief Social Work Adviser, and the local authorities must be involved and engaged with the planned strategic board for secure care in leading the development of the future vision and subsequent commissioning and quality assurance strategy

To support CSWOs and professionals who are working with young people in and on the edges of secure care:

- Greater reinforcement of the statutory and best practice requirements in relation to the care pathway, emphasising the right to - and purpose of - effective relationship based supports for young people, before, during and after placement in secure care. This should include a mechanism for 'tracking' how young people's care journeys are supported
- The production of best practice guidelines to support CSWOs including with delegation of responsibilities
- Formal knowledge exchange opportunities across CSWOs, local authorities, the HSCPs, the secure care centres, and the other decision makers such as Police, Health, and the CHS

- Improved information sharing among and across CSWOs and local authorities/HSCPs regarding the secure care sector performance, and practice developments
- Improved induction, ongoing training and professional development opportunities for CSWOs which specifically address the powers and duties relating to decision making and secure care

To ensure improved awareness, knowledge and understanding of the needs and experiences of young people in and on the edges of secure care:

- Further analysis of the frequency and circumstances in which CSWOs use their emergency powers to secure children
- Exploration of whether there is a need for gender specific secure care settings, and more generally review of responses to vulnerable girls and young women
- In depth examination of professional definitions, language and understanding in relation to 'risk' and dangerous behaviours towards self and others. This examination should involve both the health and care systems in exploring how professionals and services respond to psychological distress, and the interface between clinical treatment and secure care.

1. Introduction and context

Secure care is the most intensive and restrictive form of care available. It is intended only for the very small number of children and young people whose safety and wellbeing, or occasionally that of others, is at such considerable risk that for a particular period in their lives they can only be kept safe through detention in the highly controlled setting of secure care. Secure care can also be used in relation to certain children and young people who have been sentenced or remanded by the Courts.

This qualitative study was undertaken to further explore some of the questions which were raised about decision making, risk thresholds and routes into and on from secure care, by a scoping study undertaken by Centre for Youth & Criminal Justice (CYCJ) in 2015. The research was also conducted to complement the work of the secure care national project.

['Secure Care in Scotland, a scoping study'](#) (Moodie, 2015) identified an evidence gap with regards to both short term outcomes and longitudinal follow up of young people leaving secure care. The three most significant areas for further exploration highlighted were: mental health issues and access to appropriate supports for young people; continuity of care for young people; and lack of clarity in care planning with and for young people.

The Scottish Government funded a secure care national adviser role based at CYCJ, for a fixed term from August 2015, to deliver the secure care national project. This involves a review of secure care provision; working with sector leads and stakeholders to make recommendations about the future purpose, function and delivery of secure care services in Scotland.

The project found that there are variable approaches to arrangements for what is known as secure care 'screening', in terms of how decisions are made about whether or not to secure young people. Young people also reported mixed experiences in relation to their secure care journey and described variable quality in the information, involvement, preparation and support they experienced during the decision making and transition processes; including the admission into, and the transition out of, secure care.

In Scotland, it is a legal requirement that every Scottish local authority appoints a professionally qualified Chief Social Work Officer (CSWO). The named CSWO in each area has individual responsibilities in relation to decision making and secure care placements.

Aims and purpose

The central focus of this study was an examination of how the role and responsibilities of Chief Social Work Officers in relation to secure care, as defined in legislation, guidance and policy, are translated in practice.

It explored the local practices, policies, and processes adopted by *individual CSWOs* within the context of their *local authority* practices, policies and processes for responding to children and young people who are extremely vulnerable and who pose a very high risk to themselves and/or to other people. The project sought to understand how the personal and professional value base of individual CSWOs, and their role within the local authority structural and cultural context, impacts on:

- perceptions of secure care and complementary or alternative services
- approaches to secure care and complementary or alternative services
- use of secure care and complementary or alternative services.

The research project consisted of a qualitative study of Chief Social Work Officers' perceptions of secure care and complementary or alternative services; and of CSWO and local authority approaches to the use of secure care in Scotland. It aimed to explore how the role of the Chief Social Work Officer is interpreted and fulfilled area by area in relation to approaches to high risk and vulnerability and secure care placements. The study asked research questions about the policies, processes and practices of Local Authorities in relation to:

- the identification of vulnerable young people at the edges of secure care
- how the needs of these young people are responded to by each of the participating local authority areas
- and how (where they are secured) their journey through a secure placement and beyond is supported

Definitions

Throughout this report, the term **'high risk and high vulnerability'** is used about children and young people who are in, or are on the edges of, secure care. This refers to young people who are extremely vulnerable and at risk of being seriously harmed by other people or themselves, or who have the potential to cause serious harm to others.

The United Nations Convention on the Rights of the Child (UNCRC) defines a **child** as anyone aged below 18 years. However, in relation to secure care, the Scottish Children's Hearings System (the CHS) and adult Justice System, variously regard a child as someone aged below 18 years if looked after or in certain circumstances; or someone aged 16 years or below in other circumstances. The vast majority of children who enter secure care are aged over 14 years, and participants in this study almost always described these children as 'young people'. For these reasons, the terms **'children'**, **'children and young people'** and **'young people'**, are used interchangeably in this report. All these terms refer to anyone aged below 18 years.

On occasions, the terms **'complementary services'** and **'alternatives to secure care'** are used to describe interventions and supports which are designed to meet the needs of young people who are deemed to meet the 'secure care criteria', without cause to detain the young person in secure care. This may also include children and young people who are regarded as being **'on the edges of secure care'**, because they are children and young people who are in secure care but are at the stage of moving into a less restrictive setting, or they have previously experienced secure care and are still regarded as being at very high risk.

There is no formal legal definition of an 'alternative to secure care' in regulations, other than the imposition of Intensive Support and Monitoring Services (ISMS) where a Movement Restriction Condition (MRC) is imposed. For example, there is no category of registration with the care and education regulation and inspection agencies, of 'alternatives to secure care'. There are divergent views on what constitutes an 'alternatives' to secure care or custody. (Walker et al., 2005)

The legal, policy and practice context

Secure care is unique in terms of the care placements available for looked after children and young people in Scotland, due to young people being detained and the subsequent

restrictions on their liberty and other freedoms. Therefore there are robust regulations in place aimed at ensuring young people are only secured when absolutely necessary and appropriate and are effectively supported during and following a secure care placement.

Secure Care Accommodation Services in Scotland must be approved by Scottish Ministers. The Services are regulated and inspected by the Care Inspectorate on behalf of Scottish Ministers under the Public Services Reform (Scotland) Act 2010 which defines a “secure accommodation service” as a service which:

- (a) provides accommodation for the purpose of restricting the liberty of children in residential premises where care services are provided; and
- (b) is approved by the Scottish Ministers for that purpose.

Article 37 of the UNCRC, requires state parties to ensure that “...*no child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time*”.

The Children’s Hearings (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013 (the Regulations) set out the definitions and parameters of secure care. The guidance¹ issued alongside the regulations states that:

“Depriving a child of their liberty infringes on one of their most fundamental human rights and impinges on associated rights to freedom of association and family life. For this reason any decision to place a child in secure accommodation can only be justified because it is in their best interests and/or because it will protect the rights of others”

Less than 1% of children and young people who are looked after experience a period of secure care each year (Scottish Government, 2017). Though the numbers of children and young people secured are relatively small, the impact of being secured on each young person and their family is considerable, as are the implications for resources due to the highly intensive nature of secure care and associated factors. These include the very high

¹ <http://www.gov.scot/Resource/0050/00503219.pdf>

ratio of staff to young people, the geographical location of the secure care centres, the subsequent resources required to maintain and facilitate contact with young people and their families, and the regulatory and best practice expectations.

The 32 Scottish Local Authorities are responsible for providing (delivering or purchasing) secure care services. Scottish Ministers are responsible for children under the age of 16 years, and for 16-18 year olds who are on Compulsory Supervision Orders (CSOs) and are sentenced, due to the seriousness of the offence under solemn procedures, and placed in secure care.

There are five secure care centres in Scotland, providing 84 places. Four of these centres are run by independent, charitable organisations and one is run directly by City of Edinburgh Council. Edinburgh Secure Services (ESS) is not part of the national contract framework for secure care, which is managed by Scotland Excel, the national procurement agency, on behalf of the 32 Scottish Local Authorities and Scottish Government, and under which individual contracts are negotiated with each of the four independent charitable organisations. On occasions, other, usually neighbouring, or East of Scotland local authorities, purchase places at ESS from City of Edinburgh Council. The City of Edinburgh also purchases places at the independent charitable secure centres when required. The centres are:

- Good Shepherd Secure Unit, The Good Shepherd Centre, in Bishopston, which is contracted to provide up to 18 places
- Kibble Safe Centre, part of Kibble Education and Care Centre in Paisley, is also contracted to provide up to 18 places
- Rossie Secure Accommodation Services, Rossie Young People's Trust in Montrose (Rossie) is also contracted to provide up to 18 places
- St Mary's Kenmure, Bishopbriggs (St Mary's) is contracted to deliver up to 24 places
- Edinburgh Secure Services (ESS) provides 6 places for Edinburgh children and young people, having reduced its capacity, (which was 12 places during the fieldwork stages of the study) in late 2016

All of the secure care centres are registered, regulated and inspected as children's care and education services by the Care Inspectorate (residential school care accommodation - National Care Standard - Care Homes for Children and Young People) and Education Scotland. There are currently no specific National Care Standards which apply to secure care in Scotland, though secure care services are more frequently inspected as a sector in recognition of the inherent restriction of liberty and rights. The secure care centres are not registered as hospitals or mental health treatment facilities. However, each of the four independent charitable organisations employs differing ratios of qualified clinicians and health and well-being practitioners such as Clinical and Forensic Psychologists, nurse practitioners, therapists and Psychiatrists. In recent years there has been investment across the sector towards development of trauma informed and wellbeing focused approaches.

Young people in secure care have almost always experienced childhood adversity and difficulties including significant losses, abuse, neglect and trauma. The available evidence from profiles completed by the secure care centres, and from the Scottish Government's own Children's Social Work Statistics, indicates children and young people in secure care are among the most vulnerable in Scottish society (Gough, 2016).

At any one time, around 80% of young people in secure care are there through the Children's Hearings System (CHS), and are subject to a Compulsory Supervision Order (CSO) or an Interim Compulsory Supervision Order (ICSO) with an authorisation for secure accommodation issued by a children's hearing on conditions (usually described as the 'secure care criteria') as defined in Section 83(6) of the Children's Hearings (Scotland) Act 2011² (the 2011 Act). The conditions which must be met in order for a child to be placed in secure accommodation (the 'secure care criteria') in Section 83 (6) of the 2011 Act are that: the child has previously absconded and is likely to abscond again; is putting themselves at physical, mental or moral risk; or that the child is likely to self-harm; or the child is likely to cause injury to another person.

Since 2011, the Whole Systems Approach (WSA) has been adopted across Scotland to support young people who come to the attention of the Police or are involved with services as a result of offending behaviour. WSA is underpinned by the principles and policy drive of the Scottish Government's Getting it Right for Every Child (GIRFEC) strategic and

² <http://www.legislation.gov.uk/asp/2011/1/contents>

implementation framework, and has six key elements across three main policy strands: Early and Effective Intervention, which aims to reduce referrals to the Children's Reporter via pre-referral screening; Diversion from Prosecution which aims to keep young people away from the criminal justice process, and; Reintegration and Transition, supporting young people who are in secure care and custody, and planning for their reintegration into the community.

In looking at data between 2012 and 2016, however, Dyer (2016) found that the majority of 16 to 18 year olds charged with offences that result in Joint Reporting, that is where a case is reported by the police to the Procurator Fiscal and the Children's Reporter in terms of the Lord Advocate's Guidelines due to the seriousness of the alleged offence, are dealt with in the adult courts rather than by the CHS. At any one time, there are at least three times as many children aged 16-18 on remand or sentence in HMYOI Polmont, than there are in secure care on remand or sentence (Gough, 2016).

There are two decision making stages before a child or young person can be placed in secure accommodation, the first by the children's hearing as outlined and the second by the responsible Chief Social Work Officer and Head of the Secure Care Centre. To authorise secure accommodation the children's hearing must be satisfied that the criteria in s 83(6) are met and having considered the other options available, including a Movement Restriction Condition (MRC), that secure accommodation is necessary. A hearing can make an MRC if they are satisfied that the criteria in s 83(6) are met and that the MRC is necessary for the child.

MRCs currently involve the young person having an electronic 'tagging' device attached to their leg which is linked to a monitor in their usual place of residence, enabling their compliance with curfews and other restrictions on their movement to be recorded and tracked. They were introduced to be used alongside intensive community supports as the 'monitoring' element of Intensive Support and Monitoring Services (ISMS) as a direct alternative to secure accommodation. There has been very slow uptake of this provision and recent studies (Orr, 2013; Simpson & Dyer, 2016) indicate that the introduction of MRCs has not resulted in a proportionate reduction in the use of detention through placement in secure care or use of custody by the Courts.

Where a young person (under 18) is subject to a CSO or an ICSO through the CHS, and pleads or is found guilty in a *Sheriff Court*, the Sheriff is required to request advice from the children's hearing. The Judge may also request this advice if the young person is found or

pleads guilty in the *High Court*. If a young person, who is subject to a CSO or ICSO through the CHS, receives a custodial sentence, secure care can be considered as an option, and this should be included within the report provided to the court by the social worker, with alternatives to custody highlighted to ensure the court makes the most informed decisions.

For children aged under 17 years and six months who are not subject to a supervision requirement, advice from, and disposal by, the Children's Hearing System remains an option to courts. This could also include a secure order as an alternative to custody.

Where the court is sentencing or remanding in custody, secure care should be used wherever possible as an alternative to Young Offender Institutions (YOIs) (Scottish Government, *Alternatives to Secure Care and Custody*, 2011).

The most recent Scottish Government annual figures show that the average number of young people in secure care at any one time during 2015/16 was 85, an increase of 4% on the 2014/15 figures. However, the annual figures show that overall there has been a continuing downward trend in the use of secure care by Scottish local authorities since 2011, though there have been unexplained dips and spikes within that. The 2015/16 figures show that this downward trend of use of secure care by Scottish local authorities has continued, as the increase in average occupancy was due to increased numbers of children being placed in Scottish secure care centres by authorities in England. In reality there was a 5% decrease in numbers of children from Scotland in secure care.

The increase in the use of Scottish secure care centres by English authorities (known as 'cross border placements') during 2014/15 and 2015/16 can be explained by UK Government figures which show that there has been a 21% reduction in secure accommodation places available in England between 2010 and 2016. At the point of the CSWO interviews for this study (summer 2016) nearly one third of young people who were in secure care in Scotland had been placed there by English authorities. The 2015/16 figures highlight that 18% of all placements made in Scottish secure care originated from England.

The issue of cross border placements is contentious. Sir James Mumby issued a High Court Ruling in 2016, in which he concluded orders made by the English courts placing a child in a secure care centre north of the border could not be enforced or recognised in Scotland. The ruling was made after Mumby had considered the cases of two young people who, under the care of English Councils, had been placed in secure care centres in Scotland due to no

places being available in England. The fieldwork related to this study was however concluded prior to that judgement and therefore the interview questions did not include a specific focus on cross border placements. Subsequent to the Mumby judgement, amendments were tabled to the Children and Social Work Bill that is working its way through the UK Parliamentary process, as at March 2017. These amendments will allow secure accommodation orders to be made under the Children Act 1989, and children from England to be placed in secure care in Scotland.

The 2015/16 figures also show that nearly three quarters of the young people who were secured that year were boys and a third, girls. However the gender balance was variable over the course of 2014/15 and 2015/16, with some centres experiencing points of time when they had an almost even gender balance. There are no single gender secure care centres as all of the current centres are registered to provide care and education to meet the needs of boys and girls.

Historically, far fewer girls and young women have been secured than boys. However, as within the adult Justice System in Scotland, there is evidence over several decades that girls and young women who commit offences, or who are deemed to be at considerable risk, proportionately escalate more quickly through the CHS and courts towards secure care or custody, when comparing the grounds and/or offences and the options chosen and disposals made for young women and young men (Roesch-Marsh, 2014). Whilst far fewer young women (age 16 to 18) have been imprisoned in Scotland in recent years, proportionally high numbers of girls and young women have been secured, usually in relation to extreme self-harming behaviours and/or as a result of them being deemed to be at significant risk of sexual exploitation.

The average age of young people when they are placed in secure care is around 15 years, but there have been very rare occasions when children under 12 have been secured (Scottish Government, 2017). The average length of stay in secure care is around four months.

The role of the Chief Social Work Officer

It is a legal requirement under section 3 of the Social Work (Scotland) Act 1968 (the 1968 Act)³ that every Scottish local authority appoints a single Chief Social Work Officer (CSWO) for the purposes of 'listed social work functions'. The associated regulations state that the CSWO must have a professional qualification in Social Work and be registered with the Scottish Social Services Council (SSSC).

The overall purpose of the CSWO role is to ensure the provision of effective professional advice to the elected members and officers of the local authorities, with the aim of assisting and supporting them, across relevant departments and functions, in understanding the complexities of social work service delivery, and in so doing contribute to the Scottish Government National Performance Framework Outcomes.

The Scottish Government issued revised statutory guidance under section 5 of the 1968 Act in relation to the CSWO role and responsibilities in July 2016. This guidance was developed in partnership with local authorities and the Convention of Scottish Local Authorities (CoSLA). As it is statutory guidance local authorities are required to follow both the letter and the spirit of it. The guidance sets out the areas of decision making where legislation confers functions directly on the individual who is named CSWO. These areas relate primarily to decisions around care placements or other interventions which will impact directly on an individual's right to liberty and freedom, and also involve professional judgement in relation to the protection of the individual and/or the public.

In relation to secure care under the Children's Hearings (Scotland) Act 2011, the CSWO is individually responsible for making the decision as to whether to implement a secure accommodation authorisation issued in relation to a child (with the consent of the Head of Secure Care Centre); for reviewing secure care placements once a child is secured; and for removing a child from secure care accommodation if he or she considers that it is unnecessary for the child to be kept there, or if he or she is required to remove the child under regulations. In addition, only the CSWO has the legal power to decide whether to transfer a child who is subject to a CSO or an ICSO to secure care, in cases of urgent necessity. Where the CSWO decides to use these powers, there are certain regulatory

³ <http://www.legislation.gov.uk/ukpga/1968/49/contents>

requirements, including notification to the Children's Reporter and the child being brought before a children's hearing within 72 hours. There are also clear expectations about contact and social worker support to the child. However, in the first National Convener's annual report under Section 181 of the Children's Hearings (Scotland) Act 2011⁴ (known as the 'Feedback Loop'), which reported on the implementation and impact of decisions by children's hearings in 2014/15, there were significant gaps in the data relating to these requirements. In particular it was reported that not all children in respect of whom CSWOs had used emergency powers, did appear before a children's hearing within legal or reasonable timescales. There were also gaps in evidence of children having been contacted by their social worker after being placed in secure care.

The Guidance makes it very clear that where a local authority decides to delegate these powers to someone other than the CSWO, they can only be delegated to a qualified social worker with the appropriate level of seniority. The terms and management of that delegation must be formally set out within the local authority stated operational policies. The named CSWO still retains overall responsibility for ensuring quality and overview of decision making.

The requirement for a Director of Social Work (and later a Chief Social Work Officer) for 'listed social work functions', has been in place for nearly fifty years. In that time there have been significant and numerous developments in social policy and in the expectations, requirements, and regulation of social work and of social care services. These include far reaching regulation and guidance in relation to corporate parenting duties, child protection, adult protection and the management of high risk offenders. This increasing complexity, including the changing operational and leadership landscape as a result of health and social care integration, and the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014⁵ has been recognised with the publication of the revised guidance.

In this context, the statutory powers and duties of the CSWO relating to secure care account for a very small portion of the wide scope of the role. However, these decision making

⁴ <http://www.chscotland.gov.uk/media/123626/2014-15-report-final.pdf>

⁵ The integration of health and social care across Scotland:
http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

powers relating to risk and protection and children and secure care are highly impactful and complex.

Methodology

There were four stages to the research project, although they were not neatly chronological, and the data analysis was begun following Phase 2, and completed following Phase 3.

Phase 1: Review of the current policy, practice and research context

Phase 2: Semi structured interviews with individual CSWOs

Phase 3: Exploration of emerging findings

Phase 4: Data Analysis

Phase 1

This was not a formal literature review, but rather involved the researchers in scoping the available policy, practice and research information, relevant to the areas for examination in this study; in particular the revised Chief Social Work Officer guidance which was issued in 2016 and the information previously gathered by both the Secure Care in Scotland scoping study and the secure care national project. The researchers reviewed the 2014/15 annual reports produced by each CSWO for their local authority area for content relating to secure care. We also examined the report 'Chief Social Work Officers in Local Authorities: Annual Reports 2014-15 A Summary' which is produced by the Children and Families Analysis Team in the Scottish Government with the Office of the Chief Social Work Adviser.

Phase 2

Given the individual nature of CSWO role, the researchers wrote to individual CSWOs in each Scottish local authority area, outlining the aims and purpose of the study and inviting them to participate. We also wrote to the leader of each Council area and to the relevant national bodies, including CoSLA, which represents 28 of the 32 local authorities, and Social Work Scotland, to inform them of the scope and focus of the study. Expressions of interest were received from CSWOs for 23 of the 32 local authority areas; however, due to a range of factors including planned annual leave, individual interviews took place with CSWOs for 21 local authority areas, which represents 66% of CSWOs.

We set out to undertake as many of the interviews face to face as possible, given the nature and focus of the semi structured design. The majority did take place face to face (n=11) with the remainder completed by phone (n=8) or webcam (n=1). The interviews included 12 questions focused on exploring individual and professional values and perceptions; and local authority structures, processes and practices (see Annex).

The interviews lasted between 60 to 90 minutes. On several occasions the interview was completed during a follow up call as there were outstanding areas of discussion which had not been completed during the face to face meeting due to time pressures. Interviews were audio recorded and the recordings were used by the researchers to enhance hand-taken notes.

Phase 3

It had always been our intention to bring participants together to share initial findings; but early data analysis following the individual interviews highlighted some areas which we felt warranted further in-depth examination through group discussion. All CSWOs in Scotland were therefore invited to participate in a second stage of field work consisting of a thematic discussion and feedback meeting.

Nine CSWOs (or senior officers representing CSWOs) attended the session. Of these, three individuals were present from areas which had not taken part in the individual CSWO interviews. In total this means that 24 of the 32 local authorities participated in some way in the fieldwork, which equates to 75% of local authority areas.

The timing of this half-day group discussion session proved to be very helpful and greatly enhanced and clarified the data emerging from the individual interview content.

Phase 4

The content of the interviews and the group discussion was examined using a thematic analysis methodology. Hand written notes were typed and where required augmented by further detail from audio recordings. These interview responses were coded as themes within NVivo. Once initial themes had been identified these were further explored at the discussion and feedback session.

Ethics

University of Strathclyde, School of Social Work and Social Policy ethics approval was granted in April 2016. In addition two of the participating local authorities also considered the research proposals in relation to their own Ethics Approval process and were content to fully participate.

Participants were approached directly by email and provided with written information regarding the study. They were asked for consent for both the interview and for the audio recording of that interview. The participants at the discussion session were asked for written consent in relation to the use of the material audio recorded at that session.

Given the highly individualised nature of the CSWO role and the anticipated sensitivity of the content of the interviews, it was particularly important to assure participants of confidentiality and that the data gathered, and the analysis of that data presented in any papers emerging from the study, would not identify individual CSWOs or individual local authority areas. The participant numbers are relatively small and potentially identifiable, and so fieldwork data will not be made openly available. The anonymised fieldwork data is being stored, and will later be destroyed, in line with Data Protection requirements and University of Strathclyde policy.

Conflicts of interest

One of the authors of this report is currently in the role of secure care national adviser. As outlined, this post was commissioned by the Scottish Government to undertake an independent review of secure care within Scotland, known as the secure care national project and based at CYCJ. One of the reasons for undertaking this study was to inform that project. However, the secure care national project has involved a broad range of stakeholders and has a wide remit; whereas this study was specifically focused on the professional adviser aspects and decision making powers and responsibilities of Chief Social Work Officers. The researchers were mindful of the potential for confusion during the research examination, were the lines between the two projects to become blurred.

Therefore in order to counter any potential conflict of interest or undue influencing of the research process, the design of the research materials and fieldwork phases was carried out jointly by the secure care national adviser and an associate researcher within CYCJ. All but three of the interviews were carried out jointly by both researchers. All of the detailed data

analysis of the interview and thematic discussion responses was carried out by the associate researcher and not by the secure care national adviser.

About the Participants

The length of time each interviewee had been in the CSWO role varied from two months to nearly 10 years, with the average being two and a half years. However, most of the interviewees reported that they had been undertaking aspects of the CSWO role, specifically relating to secure care, within their local authority, for much longer than this. In most circumstances this was due to the previous CSWO for their local authority having formally delegated these responsibilities to them. The average length of time in the named role of CSWO was around 30 months but across the 21 interviewees, each CSWO brought substantial social work and management experience to the role.

Of those interviewed, 27% of the CSWOs were positioned in or employed by a Health and Social Care Partnership (HSCP) and 73% by the Council. The majority of interviewees had a practice background in children and families' social work, though a number had practiced in Youth Justice, Justice, and/or Community Care and Adult services. A very small number held other professional or vocational qualifications and had had a previous career in the health or education sector prior to completing their social work qualification.

2. The purpose and function of secure care

KEY FINDINGS

All of the CSWOs articulated that their practice and professional judgments are underpinned by a commitment to certain **core values and principles**. These are principles of effective and early intervention, and minimum and justifiable intervention, where supports to vulnerable and troubled children and young people presenting very high risks should be provided to those children and their families, within their own families, wherever possible.

The vast majority of the CSWOs regarded **secure care as 'other'** and separate, a specific resource for certain young people in extreme and immediate situations of risk, and not part

of any 'continuum of care' available for children and young people requiring social work and other specialist supports or services.

Some CSWOs did not state a clear view about the **place of secure** care within the wider care and youth justice systems, and whether the use of secure care is a punitive or protective response.

For some CSWOs, the use of secure care indicates a failure at some point in the care journey and in how the young person's needs and behaviours have been responded to. These deficits included **missed opportunities** to ensure early and effective interventions, gaps in intensive community supports, concerns about access to help and support with mental and emotional wellbeing, and a lack of appropriate 'containment' in looked after services for troubled young people. Macro structural issues such as the impact of inequalities and childhood adversity were also noted.

There was no consensus as to whether secure care should be described or considered as part of any '**continuum**' of **childcare interventions**; and on the concept of 'continuum' itself, and whether and how this applies to the 'menu' of services available for children and young people within the care system; and to an individual child's care journey.

Neither was there clarity on whether **secure care rather than imprisonment** should be the place of detention for all young people aged under 18 who have been remanded, or sentenced to custody.

These key findings raise questions for further consideration about when, for whom, and how, secure care in Scotland should be used.

Principles of justifiability

If young people had to be looked after away from home, all of the CSWOs advocated for effective community based supports and family based care wherever possible.

They described secure care as a resource which should be reserved for the most extreme situations of risk, and that it was therefore appropriate and justifiable only for a very small

number of highly vulnerable young people. Most CSWOs specifically referred to the secure care criteria, and several emphasised that all decisions to secure a young person must be morally and legally justifiable, and that the individual CSWO who may be open to challenge for their decisions must be confident that they have applied all the checks and balances necessary to evidence this justifiability.

Secure care was regarded as a resource for young people who were at “*extreme high risk*”, those with an “*inability to self-regulate*” and at a point of acute and immediate crisis, with one CSWO’s statement about immediacy of risk typical of many, that “*it’s about immediacy, if they ‘might’ then it’s not right for secure care*”.

Every CSWO described the decision to place a child in secure care as highly significant and serious. They emphasised the weight of the decision to restrict a young person’s liberty and many referred to the human rights legal definition of such a decision as being a ‘last resort’. Most CSWOs stated that decision making around whether to secure a young person or not, and when to continue or to end a secure care placement was one, if not the most, important areas of responsibility for the CSWO.

Is secure care part of a continuum of interventions?

There were differences in whether this led CSWOs to see secure care as part of a ‘continuum’ or as an entirely separate response and resource for certain situations. The majority of CSWOs see the function of secure care as providing a necessary ‘holding’ placement which should be used only for a very few, in the most extreme of circumstances, and which might be regarded as the right resource at a particular point of time for extremely complex needs to create a period of stability and physical and emotional safety and containment. A few CSWOs described secure care as providing an opportunity to begin or enable some therapeutic work before appropriate supports are identified and put in place with and for the young person.

Some did describe the care journey as a continuum, in that they tended to see children and young people who were involved in very high risk behaviours ‘escalating’ from initial out of family placement, often first with foster carers, and then from foster care to residential care, residential school or specialist residential care, and towards secure care as the most extreme form of care when risks could not be contained in open community settings.

Several CSWOs stated that it was very rare for a young person to be placed in secure care or to be brought to the CSWO's attention as being at very high risk/posing very high risks to others, who was not already a young person in care. Usually, these young people were already being intensively supported and were most often in residential or specialist residential care. Around a third of CSWOs said that in fact the young people secured in their area were almost always secured from local authority or specialist residential care placements.

A few suggested that the care system might be seen as a 'triangle'; with universal supports and services at the base and moving through alternative care placements to the 'tip' of the triangle, being secure care.

"...thinking about that continuum as a triangle [or] pyramid then secure care is right at the peak of the pyramid"

Others stated that it is unhelpful to think about the care journey as a stepped continuum of A to B to C with secure care as the final option. They regarded this as too linear an approach. They saw secure care as separate to the wider care and support system, but useful in its own right as a short period of containment at a point of critical risk.

They understood the function of secure care as being to keep the child safe and to allow for 'time out' to try to understand the issues and needs underlying the circumstances and behaviours that had led to the secure care placement. The legal and rights framework which defines secure care as a 'last resort,' vexed some CSWOs in this regard, in that 'last resort' suggests all other possibilities have been exhausted; which in turn implies the linear route of escalation. Some CSWOs saw secure care rather as a one off intervention, which one CSWO described as being "*designed to meet individual particular needs at a certain point in time*", pointing out that young people at any stage of a perceived continuum of care might require secure care.

A small number of CSWOs drew parallels with mental health in-patient facilities and how people may be required to be detained under mental health legislation for a specific period of time in response to extreme risks and needs. One described secure care as "*peculiar and separate*".

At whichever point or stage a young person is secured, the need for them to be detained in care is a specific crisis response and intervention necessary at that particular point. This

makes consideration of a secure care placement as part of a planned care pathway or continuum problematic.

In this sense, CSWOs appeared to regard secure care as ‘other.’

The *descriptive* term ‘last resort’ was however used by over half of respondents, at some point during the individual interview; with only a couple of participants saying that they found this an unhelpful term, in that it suggested a sense of failure and negativity.

Does secure care indicate system failure?

“There are young people who are in secure care because there are not appropriate supports for them in the community or other parts of the system”

At the discussion session there was further reflection on the implications of associating the descriptive term ‘last resort’ with secure care, particularly when considering young people on the edges of secure care. Uneasiness about this descriptive term was expressed, even by those CSWOs who had actually used it themselves during the interview. They wondered whether the perception of secure care as the end of the road might further undermine young people’s sense of hope and self-belief, with several stating the importance of hope and positive aspiration for these very troubled young people, who may themselves feel that they have failed and /or that they have been failed by the care system.

“It’s containment that removes young people from risk and danger and allows further assessment and understanding, it sounds quite stark to say all we’re doing is containing them but sometimes the risk is so ...”

“... it’s the last refuge, the last port of call...”

A small number of CSWOs reflected on the reality that there may always be a very few young people who for highly complex and individual reasons present such dangerous levels of disturbed and violent behaviours that services and professionals reach a point of just not knowing how best to move forward and a period of safety and containment is vital.

“It’s an important decision but sometimes that’s all we can do, we’re keeping this young person alive. There’s some cases when you worry that that therapeutic

opportunity might be lost [by securing] but it still feels worth it to remove that immediate risk. It's not a defeatist approach to say that, there's an honesty about it"

For around a quarter of CSWOs however, the use of secure care indicates a failure at some point in the care journey and in how the young person's needs and behaviours have been responded to. These deficits included missed opportunities to ensure early and effective and so called 'preventative' interventions; a lack of intensive community supports and appropriate 'containment' in looked after services for troubled young people; and macro structural issues such as the impact of inequalities and childhood adversity.

"... in some areas, if there was better choice and availability of services then fewer young people would be secured"

"[secure care is] a necessary back stop to the system when all else has failed"

Should secure care provide intensive therapeutic intervention?

A recurring theme across the interviews were concerns in relation to the needs of young people with complex mental and emotional wellbeing needs; the interface between health and care services; and questioning whether or not secure care could or should ever be a place for clinical therapeutic treatment. Therefore the following query was included in the thematic group discussion:

Is secure care best understood as primarily: a place of safe containment that removes the young person from very high risk/danger or a place of high impact therapeutic intervention?

The majority of CSWOs did not think that the purpose of secure care was to provide therapeutic treatment. Rather, there was agreement that the purpose of secure care was to keep young people and/or others safe in the most extreme of circumstances, to physically and to emotionally contain, and to provide a period of stability and 'space' to take stock and try to reach an understanding of how best to help the young person towards a safer place in terms of their functioning and behaviour.

"... it's a safe space for the young person, about saying 'stop' and having the space to get to understand what has led to the very high risk/dangerous situations"

"Yes... it should be safe and nurturing, but not a therapeutic intervention"

Emerging from this was a clear argument that far from being limited and not far reaching enough, if a secure care centre can keep a child physically safe for a period of time when that child is at risk of serious harm or even death; then it is a valuable resource and that the outcome of a secure care placement for that individual young person, to keep them alive and prevent serious harm, has been achieved.

CSWOs argued that sometimes secure care could be lifesaving and it could provide 'time-out' to stop and take stock and achieve a fuller assessment of needs that might not be possible while the young person was in crisis and chaos. Several CSWOs reflected in acknowledging this, that at times there was a lack of 'honesty' about local authority expectations of the secure care centres.

The conversation continued as CSWOs debated the appropriateness of therapeutic interventions in the secure care setting, with two participants arguing there would be serious questions around the legality and ethics of locking a young person up in order that they received trauma recovery treatment. There was also recognition that beginning a formal treatment programme within the environment and time frames of secure care could potentially be damaging for some young people.

Within the individual interviews, however, there were contradictory responses. The majority of CSWOs stated that they did in fact expect secure care centres to deliver certain types of 'programmes,' and recognised interventions. Additionally they said that they expected or hoped changes might be achieved as a result of these. There was also substantial evidence that a number of CSWOs lacked knowledge and awareness of the interventions and supports secure care currently offers. It is evident then that there are some unresolved tensions about expectations of secure care, which are explored in more detail later.

Needs or deeds?

The Whole System Approach (WSA) policy and guidance recommends the use of secure care as an alternative to imprisonment in a young offender institution (YOI). However, CSWOs did not often state a clear view on this. Most CSWOs discussed the well documented shift in focus away from youth offending to care and protection across the CHS and noted that there has been a significant fall over time in numbers of young people being placed in secure care where offending is the primary concern.

“The reality is that we have no young people in secure care on offence grounds, CSE and mental health difficulties have led to secure care”

Of those who did discuss approaches to young people who are involved in serious offending, the majority expressed a clear position that where detention is unavoidable, then wherever possible, young people should be detained in secure care rather than in a YOI.

A few of these CSWOs referred to the Community Justice Scotland legislation and framework and argued that this move towards ‘wrap around’ supports and supervision in community settings should be further developed in youth justice approaches; so that only for the most serious situations should containment be necessary. They said that young people aged under 18 should be secured rather than imprisoned where remand or sentence was applied.

“The levels of need of some of these young people on remand are so significant - we need to look more at the community justice model, prison and YOI should be for the very, very few and secure care should be ‘gold standard’ for the critical few”

One CSWO stated that young people should only be secured, and secured rather than imprisoned, where the level of offending posed a “*public protection issue*”. They said that this should not involve a punitive element, as secure care is a form of care not punishment. They described an evident contradiction in the current system which was also identified by other CSWOs; in that when the Courts remand and sentence, they are:

“... using secure care for punishment... it’s not appropriate and it shouldn’t be like this”

Another described some situations where young people who had been arrested but had not gone through the judicial process, had been recommended for secure care. The CSWO regarded this as not only a punitive response but a fundamental violation of their rights.

Around a third of CSWOs also described situations where they had been under pressure from police or other agencies to secure young people due to high levels of problematic offending behaviour, which was causing concern in the young person’s home or care setting and immediate locality. Expectations and understanding of other agencies is explored in more detail later.

A fifth of CSWOs described how through social work and youth justice practitioner presence in the Courts they ensured that alternatives to detention, and where this was unavoidable the use of secure care rather than custody, were options regularly recommended in their area. However, several were concerned that they did not have control over the use or costs of secure care when young people were remanded to secure care by the Courts. One CSWO gave an example of a young person who had been charged with a serious offence and secured for nearly a year and a half before the case went to Court and was dismissed.

“But the use of remand in secure still troubles me, we don’t have control over that and it’s unplanned and often a reaction to a sudden incident, situation, we’ve moved away from that kind of reactive approach in child protection”

Around a third of CSWOs reflected on the tensions and dilemmas carers, practitioners and services faced when dealing with young people aged 16 and 17 who were involved in repeated or violent offending, and whilst most stated a view that young people in these situations were “*children first*” with several using that phrase, some wondered about the lines and boundaries between childhood and adulthood and the best response. There was a sense from some CSWOs that they reached a judgement for some young people that they were on the edges of the adult justice system at 16 or 17 and therefore the CSWOs were vexed as to whether secure care was appropriate or justifiable.

Two CSWOs argued that secure care in Scotland should be more of a youth justice facility, and one stated that young people with serious mental health problems and other significant vulnerabilities should always be supported in other settings and not detained in secure care.

“There’s tensions there with the decisions, how much responsibility should they take? Keep them in the children’s system or expect them to function as young adults?”

“... the Fiscal was pushing for secure but [the local authority] pushed for Polmont. That young man had been in secure care and it hadn’t worked before, he got into a lot of difficulty and had been violent with others in secure care, as it turned out that couple of weeks in Polmont did him good”

In summary some CSWOs did see secure care as the ‘peak of the triangle’ in relation to young people who offend, where their offending is such that detention is the only safe and appropriate response. However, not all CSWOs were of the view, or expressed a view, that secure care rather than YOI should be the place of detention for all and anyone aged 16 to 18 years in this situation.

3. Current and future provision

KEY FINDINGS

The majority of CSWOs stated that they had **little or no first-hand knowledge** of the current services. In many local authority areas, secure care is used so infrequently that it is not often discussed or considered in the context of service review and future planning.

Regardless of levels of familiarity with the current services, a substantial minority expressed **negative opinions** about aspects of the **current service provision and system**.

Some CSWOs criticised aspects of practice, culture and environment within the current sector provision, including some who argued secure care is not delivering value in terms of the perceived outcomes for young people when compared to the costs of placements. System issues included perceived lack of placement choice; the geographical location and spread of the current services; the lack of gender and other specialist and specific services; and the use of the Scottish secure care sector by English local authorities.

However, the majority of respondents who were able to comment on the current quality of secure care provision described **significant improvements** in the quality and focus of what the secure care sector was offering.

Most CSWOs share the Scottish Government aspiration of a future where ultimately no child will be secured but none described how they envisaged this position being reached, without **radical review** of the role of universal and specialist services. In particular CSWOs identified the need for review of national and local responses to childhood adversity and trauma and the role of Child and Adolescent Mental Health Services (CAMHS).

Whatever CSWOs' views were, about **when, for whom and for what purpose**, secure care should be accessed; all indicated a **need for secure care**, probably for a very small and further reducing number of young people; for the foreseeable future.

Knowledge and views of current secure care provision

Only a minority of CSWOs said that they had close first-hand knowledge of the sector and only a handful had visited any of the secure care centres during the past two years. Indeed, several CSWOs stated that they did not wish to, or were not able to, comment on the quality or type of care provided.

Some of these stated that they delegated all responsibility for quality assurance and working knowledge of the secure care sector to the relevant managers, usually either to placement officers, and/or independent Looked After Child (LAC) reviewing officers. They said they made sure that they kept this clearly in sight, for example by scrutinising Care Inspectorate Reports, and regular communication with the relevant managers in whose assessment they had trust.

Another much smaller group stated that they did not feel that it was part of their role to familiarise themselves with the sector. They regarded that all aspects of quality assurance and performance management were the responsibility of others and not of the CSWO.

“I look at the website to see what vacancies there are and you can see the options are limited but I can't comment on the quality of care”

“I would need to consult with operational colleagues to know about the quality of care there”

About a fifth of the participant CSWOs specifically named services which are not registered secure care centres, but which are third sector projects run by private or charitable organisations. This suggests significant gaps in knowledge and understanding about, and familiarity with, the current secure care sector.

Others stated that whilst they did feel it was important for CSWOs to have a personal working and current knowledge of the sector they did not have the time to personally visit the centres or to maintain contact with the Heads of Centre out with the necessary communication and liaison relating to individual placements.

“I’m not sure what we’re really offering in secure care now to meet the real underlying needs of young people who are so out of control, I’m so far away from it really”

It was clear that due to the low frequency of usage of secure care in many areas, for the majority of CSWOs secure care was only ‘on the agenda’ when the CSWO was faced with having to make a rare decision about securing a young person. Several CSWOs acknowledged that this meant that consideration of secure care and quality assurance, as well as consideration of the future need and demand for secure care, did not feature in the formal service review, service planning and mapping exercises which they led or to which they contributed.

CSWOs’ responsibilities and knowledge of the centres was debated at the discussion session (see Annex). There was broad agreement about the need for improved awareness and understanding of the particular qualities of each secure care centre, across CSWOs. There was no consensus as to whether this should oblige each CSWO to undertake site visits across the sector.

Due to the qualitative nature of the semi structured interviews and the focus on individual CSWOs, it was not possible for the researchers to explore or triangulate CSWOs accounts with practice evidence. However, overall it did appear that those who demonstrated the least working knowledge tended to hold the most negative views of current secure care provision.

A relatively high number of interviewees expressed negative views regarding some, if not all, of the current secure care centres. Criticisms related to the quality of the physical environment in parts of the sector; whether there were consistently therapeutic practices and approaches underpinning all of the regimes; and whether the secure care centres all consistently delivered value in relation to what they did and what they achieved with and for young people.

“In my view the outcomes are often appalling for young people [regarding] secure care ... they’re very clinical ... the environments don’t really offer what’s needed”

Several CSWOs made the point that there are inherent difficulties in delivering a nurturing environment in secure care, due to the nature of the locked and enclosed setting. One CSWO described having visited a secure centre and having been struck by how stark the living spaces were. Another gave an example of having received a complaint about the quality of physical environment and décor at a secure care centre, although in both these situations, the CSWOs detailed how they had worked through the problems with the relevant Head of Centre to reach a resolution.

Most CSWOs stated secure care should lead to a greater understanding of the offending behaviour where this had resulted in, or contributed to, the need for a secure placement. However, there were mixed views on the quality of ‘programmes’ that were delivered to young people in this regard, and a small number of CSWOs reported that secure care “*hadn’t worked*” for some young people, who had eventually been sentenced in adult courts and were now in YOI or adult prison settings, despite having been previously secured.

Nearly all of the CSWOs also expressed some level of dissatisfaction with aspects of the current overall national provision and capacity. System concerns related to placement choice, availability, and geographical spread and location.

Concerns with the current provision appeared to be based on previous placement experiences with parts of the sector, some of which were in the past, and some of which were anecdotal. Overall, it appears that perceptions and presumptions based on previous experience play a significant part in CSWO decision making in the sense that CSWOs tend to favour or seek to avoid certain secure care centres on this basis.

A very small number of CSWOs expressed a strong dislike for the secure care sector as a whole and were very negative, querying whether there had been any real change from the past. There was some cynicism expressed in relation to parts of the sector which have consistently been highly rated by the inspection agencies as ‘Excellent’. One CSWO went as far as to state that they did not accept the judgement of the Care Inspectorate in this regard, saying:

“... in my view, there are no excellent secure services in Scotland”

Several CSWOs reflected that everyone involved in making the decision to secure a young person, and the final decisions made by CSWOs themselves, should be basing those

decisions on a clear understanding of what they are expecting secure care to provide for, and do with or for, that child.

This contrasted with the lack of detailed knowledge demonstrated by some CSWOs as outlined, about the current methodologies, approaches and environments of the different secure care centres. The small number of CSWOs who expressed real hostility about the current provision, nevertheless also stated that they envisaged a continuing need for secure care. This suggests their negative perceptions and attitudes relate to perceptions of current services, rather than the concept of secure care.

Nearly all of the respondents who felt able to comment on the current quality of care provided and who named and described the current centres indicated that they felt the quality and nature of what the secure care sector was offering has developed and improved significantly over recent years.

Many gave accounts of a positive experience with at least one of the centres while a young person was placed there. Around a quarter of CSWOs talked about how the secure care sector now provides more than physical safety and ‘containment’, making the point that for them this was an improvement in comparison to the past. They variously commented on the high quality of programmes, educational opportunities, psychological interventions, and nurturing staff approaches that had been helpful for individual young people. Several stated that staff teams in secure care centres are faced with a complex, difficult and demanding task, and that they had been impressed by individual staff and by individual secure care services in how they delivered this.

“The last young person who we had at [secure care centre] had very serious self-harming issues and mental health problems [...] really dangerous issues, the quality of care and inputs was good”

Some CSWOs gave examples of how the regime and culture at the different centres makes particular parts of the sector more appropriate in their view for particular needs. These CSWOs were clear that when they were in a position to choose, they would authorise secure care placements in the most appropriate setting for the individual young person.

One respondent specifically described the distinct ‘offer’ and the differences they observed in the physical environment within each centre. They also suggested that there are varying levels of tolerance and resilience shown by staff to young people who present the most

challenging and difficult needs and behaviours, which they took into account when deciding where to place a young person. Around a third of all the CSWOs similarly named or referred to particular centres as “*doing well*” or “*being better*” with particular types of difficulties, including vulnerable young women; young people with psychological distress and who are self-harming; and young men presenting very challenging and potentially violent behaviour. Some of these CSWOs indicated that they had particular confidence in one or more of the secure care centre teams, giving examples of what one described as “*stickability*”, stating that there was one centre in particular where they had found centre staff always “*go above and beyond*”.

Several CSWOs gave accounts of individual young people with very troubled profiles who had benefitted from secure care. These included the description of a young person who the CSWO felt was “*not going to make it*” due to their level of disengagement, dangerous and self-destructive behaviours and lack of hope for the future. This young person had flourished in secure care and had moved on from secure care and achieved stability and success in their early adult life.

The contradictions in expectation

As outlined previously some CSWOs who stated their view that the current secure care provision was not necessarily suitable for the delivery of therapeutic treatment nevertheless appeared to expect that such treatment could be delivered in secure care:

“ ... secure care should be about keeping young people safe and also therapeutic input and there’s very little of that ... there’s no set approach, no consistent methodology or therapeutic programme offered”

The majority of CSWOs also described inherent contradictions in the existing legal framework around secure care. They noted that for good reason young people should be contained in secure care for as short a time as possible, but at the same time CSWOs have an expectation that a secure care centre can stabilise the young person, and often achieve some meaningful change. CSWOs acknowledged that this is not necessarily possible within a short time frame, where the average stay in secure care is around four months.

Many of the CSWOs described a need for specialist and culturally sensitive provision to meet specific needs. They wondered whether it is practically possible within the scope and

scale of the current services, or at all, given that secure care by its nature is a locked setting, to meet the needs of particular children through securing them. They were particularly concerned about the needs of girls and young women; those who are very vulnerable to further abuse, exploitation and bullying and have been victims of serious assault or exploitation; and those who are psychologically distressed and have mental health improvement needs.

More than half of CSWOs stated that in their view not all of the current secure care centres are specifically geared towards young women and they questioned whether the ‘culture’ of parts of the sector is fully sensitive to their needs. These CSWOs identified specific risks associated with young women in relation to dangerous levels of self-harming behaviours, up to and including life threatening harm, and sexual exploitation. Concerns were expressed that secure care may not be able to provide the best environment for young women in these circumstances as they may be re-traumatised by the secure care experience, particularly if secured at a centre where the CSWO perceived the culture as ‘macho’. A few suggested that traditionally, secure care itself has been regarded as a ‘male’ dominated environment and that in addition the institutionalised aspects of residential care and group living are intensified in secure care. They said that in their view, some of the current secure care centres need to do more to scrutinise their practices and approach in this regard. They acknowledged however that these are system rather than solely service related issues, in that change is needed across local authorities, the CHS and more broadly across Care and Justice. The following quote is typical of the comments made by CSWOs, a few of whom talked specifically about the impact that Carole Dearie’s work and the Improving Practice for Girls training programme developed by CYCJ⁶, had on their thinking.

“We really need to address the gender issue ... models of care/intervention need to recognise that young women function differently to young men, we can’t just continue to apply the youth justice models that were based on young men and offending”

The majority of CSWOs shared concerns about what they identified as high levels of unmet mental health and wellbeing need, and the current systems that are in place for mental health assessments and access to treatment for young people on the edges of secure care. Around half reported that difficulties with accessing appropriate mental health assessment,

⁶ <http://www.cycj.org.uk/resource/improving-practice-for-girls/>

support and treatment for young people at Tier 3 and Tier 4⁷ in the community sometimes continued once the young person was secured. It could be an added complication where there was a Specialist Interventions Team (SIS) at the secure care centre, but a young person was already on the waiting list for an assessment or treatment by Child and Adolescent Mental Health Services (CAMHS). CSWOs reported varying experiences of the treatment and therapeutic interventions offered by the SIS teams and by the secure care centres.

“There can be misconceptions about it, secure is a nice word, we can associate the word with therapy or change but actually the reality is very different, [there is] limited capacity to change very much. Need to be clear about reality of what secure can achieve”

There were also real concerns expressed by the majority of CSWOs that secure care is not the appropriate place for young people with complex needs that include serious mental ill health. The management of risk and forensic risk in relation to mental health vexed around a third of the CSWOs, who reported various situations where they had felt that a secure care centre had not understood or had not been capable of managing the levels of risk presented by a very troubled young person.

Some respondents felt that actual physical safety and containment was not always assured through a secure placement. One case was cited where a young person was still able to seriously harm themselves while placed in a secure care centre; and others recalled occasions where young people had assaulted and harmed other people whilst in secure care.

Some queried how safe the environment feels for young people who have experienced trauma and this tension between the restrictive and protective aspects of secure care was a recurring theme as CSWOs wondered about future need and capacity.

“I didn’t come into social work to lock up young children”

⁷ Child and Adolescent Mental Health Services in Scotland are arranged in four ‘tiers’ of care http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-76_Child_and_Adolescent_Mental_Health_Trends_and_Key_Issues.pdf

“There’s still some punitive elements to secure care and how we approach it and perceptions remain that are outdated, we need to redefine secure care and we need to ensure that all the corporate parents take responsibility”

Working together?

These tensions and contradictions were also evident when exploring the role and responsibilities of other agencies. Some CSWOs cited dissatisfaction with CAMHS and FCAMHS (Forensic Child and Adolescent Mental Health Services) and reported that they had seen young people remain on waiting lists, including in one case, for the entire length of the secure care placement. Others noted that treatment had been delayed or halted due to boundary issues between CAMHS teams and/or health board areas when young people were secured. Some also criticised the secure care centres themselves for delaying programme or treatment plans, on the grounds that the secure care centre was unclear as to the length of the secure care placement and had questioned the efficacy of beginning treatment which may have to be halted or interrupted.

The majority of CSWOs described some level of difficulty or disagreement between partners when social work teams were attempting to access assessments and treatment for young people. Who would take responsibility and carry the treatment plan through? Around a fifth were frustrated at what they perceived as a lack of ownership by health services, citing non-attendance at secure screening groups and reviews as an indication. Additionally the interface between mental health legislation and the CSWO role when securing a young person was described as confusing. The following quotes are typical of the worries shared by around a third of interviewees who described tension and misunderstanding between health and care professionals.

“Once in 10 years have I secured a young person on mental health grounds, but this is a complex and problem area regarding definitions and diagnosis”

“... In my view there are lots of other ways we can address risk and we shouldn’t be using secure care for very vulnerable young people with mental health problems”

A small number of CSWOs also reported that the most extreme behaviours were beyond the capacity of the current sector, giving examples where secure care centres had refused to

accept a young person due to their extremely violent presentation, or had asked for a young person to be removed because they could not guarantee their safety, or that of others.

“We’re looking to the providers of these out of authority⁸ residential services to work with these young people and high risk but we still get providers who say ‘we can’t cope’ and young people are moved suddenly ... they end the placement suddenly”

Transition on from secure care was felt to sometimes be problematic where there were no ‘step-down’ options offered by the secure care centre for young people to enable flexibility of approach and ‘bridging’ between secure care and return to the community. CSWOs recognised that young people moving from a highly managed and controlled placement need support and that risks and the capacity to manage risks, need to be ‘tested out’. The geographical location of the secure centres was therefore a further cause of frustration because many young people had to be placed far from their own local area. Consequently even where the secure care centre was offering a transition placement, such as ‘close support’, it was often not appropriate or practical. But there were wider issues in relation to transition and ‘step down’ support which many CSWOs acknowledged required attention. These are discussed later.

A small number of respondents were also frustrated by what they described as sudden changes to the young person’s care plan made by the secure care centres. An example was given by one CSWO of a young person being moved around the secure care campus from one secure children’s house/setting to another on the campus, without discussion with the social work team. This was felt to be inappropriate as the local authority was commissioning the resource. The CSWO also felt that their role and responsibilities in relation to the individual secure care placement were not fully recognised by the secure care centre. A number of other concerns were expressed in relation to ‘ownership’ of the care plan, with one CSWO describing there was sometimes confusion about who is taking responsibility for the work with the young person and expressed worry that this could lead to delays. Another went as far as to suggest that decisions were being taken in the best interests of the provider rather than the young person.

⁸ This is the term used to describe care placements not directly provided by the young person’s local authority.

Placement options and value

The question of placement choice and secure care was frustrating for many of the CSWOs. The majority of respondents reported that at the point of referral they would not necessarily have a choice as to which secure care centre would have a space for that young person. Lack of choice meant having to accept a place at whichever centre had the first vacancy available, regardless of the individual needs of that young person and the 'offer' and geographical location of the centre.

"We don't have a choice really due to the small number of services, we needed a place two weeks ago and there were no secure beds available in Scotland, we did find an alternative for that young person but it's difficult"

Some CSWOs reported that they had rarely been in a position to choose a placement and queried the current situation where Scottish secure care centres are able to accept referrals from English authorities.

The considerable cost of a secure care placement was explicitly challenged by three CSWOs, as to whether the cost represents value in relation to the secure care experience and outcomes. Two questioned whether the description of the 'offer' from the independent charitable secure care centres within their marketing materials actually matched the reality.

"We don't want any young person languishing or just being shored up and returned to us without any change"

A few CSWOs appeared to be very cynical about the motivation of the secure care centres, and two respondents used the unfortunate phrase "cash cows" when commenting on the cost of placements.

"Yes, well they don't deliver an awful lot for what they charge"

It was difficult to contextualise these comments as the CSWOs concerned did not provide any detail as to how they measured quality and value against cost.

A similarly small number of CSWOs stated that they recognised that whilst the costs were very high, the demand on, and expectations of, secure care centres were also very high; in that the secure care staff were caring for very troubled young people whom the local authority and previous carers had been unable to contain and keep safe.

Views on current and future responses to high risk and vulnerability

CSWOs in many areas described a lack of ‘join up’ in relation to universal services and planning for those services which takes account of risk and childhood adversity from the outset. Several highlighted the need for better integrated planning around those elements of mental and emotional health and wellbeing support which might be described as ‘universal’, for example public health and preventative approaches, and the role of schools and early years education in supporting vulnerable children and families and ensuring that young people presenting distressed behaviours are responded to at the earliest stage.

Around a fifth suggested that a comprehensive and radical review of how we define and approach very high risk behaviours and vulnerabilities is required, which goes well beyond a review of the existing services and arrangements.

The fieldwork for this study was completed prior to the First Minister’s announcement in October 2016, of a ‘root and branch’ review of the care system in Scotland. It was also concluded before the Scottish Government published a commitment to establish a strategic board for secure care in Scotland, to:

“... link secure care provision to our Getting it Right For Looked After Children (GIRFEC) Strategy and the overall GIRFEC approach”

Most respondents did however highlight the need for Whole System change. One CSWO’s comments reflect those of many who argued it is too simplistic to expect secure care or any one part of the system to “fix things” as there are much broader issues which need to be addressed:

“We’ve got gender inequality, poverty and Scotland’s shame in terms of gender based violence, the neglect and inequality of life chances, and lifestyle for children and families... we need to change what we’re doing from the grass roots up”

A few suggested that Scotland, as a country, needs to look closely again at the Community Justice model. Several considered that the new planned justice hubs for women should be examined as a potential blueprint for use with vulnerable children and young people:

“... We’ve got a Cabinet Secretary who has taken forward the five women’s justice hubs, why are we not doing this for vulnerable children and young people?”

Meeting the needs of the most vulnerable young people effectively and maintaining them in family and community settings and in their own community was not always straight forward, or possible. For some of the smaller local authorities in particular, inflexibility of services and geographical issues were identified as causing area planners and managers to really struggle to ensure limited resources are directed where most needed.

CSWOs in many areas said there needed to be integrated responses across agencies and that their own provision for looked after and vulnerable children needed to change.

“children have been bullied, abused, they’ve suffered trauma, but do we think if we just secure them that will all stop? We need to reflect on how we use secure but also residential care...”

The majority of CSWOs reported a sharp reduction in the need for secure care in their area, as a result of concerted national and local policy development and service development. Several described how they were involved in radical review of their area children’s services, including various fostering, residential childcare and children and families social work teams and in some cases CAMHS; with some areas engaged in service redesign which could, as one CSWO put it, “pay dividends” in the future through further reduced need for secure care.

However, many also outlined a lack of choice in relation to ‘preventative’ and ‘alternative’ Intensive Support Services. Two CSWOs were clear that there are young people who are in secure care only because there are inadequate alternative community or close support placements for them. Commissioning processes and practices, could for example make it difficult to purchase flexible 24/7 out-reach type family support in a crisis. Some CSWOs also referred to stark financial constraints. Others described lack of either the existence or poor availability in their areas, of services such as specialist ‘wilderness’ and ‘respite’ provision.

“We need to do much more earlier but none of us have the resources to do that and keep buying secure places at £5,000 a week and we have even less money, it’s a vicious circle”

“The Commissioning team think about ‘hours not outcomes’, they’re set up to look at hourly rates and what we’re getting for the costs of the hourly rate, not to think about the bigger picture”

Others questioned the costs of the most intensive wrap around care placements, stating that they were often almost as expensive as secure care, and could also be problematic to access. The majority made it clear however, that even if a resource costs the equivalent to a secure care placement, if it enables the young person to be kept safe without the need to secure them, then the CSWO would always consider that alternative option.

“If an out of authority resource costs £2,000 then we’ll spend £1,999 on a package that can support the young person in [local authority]”

Some CSWOs reported closer involvement with strategic planning processes across their local authority than others. It was unclear whether this was linked to the level at which the CSWO was employed in their job role.

Local authorities were at different stages of strategic and operational planning in relation to the implementation of the Public Bodies 2014 Act. Some respondents could talk with lesser or greater authority about actual or potential changes and the impact these may have on service provision in the future. Those who had been; or were currently involved in practice and service redesign or improvement programmes gave detailed examples of the culture and behaviour shift that was required as well as the structural changes underway.

It was clear, however, that in some areas the use of secure care had not been considered as part of these strategic planning reviews. As one CSWO pointed out:

“The only time members (of the community planning board or corporate management team) would be focusing on secure care is around the costs and resource implications”

An examination by the authors of the CSWO reports written for the elected members within the local authority for 2014/15 revealed that in four of these, secure care and decision making was not mentioned at all. In a further ten, although some of these areas had secured relatively high numbers of children, there was little comment or analysis of secure care placements. Similarly, the OCSWA annual overview report for 2014/15 does not reference CSWO activity or involvement either, other than to comment broadly on the considerable investment in some areas in fostering and other forms of care as alternatives to secure care. Overall, whilst CSWOs consistently talked about the need for better choice and availability of

bespoke and 'wraparound' packages of support for the most vulnerable young people; it was clear that the relationship with the secure care sector was rarely discussed as part of this.

In relation to Electronic Monitoring (EM), those who did comment on it usually questioned its efficacy or utility.

"EM isn't always appropriate, we've found that mental health needs are often the reason for young people requiring to be contained [or] secured due to very high risk and vulnerability. EM isn't appropriate for these young people"

The majority of CSWOs identified mental health needs and services as an area for future focus. Whilst as noted in the main there was a feeling that secure care is not an appropriate place for young people with complex mental health needs, several CSWOs described situations where they had secured young people who they felt would have been better placed in a mental health setting. However, CSWOs reported that these were complex situations where the option of invoking mental health legislation and/or placement in psychiatric in-patient hospital care was not necessarily an appropriate response to the multi layered needs and high risk behaviours, often driven by trauma.

The majority of CSWOs were concerned about the increasing prevalence of very high levels of psychological often trauma related distress and self-harming among young people brought to their attention. They questioned whether there are appropriate and consistent arrangements across and between health board areas, local authorities and Health and Social Care Partnerships (HSPCs) for ensuring a holistic and integrated response to this.

"Nurture and therapeutic care services are lacking, current secure care doesn't meet these needs but what does?"

There was a common perception that mental health practitioners tend to deem acts such as violence, extreme risk taking and self-harming as behaviours that need to be managed rather than manifestations of trauma. Some CSWOs also raised the lack of appropriate in-patient facilities for young people experiencing poor mental health. Views about use of these were split as it was acknowledged that in the current context the choice is sometimes between an in-patient facility in England and securing the young person in Scotland. Neither solution was regarded as ideal for young people with serious mental ill health.

“NHS boards are really struggling with that, particularly with the focus on diagnosis; no diagnosis - no service, we need a specialist response to expressed distress that isn't necessarily a diagnosed illness”

“Now we have [...] young people with an inability to manage their own behaviour with no diagnosis and CAMHS say; ‘nothing to do with us’”

“... we've had young people in secure care on 10 minute suicide watch, in care??...is this right? Should they be in care or in hospital?”

CSWOs described real misunderstanding between professions. For example, the language used by psychiatrists and other clinicians in relation to mental health ‘risk’ meant something very different to residential carers and social workers who were undertaking risk assessments through, for example, an ASSET⁹ lens.

“Sometimes social workers think psychiatrists have magic wands, which they don't ... at both ends of that pole there are people who don't understand what the other end looks like”

Around a third of CSWOs argued that a more holistic approach to the definition of risk and danger to self and others in relation to behaviour and psychological functioning is required. Two suggested that there needs to be a greater emphasis on the language of vulnerability.

More local concerns included identification of a lack of resources for young people with very complex needs, such as complex Autistic Spectrum Disorders and associated learning needs and behavioural issues; post-trauma needs and; young people with self-harm and/or suicidal behaviour.

At the discussion session, those areas who had not integrated line management of CAMHS with children's social work services as they implemented the Public Bodies 2014 Act, reported more difficulties with access and involvement of CAMHS than those who had.

“Things are getting fragmented in some areas with locality managers not social workers”

⁹ ASSET was designed as a practical tool for use in working with young people who offend. The ASSET model is based on theory and research evidence (Baker et. al, 2002, YJB, 2003)

In areas where integration was more wholesale, CSWOs described improved communication and felt that there had been positive learning opportunities for social work practitioners from the greater understanding of approaches to need and risk and the language, terminology and methodologies of CAMHS clinicians.

“This new arrangement allows for much more social worker intervention and in the IJB you don’t have to go to Council Committee for everything anymore, it’s a different model, so the IJB are focused on how we’ve shifted resources from ‘out of placement’ spend to this preventative/EEI model”

Vision of future purpose and function

Although all were asked, less than half of the CSWOs expressed a clear view on their vision for the future. Where CSWOs did set out a vision, this tended to be very broad. The following elements were common:

- A shift of focus away from youth justice towards responding to needs and vulnerability
- Increased value of and investment in relationship based care, specifically focusing on a response to trauma and attachment
- Greater steps towards ‘wrapping’ safety and support around the child in the community, rather than removing the child to a safe and contained place
- A more holistic and personalised response, including a care plan that is more meaningful to the young person

The need for appropriate assessments was identified. While not advocating the return to the use of large assessment centres, some CSWOs did feel that aspects of an assessment centre approach, which delivered a holistic triage and ‘stepped’ assessment involving education and CAMHS, would be beneficial.

Several CSWOs described some of the current secure care centres as “*too big*” and pointed out that the general direction of residential childcare provision has been towards smaller and even single placements, with smaller numbers of children in shared living settings. This was linked to the valuing of a bespoke and personalised individual support package, where

young people are supported 24/7 within their own families, or in family based settings within their own communities.

Several advocated children's houses which are specifically staffed and supported to provide high intensity relationship based care, treatment and education support, with multi skilled teams including specialist practitioners and clinically qualified staff to deliver what is effectively 'close support'. These teams work with high risk young people who are likely to be at the edges of secure care and/or to meet the secure care criteria. Four CSWOs outlined the steps their area was taking to develop or commission such services for the future.

"We need to change our thinking and move away from building based services to relationship based services, better support and outreach and best use of staff skills...and avoid the finality and labelling that secure care and residential childcare can mean for young people"

Some CSWOs reported that where their local area had established effective WSA and Vulnerable Young People mechanisms, they could evidence a reduction in the use of secure care which they anticipated would continue; others described what actions they were taking towards a culture and practice shift in approach, particularly in residential childcare. One CSWO talked about improving 'containment' within their own area Children's Houses and achieving "... more flexibility about how we keep young people safe where they are".

However, overall CSWOs reported that we are still a long way from achieving either consistently joined up and integrated responses to early identification of support needs or the range of accessible, flexible and young person centred affordable services which would mean there would be no need for the use of secure.

"... the reality is we are a long way from that point"

CSWOs who rarely accessed secure care for young people said that this research had itself provided an opportunity to focus on the 'bigger picture' in relation to secure care and responses to very high risk, and several suggested that the conversation should be continued across the local authorities and CSWOs. Several referred to their involvement with the secure care national project and a stakeholder event held in April 2016 and they welcomed the momentum this, and the work towards anticipated reports on future direction for secure care, was helping to gather around the call for a national strategic vision for the

purpose of secure care. There was obvious crossover between the review of secure care being undertaken by the secure care national project and this research fieldwork and, as noted previously, the researchers have been careful to take into account these separate but concurrent explorations.

Overall, there was consensus across CSWOs that a clearer strategic vision for the future purpose and function of secure care is necessary. At the discussion session in particular, CSWOs acknowledged their key role in contributing to the development of such a vision:

“We have to be active participants in this”

“We need to temper what we expect of secure too. If we’re asking them to manage immediate risk and provide stabilisation then we need to be clear about that”

The majority of CSWOs said that in developing a vision for the future, an assessment of what might be needed and for which children and young people, including consideration of specialist services; is required. Around half specifically identified the different needs of young women, pointing out that any redesign of services should take these into account. Several stated that in their view the establishment of a secure care unit specifically for girls and young women should be considered.

This echoes concerns raised by several CSWOs in relation to the appropriateness of securing at risk and vulnerable young women in the same care setting as those who had been placed there on remand. They stated that they were unsure whether it was right for the longer term to continue with a ‘generic’ secure care sector which provided care for young people on both welfare and offence grounds, though no CSWOs identified situations where they felt the safety or wellbeing of a young person in secure care had been compromised by their being placed alongside a young person on remand or sentence.

The Scottish Government Good Practice Guidance states that *“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”*. Many CSWOs stated that they also aspired to this future vision. However, none described how they envisaged this position being reached.

“I think secure care will always be part of services that are offered in Scotland due to the level of risk that we have to deal with”

4. Decision-making and secure care

KEY FINDINGS

All bar one of the CSWOs interviewed retained direct responsibility for making the decision to secure; not to secure; or to end a secure placement and did not delegate this. CSWOs described the **weight and complexity** of decision making as a difficult balance of rights and risks.

The duty of the CSWO to 'test' the reasoning and evidence that secure care was necessary was seen as an **important safeguard** to ensure that social workers, and/or panel members and/or other agencies, were not being reactive and that CSWOs did not secure unless the decision was legally and ethically justifiable.

CSWOs also emphasised their role in **supporting** and advising social workers and sometimes other carers and colleagues through what they recognised as difficult and often emotionally demanding situations.

The specific local arrangements in place for identifying young people at the edges of secure care and for the formal assessment and 'screening' are unique to each area; but the majority of CSWOs stated that **systems are in place** which are appropriate and work well for their area. Most were confident that they had a professional overview of every child and young person who was in 'out of authority care' or at risk of escalating towards secure care.

However 'emergency admissions' appeared to be the most common route into secure care, in several local authority areas. These situations usually involved a point of **acute crisis**, most often involving children and young people who are already in residential care.

There was a sense that more could be done within and across agencies and nationally to ensure better understanding of the CSWO role and powers and of the legal and rights framework around secure care. There was also consensus that **communication and**

reflection across and between areas and all CSWOs should be improved, to clarify understanding about the use, purpose and expectations of secure care itself.

The Chief Social Work Officer role

“There’s still moral and ethical dilemmas around the decision to secure, for everyone involved, the Social Worker, the managers, and of course the CSWO. It’s not easy and never should be”

The role of the CSWO is a complicated one with responsibility for various aspects within a local authority and the relevant HSCP. Although in this piece of work CSWOs were asked to reflect on their duties and powers in relation to children and secure care, this is only one responsibility of many.

The differing sizes, operational structures and demographic profiles of the local authority areas means there is significant variation in levels of activity and involvement for CSWOs around secure care. For some CSWOs, particularly those within smaller local authorities, years may pass between each decision to secure a young person. At the other end of the scale, the profile of some areas means that the CSWO is involved in this type of consideration on a frequent basis and it would be usual for them have at least a small number of young people in secure care at all times. However, nearly every CSWO described having direct overview of every case and all but one stated that the decision to secure or not sits with them and is not delegated.

The process of building trust and respectful relationships was detailed by several CSWOs who talked about the importance of the CSWO being accessible and approachable and being seen to ‘support those who support’ these vulnerable children and young people. A few talked about leading by example and modelling good professional practice through how they communicate with teams, and how they undertake the practice elements of the CSWO role, for example the chairing of reviews for young people in secure care where this was undertaken by themselves. Most of those who delegated these aspects of the role to senior managers, described how they approached this delegation and provided support to these managers.

One CSWO pointed out that in their area a secure placement is very rare so the challenge is to prepare and equip social workers with those skills necessary to work with children and families in what are, for that area, exceptional circumstances.

In addition several CSWOs further acknowledged the pressure and anxiety social workers, other carers and staff sometimes carry in relation to managing very high risks. In those cases CSWOs saw their role as alleviating pressure and supporting the workforce, with several respondents describing this as a key element of the professional adviser role as outlined in statutory guidance. A few described shared risk and ownership of that risk, in the context of the CSWO ultimately being individually responsible for the decisions and secure care, but with practitioners, carers, the secure care centre and the partner agencies all sharing the responsibility.

“I think as well the CSWO is there to protect the social workers and the service in a sense, to carry the weight of responsibility for the ultimate decisions”

CSWOs who talked about social worker and carer support identified that clear procedures, guidance and professional supervision is vital, as is the chance for practice reflection and understanding the delicate balance between care and control. Some reported that there were ongoing problems with awareness and understanding. This included a few CSWOs who had come into the role and had found that they inherited custom and practice issues. Three CSWOs described previous cultures of reactive practice, in that children and young people, who were perceived to be highly problematic, were too readily moved out of their area and escalated towards secure care. They described how they had worked to shift this culture and had *“done a lot to question our models and approach and reframing the view of children as children first”*.

CSWO secure care powers and duties

CSWOs described various steps, teams and individuals who are involved in identifying and recommending consideration of a secure placement for a child; however, all but one of the CSWOs described it as a decision that is ultimately for themselves alone, as set out in law. As one respondent pointed out *“this is not a shared decision”*.

In the majority of situations, CSWOs described that their role began not at the point secure care was first considered, but well before that, at the point that the young person was

becoming regarded as a 'Vulnerable Young Person'. Around a third of CSWOs also talked about the importance they placed on being known to, and themselves knowing or having met, the young people deemed as most vulnerable and presenting highest risk in their area. This was particularly the case for some of the smaller local authority areas, where CSWOs personally chaired all LAC and secure care reviews for young people in secure care and personalised all letters of notification and so on.

However, there was considerable variation in how the national regulations, the statutory guidance for CSWOs and the WSA and GIRFEC guidance were applied in practice. For some CSWOs, there were very clear 'pathways' via these frameworks and mechanisms for the CSWO to be made aware, if not to directly have overview via reports and papers, of every young person who was regarded as being at/posing very high risk. In other areas, the arrangements appeared to be far more fluid and informal.

At the point of decision making CSWOs described having access to background papers, assessments and/or specific reports setting out the recommendations for secure placements. Most also described how prior to authorising the move they would talk and check with the original source of that referral to ensure there were no other alternatives to consider.

Several CSWOs described their role as being one of a gatekeeper and a questioner. A few described how they made sure that the views of the child and the family had been sought prior to making the decision. However, it was not clear from the majority of respondents how they ensured that their formal duty to seek the child's view was undertaken or delegated, or how it was recorded.

Some CSWOs described robust pathways towards secure care, through multi-agency screening groups with accompanying expectations around pro-forma and background papers. In describing these expectations one stated that they would reject an application for consideration of secure care if the responsible social worker or team had not provided sufficient evidence of the young person meeting the secure care criteria. Several others also made it clear they had very clear expectations of their teams in this respect.

Whilst several CSWOs were sure that the pathway to secure care was not a linear one, most nevertheless talked about young people moving towards secure care as 'escalating' in terms

of increasingly dangerous risk taking, and that they would 'track' this escalation through having an overview of the young person's care plan and circumstances.

Ensuring access to the relevant information to make an effective professional judgement and decision out of hours could be problematic. CSWOs talked of being 'on call' 24/7 and some gave examples of having been contacted very late at night and finding it difficult to access the right people they felt they really needed to talk with, to get a very clear picture about the level of risk and danger and whether it was justifiable and right to secure that young person at that point.

Understanding and communication of the CSWO role

Not all CSWOs felt that their role and legal powers and duties are fully known or understood across the relevant professions and sometimes even within their own departments. CSWOs described steps they had taken to address this, including ensuring new staff understand the significance of a secure authorisation and ensuring they understand the role of the CSWO. In one local authority the CSWO felt the pro forma used to share review information was not fit for purpose and this was changed. In another local authority there was an incident where an order lapsed at the three month review due to the social worker involved not realising a further authorisation was required and as a result processes in that local authority were revisited. In two areas, new systems for quality assurance through the professional supervision approach including case auditing and seeking feedback from children and families had been introduced.

In a few areas, CSWOs identified that they are working towards greater consistency in reviews by ensuring they are chaired by the appropriate manager. Some had revised their review guidance to ensure that the few very high risk young people in and on the edges of secure care are appropriately supported and care plans monitored.

A small number of CSWOs stated that they felt it was part of their role to ensure that young people understood the powers of the CSWO, and that it was they and not the child's social worker or care team, who had the responsibility for making the ultimate decision to secure or to end a secure placement.

As noted, there was a sense overall that more could be done within and across agencies and nationally, to ensure better understanding of the CSWO role in relation to secure care,

and to improve communication across and between areas and CSWOs in relation to secure care itself and national trends, issues and developments.

CSWO professional supervision and support

“To some extent I have had to ‘learn on the job’, there’s no induction for CSWOs and it’s a steep learning curve, to some extent I’m reliant on other CSWO colleagues and my Service Managers”

CSWOs reported differing arrangements for the professional supervision they received in relation to their CSWO role. Within local authorities, particularly those where there are integrated services, professional supervision of the CSWO may be provided by someone who is not a qualified social worker and does not have a social work/care background.

This was of concern to some CSWOs, who described how there was no one within the Executive structure of the HSPC or local authority who could provide this professional supervision and support to assist them in fulfilling their role.

During the discussion session this subject was explored further. CSWOs shared their experiences of integration during the establishment of HSCPs. Some said that in their area, the process had been well managed and was not rushed. For them, *“it feels right”* and has been a positive experience, bringing professions together. In other areas however, the process was described as *“bruising”* and CSWOs reported that they felt their professional identity and influence had been diluted and they worried about what this meant for the future.

“Some of the CSWOs [are] line managed now by people without a background in social work, where does that leave us [regarding] professional judgement and secure care?”

As a result CSWOs reported that the formal and informal peer support network developed across the CSWOs via SWS was increasingly important. A few CSWOs described feeling able to readily approach their counterpart from other local authorities. Despite this, in the main the CSWO role was described by around a third of respondents as a lonely and/or isolated one.

“There is a pressure on ourselves, it’s our name on the form”

CSWOs welcomed the introduction of the Professional Development and Award Programme and the revised guidance issued in 2016. However, several felt more could be done to recognise and support the role. They described the weight of the responsibilities they had for making significant decisions about, and for, vulnerable people and the breadth and range of the CSWO ‘professional adviser’ responsibilities. They talked about the demands of fulfilling these whilst also fulfilling significant operational senior roles. Two CSWOs reflected that other professions, such as nursing, do not require full time operational managers to fulfil the ‘professional adviser’ role as an ‘add on’.

Having the professional responsibility and objective viewpoint sit with the CSWO as the person who makes the ultimate decisions around secure care placements was regarded as an important safeguard. However, some respondents expressed concern, questioning the appropriateness of a single point of decision making in regards to human rights. Three CSWOs were unsure if it was right that CSWOs could make the decision outwith a legal hearing to restrict a child’s liberty, albeit that there is a legal requirement for children to be brought before a children’s hearing within 72 hours of use of emergency powers. In expressing these misgivings they did not refer to the appeal process or role of the Head of Centre. Two compared the CSWO powers to those of the court and stated that in no other situation would a single person be able to make the decision to remove someone’s liberty. Another compared the situation with mental health legislation, although they did recognise that under mental health legislation a doctor has similar powers to detain, with the MHO acting as a safeguard. The lack of formal induction or training for CSWOs was again raised as a concern in this context.

“There’s a lack of training and induction and support for CSWOs, not just about the secure care responsibilities but all the responsibilities and duties”

Identifying young people and making the decision

To secure, or not to secure?

All of the research participants explicitly referred, or alluded, to the professional and ethical tensions for CSWOs as *social workers* who are making the decision to detain a young person in, or remove them from, secure care:

“[I] want to be in a world where we don’t need or want secure care for children and young people [...] but the modern day realities we face mean ... that there will be a need for something specific to keep some children safe”

At the point of decision, the legislation was seen very much as the starting point; providing parameters, as one CSWO described *“the criteria and thresholds and the regulations are very useful in setting out when secure care applies”*.

However, CSWOs reflected on the complexity of judgement involved in reaching the decision to begin, not to begin, or to end, a secure care placement. They talked about balancing rights, the child’s right to liberty and safety, and the rights of others; and that the decision itself is far more complex than simply applying the secure care criteria and considering alternative options.

Once the decision was made to secure, CSWOs in each local authority area tended to follow a similar procedure, stating that their local arrangements followed the guidance, in relation to completion of the process, contact with the Head of Centre and notifications and so on.

Importantly each CSWO felt confident that their methodology was functional for their particular area. Only in a few interviews did CSWOs state that they believed a review of their area processes or procedures was due. In several areas, reviews had in fact already taken place as there had been a relatively recent change in the appointed CSWO. These CSWOs reported that the revised national guidance had been helpful as they had been in a position to review their local area secure care processes and procedures in alignment with it.

All CSWOs appeared to be relatively confident that by the time a recommendation for secure care reaches them, they know the case well and the recommendation for secure care is appropriate. Despite this, the use of ‘emergency admissions’ were described by several CSWOs as the most common route into secure care, in their local authority area. These situations usually involved a point of acute crisis, where an intensive package of supports to the young person had become untenable due to a significant incident.

These CSWOs stated that the paperwork and process of questioning and exploring the issues is much the same as for planned moves where a children’s hearing has issued a secure care authorisation, in that there are clear thresholds and tests and in many cases the CSWO will have close discussions with the relevant managers and so on. However, the fact

that all admissions to secure care in several areas of Scotland has been as a result of CSWOs using emergency transfer powers warrants further exploration.

In the case of one local authority the final decision to make the secure authorisation was described as “*fully delegated*” and the CSWO does not scrutinise the papers at the point of decision making but instead carries out a retrospective audit of cases.

Identifying young people on the edges of secure care

All CSWOs see it as their responsibility to have knowledge of all children regarded to be presenting the highest risks and vulnerabilities within their authority, particularly those where situations are, as one CSWO described, “*bubbling under*”. CSWOs described how the impact of GIRFEC, WSA and particularly Early and Effective Intervention, has resulted in earlier identification and support to troubled young people. However, partly as a consequence of this, those young people who are referred for intensive supports, out of family or authority care, are often young people with ‘high tariff’ needs and issues. Many CSWOs ensure that they are aware of all children and young people in ‘out of authority’ placements, and in addition some CSWOs overview all residential care incident forms and have established mechanisms for ensuring that they are alerted to, and can scrutinise, all situations where there is escalation of risk for the young person or others living with or caring for them.

For the majority of the local authority areas, there were formalised structures in place for identifying and planning with and for young people who might be experiencing escalating risk. These included GIRFEC meetings, high risk/vulnerability groups which were ordinarily convened as multi-agency groups through WSA, Youth Justice, or Vulnerability procedures children’s meetings, team around the child meetings; ISMS and joint support teams; or LAC ‘out of authority’ and/or residential placement groups which look at all ‘high tariff placements.’ The focus of each of these groupings was to bring together the relevant professionals, carers, agencies, skills and supports to ensure effective care planning and support to the child in relation to their individual needs and circumstances. CSWOs repeatedly referred to GIRFEC and the importance of concerted efforts to keep children within their own families and communities:

“... secure care is the peak of the pyramid regarding interventions [it is] very unlikely that we would ever plan towards secure care, all energies are on keeping young people in their own family and community”

Smaller authorities tended to argue that this would not be a good use of their time and instead changes in the child’s situation would be shared more informally across a flat structure of verbal and written information sharing.

It was evident that in all cases, CSWOs need to have full confidence in the team around them and around their vulnerable young people who are posing the highest risks to themselves or others. For the most part CSWOs expressed that they did have high levels of confidence in their managers and they nurtured this through their own role in line managing them, or through the professional relationships with the children’s services managers if the CSWO did not have direct line management responsibilities. Professional consultation and information exchange took the form of both formal and informal discussions about young people and supportive challenge and questioning of the team involved.

Secure care screening

Secure care screening groups are sometimes used by authorities in order to ensure effective planning and to allocate resources particularly in cases where the young persons’ situation is deteriorating. Formal Secure Care Screening Groups, with a core membership and regular meetings schedule, tended to exist in the larger local authority areas.

For most other local authorities, there was not a formal Secure Screening Group and instead either the CSWO would bring together the relevant professionals and team around the child to meet prior to making decisions; and/or the discussions and evidence analysis would take place as outlined via paperwork.

In one local authority cases would make their way from a review group, where all residential referrals are discussed, to a more informal Senior Officers group for discussion. The CSWO involved realised on describing it that the process might benefit from being more formalised. However, as noted, in several local authority areas, it appeared that all of the recent admissions to secure care had taken place as emergency admissions and there had not been any time for a formal gathering of people concerned for and responsible for the child prior to the point of decision.

The contribution and interrelation of agencies

There may be many different agencies and individuals involved in reaching the recommendation or indeed the decision to secure a child. It is perhaps unsurprising then that CSWOs reported differences of opinion and perspective and therefore potential tensions between these agencies and professionals regarding the decision to secure or not. The source of these tensions was sometimes personal and professional anxiety about the risks and dangers facing the child and/or others and sometimes inter-agency differences in position. Overall however the CSWOs presented a picture of improving understanding across agencies and services of how to respond to very high risk behaviours and young people in ways which minimise escalation through the system into secure care or custody.

Many nevertheless felt that tensions and misunderstandings could be further relieved if there was a clearer definition of the purpose of secure care. CSWOs also suggested that the complexities of achieving a balanced judgement within the letter of the law were not always fully understood by other professionals across agencies.

Internal staff

In the main CSWOs were positive about frontline social work staff and the lengths they go to in their work with vulnerable children, with social workers and carers being identified as a key resource to prevent situations escalating towards secure care, particularly in those areas where there were fewer options and a more limited choice of community supports and services.

Some CSWOs however described themselves as gatekeepers in regards to the use of secure care, in cases where their own staff had recommended secure care but the CSWO did not feel it was warranted. They outlined that some social workers or residential carers might be risk averse due to the custom and practice and 'culture' within a team or area, and/or be anxious about managing high levels of risk in the community. Some talked with sensitivity and compassion about social workers who were having "*sleepless nights*" and that they (the CSWOs) could understand how staff felt that "*someone had to do something*" to protect this vulnerable young person who was running wild and getting themselves caught up in very dangerous situations.

Many see their role as one of having to constantly question the efficacy of the recommendation for secure care and urge consideration of alternatives. This applied particularly for CSWOs who had relatively recently taken up their role and who considered that there had been too many secure care placements made by their areas previously:

“I’m challenging with staff and have revoked orders when I [first] arrived”

In particular, CSWOs in around a fifth of areas talked about work that had been undertaken to shift culture and understanding of the needs of young people expressing trauma and hurt through damaging and dangerous behaviours, particularly in relation to the training, professional supervision and support available to residential carers and managers.

Police

Some CSWOs described situations of tension where the Social Work position and professional assessment was that a young person did not meet secure care criteria, but police personnel had assessed the risks to the public through escalating offending as such that the young person should be detained.

Around a fifth of the CSWOs interviewed reported that they had been put under pressure by senior police personnel at some point. Various examples were given, including a senior police officer contacting elected members to ask for their intervention to have a young person secured; police presence at children’s hearings which CSWOs felt indicated expectations that the hearing would secure the young person; senior police colleagues contacting the CSWO to argue for secure care for repeated offending in the community; police arguing that they are under resourced and/or feel they can’t protect particularly vulnerable children and urging the CSWO to “*do something*”; and frequent changes of senior police personnel making it very difficult for CSWOs to maintain a clear shared understanding across the local police offices regarding thresholds and approach to risk and WSA implementation.

Several CSWOs talked about the importance of investing in relationships between senior colleagues and their teams across agencies, including the police. Three CSWOs described how regular meetings with senior police officers had led to greater understanding and clarity regarding roles and responsibilities. Others also gave examples of collective leadership approaches, where Community Safety staff and police officers were engaged in social and recreational activities with looked after young people and residential childcare teams. These

concerted efforts had led to improved communication and shared problem solving and a simultaneous decrease in what CSWOs had previously regarded as inappropriate requests for consideration of secure care in response to hard to manage behaviours.

Children's Hearings

The majority of CSWOs reported having experienced issues at some point in relation to children's hearings and decision making. Most of these related to situations where the hearing was authorising secure care but the Social Work recommendation and CSWO position was that it was not appropriate. On further probing, it became clear that many of the examples reported were from the past, and on reflection several described improved and improving lines of communication with the Children's Panel. Some stated that they had developed strong links with their local area support team and that joint training programmes held across the CHS which included panel members had helped with this.

Those who reported current or previous difficulties described differing perspectives that sometimes resulted in CSWOs feeling that they were under additional pressure in relation to the decision to secure or not. However, none said that they had made a decision to secure or not to secure which in hindsight they felt had been unduly influenced and/or was a wrong decision. There were some recent and live issues with the CHS and children's hearings which a number of CSWOs described:

- Reactive decisions where children's hearings had issued secure care authorisations in the CSWO's view as a result of panel members observing particularly upsetting or worrying incidents in the hearing itself, for example where a young person had become violent within the hearing
- The role of legal representatives was questioned by around a fifth of interviewees who expressed the view that more lawyers in hearings were making things more complex. This was particularly in relation to lawyers recommending that families appeal against decisions in a way that doesn't help the young person. These CSWOs expressed the concern that the approach of some lawyers created an adversarial environment when this is not the intention of the CHS. There was also concern that some lawyers involved were not sufficiently skilled or sensitive in this area of practice which can be very delicate.

Several CSWOs feel that the CHS has a tendency to err towards caution when it comes to managing high risk. One described a situation where a children's hearing had issued a secure authorisation for fire raising, in circumstances which the CSWO believed could be managed safely without the need for secure. This was overturned at appeal:

"The Sheriff agreed that it was 'nonsense', I can understand the panel members were worried about the 'what ifs' and what if he did this again? But it wasn't appropriate, there were other ways to deal with the situation"

A small number wondered whether all Children's Panel members were sufficiently equipped to hear certain cases. There was recognition from these CSWOs that the 'ask' of panel members has become increasingly sophisticated, and the importance of ensuring not only adequate training and support for panel members, but that all the agencies and individuals who present reports and recommendations to them do so in a way which enables informed judgements and decisions:

"The CHS is made up of lay people, some of whom might not trust social workers, they may not understand the gravity of cases...if they see an upsetting case in the room then they panic. If we can't make colleagues in the police understand it then how can we expect lay people to understand"

5. The secure care placement

KEY FINDINGS

There was evidence that a high number of admissions to secure care happen at a point of acute 'crisis' and these **emergency admissions** mean a lack of time and opportunity for young people and their families to be informed, prepared and supported in ways which match best practice expectations.

The level of direct involvement of the CSWO during the secure care placement varies. In many cases, CSWOs personally chair all the ongoing reviews, in most others this is delegated to senior managers, but the CSWO remains closely involved, and in a few the

CSWO is only updated if there is a particular issue. For over half of areas, the CSWO involvement and direct contact with the young person or their team sits somewhere in the middle; with the CSWO overseeing the secure care placement through regular sight of the care plan and papers, and regular contact and liaison with relevant staff.

The majority of CSWOs continually stressed the importance of minimising the length of time a young person is detained in secure care and the importance therefore of **planning towards the move on** from secure care.

A range of barriers to successful moving on from secure care were identified by CSWOs. They identified **structural and capacity problems** including a perceived lack of affordable, flexible, accessible 'wrap around' intensive support and transition placements. They additionally highlighted inadequate gender and other specialist and specific services.

Preparation and admission

Although we specifically asked CSWOs to describe the steps taken prior to and during the secure admission, most moved on to talk about the process of supporting the young person during their time in secure care and in making plans for after the placement. Where CSWOs did talk about the support, preparation and informing of young people, pre-admission and at admission, they usually described their local policies and procedures in relation to expectations. Only a very small number gave specific examples of how a young person had been supported and prepared prior to being admitted to secure care.

A few stated that they believed their social workers would always do their best to engage the young person as fully as was possible. However, this could be difficult as in most areas there were a high number of admissions which happen as 'crisis' and 'emergency' admissions, rather than planned admissions. As a result, the lead-in was described as 'rushed' and/or less than positive. There was an acknowledgment that at a point of acute crisis, for example the breakdown of a residential care placement where the young person was 'out of control' and had harmed others and was in a highly distressed and agitated state, it was rarely possible to undertake the level of preparatory work that would represent best practice. Pre-placement visits and introductions did not happen and often relationships

between the young person and their family/carers were fraught. Some CSWOs reflected that the pre-admission and admission experience for young people could be much improved:

“I can’t recall the last time there was a planned admission to secure care here to be honest, for some time, so young people are being admitted in crisis after a particular emergency [or] serious incident [...] so planning and preparation doesn’t always happen in the way you would want”

With regard to who physically takes the young person to the placement, one respondent said it would be extremely rare for the young person *not* to be supported by their social worker and a secondary social worker.

Several others said that they tried to ensure that wherever possible, the child’s social worker would support the young person, or if this was not possible then at least a known worker would accompany them or travel to the secure care centre separately if it was not safe or appropriate for them to take the young person. Several discussed the use of contracts they have with a secure transport company which they make use of in out of hours situations, or where this was felt to be the only safe option.

Four CSWOs stated they could not confirm how often the child’s social worker would be the individual ensuring the young person was transported and settled into the secure placement.

Overall CSWOs stressed that most social workers did the best they could in difficult circumstances, but that the situations leading to admission were often stressful and upsetting. They recognised that the admission experience might be further traumatising for young people but there was a sense that few areas had a system for overseeing the admission experience or process.

“[we have] no formal protocol or standards regarding admissions to secure care but would try for best practice”

During the placement

Most CSWOs identified three clear goals for regular involvement and contact by the social worker with the young person once they are secured. These are:

- providing continuity of support and maximising the benefits of the relationship between the social worker/authority and the young person (and sometimes building or repairing relationships which have become fractured or fraught)
- enabling joint work between the secure placement teams and social work with that young person (and sometimes with family/carers)
- ongoing care planning with the intention of a transition out of the placement, from the earliest stage of the placement possible

The majority of CSWOs were very clear regarding their expectations of individual social workers, children and families and/or youth justice teams and managers. Several talked explicitly about the local authority children's rights' arrangements for young people in care and in secure care, while the majority described the timescales they had in place for social workers visiting children in secure care initially and then frequency of contact thereafter.

Geography, travel costs and distance affects ongoing relationships and contact. In several local authorities use is made of video-link conferencing or telephone contact to try to meet statutory and best practice standards and mitigate practical difficulties in relation to face to face visits. Around a fifth of CSWOs were however very clear about their expectations that social workers would meet with the young person face to face on a weekly or a frequent basis and described how they ensured they were kept up to date by the relevant managers on the progress of work being undertaken.

Most local authorities make use of LAC placement review teams or officers who review all young people in care. Many have specific officer arrangements for young people who have been placed in 'out of authority' placements, including secure care, to ensure additional scrutiny and quality assurance of these specialist and costly placements, particularly where young people are placed physically outside of their home area. The reasoning behind this approach to reviewing was not explored in detail as part of this study and may benefit from further examination.

However in relation to secure care, the majority of CSWOs stated that they have specific arrangements due to the additional statutory and practice requirements when a young person is secured and their liberty is restricted. In at least a third of areas, the CSWO

themselves personally chairs reviews for young people in secure care and in several others a more senior manager than would ordinarily chair LAC reviews, chairs them.

Every CSWO stated that they had a clear overview of all the child's plans and paperwork related to secure care placements. They all referenced the 72 hour review and their area's compliance with regulations and guidance. However, as with arrangements for secure care screening and pre-admission and admission support, how practice was organised and the level of formalised CSWO overview was sometimes less clear.

For many CSWOs a large part of their communication with the secure care centre or the young person's social work/care team, appeared to relate to what most described as the 'exit plan'. Most stated that the ongoing day to day communication, which in a few areas was expected to be daily, is carried out by the social worker, head of children's services, head of external services or review co-ordinators, rather than by the CSWO themselves. Most CSWOs reported that they are kept informed only if there were issues with the placement, and rather they anticipated being more involved as the placement progressed and it was planned for the young person to move from the secure placement.

Leaving the placement

CSWOs were clear that a secure placement would last only as long as necessary and described planning for the transition from secure care in several cases as the most important element of the care plan. They stated that young people would only move on from secure care following a review where next steps were identified. Many emphasised that the decision as to when to end a secure placement was as critical as the one which had led to them being secured:

"It's about the risk testing and assessment throughout....how do you know when the young person is better able to manage risks and dangers and it's safe for them to move on from secure care? That's all part of the decision making process..."

"We ensure that the focus from the start is on transition support, how are we going to support the young person to move on from secure care?"

A paradox was repeatedly highlighted in that the child meets the secure placement criteria up until they are actually placed, but once secured they are contained and no longer in the dangerous environment out with secure, with access to the drugs, weapons, self-harming

opportunities they were previously exposed to. This could make assessing the young person's needs, readiness and capacity to self-regulate difficult, and could impact on the timing of the decision to end the placement:

“One of the weaknesses in the legislation is it doesn't support planning for transition very well [...] there's no allowance for meeting the conditions or not, you can't say 'nearly' meets the conditions”

CSWOs described that for some young people, a range of factors led to them being moved from secure care to an 'open' setting, where they are not contained at all. These factors mirrored all those discussed when CSWOs were considering the future need for alternative and complementary services. They ranged from local gaps in commissioning arrangements, to lack of integration between services, to severe financial constraints.

One CSWO reflected that *“Step down can be difficult as we don't have a range of choices to provide 24/7 support but we really focus on that aftercare/transition plan”*

A few CSWOs considered that with the embedding of the Children and Young People (Scotland) Act 2014, there is potential to re think and re shape approaches, and to engage all Corporate Parents in this.

“There is a window of opportunity just now with GIRFEC and outcomes focus to really get better at transition planning and throughcare planning in relation to the transition on from secure care”

6. Conclusions

On balance Chief Social Work Officers identified a need for secure placements (i.e. a locked and contained environment) in Scotland for the foreseeable future; but for a very small and reducing number of young people. The use of secure care by Scottish local authorities has indeed been on a downward trend in recent years. The CSWOs we interviewed envisaged that this will continue. Local authority areas are at different stages of considering or commissioning services designed to identify and respond to very high risks and vulnerabilities without the need to detain young people in a locked environment. CSWOs have a specific role in advising the local authorities in relation to social work services for the

most vulnerable; and in the context of the root and branch review of care announced in late 2016 and the developments in some HSCP and local authority areas, it might therefore be expected that CSWOs should have a lead role in achieving a shared vision for the future purpose and function of secure care. However, this would require that CSWOs are equally well informed about recent and continuing developments within the sector, which we found was not the case, as there were significant gaps in knowledge and awareness among some CSWOs.

CSWOs also have varying perceptions, experiences, and expectations of secure care. There is a need to further explore these and in particular the inherent contradictions which emerged about their expectations of secure care. There are fundamental unresolved questions. Is the use of secure care a protective or a punitive measure? What is its purpose? The average stay in secure care is around four months, so is it practical or ethical to expect anything more than a period of 'time out,' safety and physical and psychological containment? This study did not provide answers to these questions, but it did highlight the need for greater clarity across CSWOs collectively as the professional advisers to local authorities.

In general there was an acknowledgement of improving services within the secure care sector. However, the lack of current first-hand knowledge about the sector results in CSWOs making judgements based on dated or anecdotal evidence. Secure care is for 31 of the 32 local authority areas a directly purchased rather than provided service. Even the Council which runs its own secure care service purchases additional places at the independent charitable centres. CSWOs reported that secure care is therefore rarely discussed or considered when local authorities and HSCPs are engaged in structural or service reviews. Due to this, combined with the very low level of usage by most local authorities, and exacerbated by some CSWOs' lack of awareness of the current services, the sector is 'out of sight, out of mind' until the local area has need to access a place. It appears that some CSWOs are disconnected as a consequence.

This lack of relationship between some CSWOs and the sector at a national level heightens the feelings of separateness. In turn these gaps in communication and understanding appear to influence some CSWOs' negative perceptions of secure care. Our evaluation is that this then leads to significant disconnection and mistrust in some areas; an 'us and them'

situation which ultimately results in a focus on individual placement costs and service experiences, rather than the 'bigger picture' in relation to children's care journeys and a 'Whole System' approach.

Individually, the majority of CSWOs identified tensions within the current systems and structures around secure care. They reported that they find themselves having to make use of secure care to keep safe young people they feel could be better supported in a more nurturing and therapeutic setting, but saw significant gaps at each stage of the care journey. There was an acknowledgement that exploration of these issues should be continued and broadened to include other key partners including the secure care centres themselves, in the conversation.

Most prominently all CSWOs individually worried about responses to the complexity of mental health and trauma related behaviours that they were increasingly encountering. Many called for more attention to the specific needs of girls and young women. Some raised concerns about the current offer within residential and 'out of authority' care. Additionally there was lack of clarity about responsibilities and the relationship between the CHS and adult justice systems where young people seriously offend. Many CSWOs referenced WSA and emerging Community Justice models, and some described significant practice and culture shifts within their own local areas. These developments were underpinned by the growing understanding and recognition of a need for trauma informed and relationship based 'wrap around' supports. Some suggested that a comprehensive and radical review of how we define and approach very high risk behaviours and vulnerabilities is now required.

On the one hand, it is clear that the demand and use of secure care is ever reducing; yet on the other we found that CSWOs identified a need for specialist and specific secure care services for certain types of situations and high risk behaviours. Many also expressed frustration as to the small number and geographical location of the current centres in terms of limiting placement choice and access.

CSWO accounts suggest structural deficits in how universal services approach childhood adversity and mental and emotional wellbeing. Arrangements for integrated planning, triage, assessment and treatment (Tier 3 and Tier 4 CAMHS) are variable. It was of concern that a sizeable minority of CSWOs stated that they had secured young people who they believed

were in significant psychological distress, but for whom there was either not a medical diagnosis, or no alternative therapeutic setting. There are mixed views as to whether the nature of secure care as a locked care setting, and the current centres themselves, are equipped to deliver mental health supports when they are caring for young people with highly complex needs.

Proportionally our current systems escalate young women into secure care for behaviours which would not escalate young men. This means that some girls and young women are secured because their needs have not been met, or there are not the services or responses appropriate to meet their needs, in community settings. Once in secure care however, there appear to be varying cultures and approaches across the sector, and this warrants further exploration of whether gender specific services might be helpful.

We found that there is confusion at the interface between the CHS and the adult justice system. Secure care is used far more readily as a place of remand in some areas than others. There were some contradictory responses in that the majority of CSWOs were strongly of the view that secure care should be a nurturing environment and have no element of punishment. Yet, there is no cohesive sense from CSWOs as to whether all 16 to 18 year olds should be secured rather than imprisoned if there is absolutely no alternative to detention. This brings us back to the fundamental tension in relation to secure care. If as GIRFEC, WSA and all Scottish Government related guidance demands, our policies and practice must always be underpinned by the Kilbrandon principles, then all young people in secure care must be treated as 'children first'.

In relation to the secure care journey; each CSWO has their own area approach to identifying high risk and for 'secure care screening'. They each feel this works for their own unique local authority area. CSWOs are confident that they have sight of their most highly vulnerable and high risk young people, whilst acknowledging that occasionally young people 'come out of nowhere', usually sentenced or remanded by the courts.

Despite this confidence in their systems and processes, for several local authorities it appears that the majority of, if not all, secure placements took place on an 'emergency' basis. This is an area for concern. The Feedback Loop report, which was published in March 2017, indicates, from the 2014/15 figures submitted by local authorities to the

National Convener, significant data gaps in relation to what happens to young people when CSWOs use emergency powers.

Everyone acknowledged that the circumstances leading up to an admission to secure care could be a stressful and distressing time for young people, their families and often those working with and supporting them. This can be heightened in emergency unplanned situations. Pre-admission support and indeed support from the local authority throughout the placement is vital. CSWOs welcomed the revised CSWO guidance issued in 2016 in all respects and reported that they and their teams work to the spirit and the letter of it. However, it was difficult to say whether every young person receives the level of pre, during and post placement support that might be expected.

CSWOs acknowledged that transition support and services to help young people bridge from the secure placement back into open settings is not always effective, though there are innovative approaches and well established services in some areas. The regulatory framework including the secure care criteria and the translation of such, was felt to be unhelpful by some, as the criteria lack flexibility during the 'testing out' phase prior to young people moving into an open setting.

The complex and wide ranging role of the CSWO was apparent throughout the interviews and again during the discussion session. For all of the CSWOs their specific responsibilities towards young people who are in and on the edges of secure care, whilst only one aspect, are particularly weighty. The final decision to secure or not to secure, and how to direct responses to very high risk and vulnerability, lies with them each individually.

There is an opportunity to explore with CSWOs how best to support knowledge and professional practice exchange as ways of working within and across the HSCPs and local authority areas emerge. CSWOs were interested in exploring how they might do this and collectively pay more attention to some of the issues raised during the research. Given their unique professional social work adviser role, CSWOs have a potentially significant contribution to make to the future vision.

7. Recommendations

Policy

To achieve clarity regarding the use and function of secure care in Scotland, the evidence presented in this report supports the following recommendations:

- The development of a strategic plan underpinned by a shared vision for the future purpose and use of secure care
- Review of responses to young people aged 16 to 18, and whether or not all such young people should be treated as children first and dealt with by the CHS, therefore placed in secure care where detention on remand or sentence is necessary
- Review of responses to young people with forensic mental health needs and the role of CAMHS and in-reach to secure care
- A mechanism for ongoing reporting on, and evaluation and overview of, routes into, and transition out from, secure care
- CSWOs, as the professional social work adviser at local level, the Chief Social Work Adviser and the local authorities must be involved and engaged with the planned strategic board for secure care in leading the development of the future vision and subsequent commissioning and quality assurance strategy

Practice and knowledge exchange

To support CSWOs and professionals who are working with young people in and on the edges of secure care the evidence presented in this report supports the following recommendations:

- Greater reinforcement of the statutory and best practice requirements in relation to the care pathway, emphasising the right to - and purpose of - effective relationship based supports for young people, before, during and after, placement in secure care. This should include a mechanism for 'tracking' how young people's care journeys are supported.

- The production of best practice guidelines to support CSWOs including with delegation of responsibilities
- Formal knowledge exchange opportunities across CSWOs, local authorities, the HSCPs, the secure care centres, and the other decision makers such as Police, Health, and the CHS
- Improved information sharing among and across CSWOs and local authorities/HSCPs regarding the secure care sector performance, and practice developments
- Improved induction, ongoing training and professional development opportunities for CSWOs which specifically address the powers and duties relating to decision making and secure care

Further research

To ensure improved awareness, knowledge and understanding of the needs and issues of young people in and on the edges of secure care, the evidence presented in this report supports the following recommendations:

- Further analysis of the frequency and circumstances in which CSWOs use their emergency powers to secure children
- Exploration of whether there is a need for gender specific secure care settings, and more generally review of responses to vulnerable girls and young women
- In depth examination of professional definitions, language and understanding in relation to 'risk' and dangerous behaviours towards self and others. This examination should involve both the health and care systems in exploring how professionals and services respond to psychological distress, and the interface between clinical treatment and secure care.

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Annex documents

Copy of full Interview schedule



Responding to high risk and high vulnerability: Chief Social Work Officer and Local Authority Approaches - Interview Schedule

Background, aims and objectives

This study is intended to examine the legislation and policy framework and the role and responsibilities of Chief Social Work Officers and Local Authorities.

The study will explore the approaches, processes and practices adopted by Local Authorities in relation to how they identify and respond to high risk and vulnerability. It will also explore how Local Authority structural and cultural issues impact on each participating Local Authority's value base, approaches and usage of secure care and complimentary services.

The intention is to invite all 32 Chief Social Work Officers to participate in a semi structured interview either face to face or by telephone where a face to face interview is not possible or practical. The semi structured interviews will be recorded and transcribed and will be analysed using a content analysis methodology. Findings will be fed back to participants at an event post publication in order to encourage next steps. The study is responding to:

- some of the questions which were raised about decision making and routes into secure care/thresholds, through a scoping study into secure care undertaken in 2015 ([Secure Care in Scotland: A Scoping Study](#))
- the work of the secure care national project, which has also identified from initial fact finding, that there are gaps in knowledge about the different systems and approaches in place in local authority areas.

The findings of the research will inform the secure care national project Interim - and particularly the Final - Reports (June 2016 and March 2017). These reports will include recommendations to Scottish Government and sector leads regarding the future focus and configuration of secure care services.

Semi-Structured interview format

The semi-structured interviews aim to encourage participants to share their:

- knowledge, understanding and individual perspectives about the role of the Chief Social Work Officer and how this is interpreted by them and fulfilled in their Local Authority area in relation to secure care
- knowledge and understanding about the secure care sector and broader Children’s Services and Youth Justice sectors and the policies, processes and practices of their Local Authority in relation to
 - the identification of vulnerable young people at the thresholds of secure care
 - how their needs are responded to
 - and how (where they are secured) their journey through a secure placement and beyond is supported

Due to the qualitative nature of the research and the intention of enabling inquiry into the interface between personal and professional values and beliefs and professional judgement, wherever possible the interviews will take place face to face. An hour will be allocated for each interview (including warm up/introductions and final checks/ ending the interview).

An information sheet will be made available to each of the 32 Scottish Local Authorities and Chief Social Work Officers. This sets out the purpose and aims of the research and the general structure and process of the interview.

The interview has two core elements – questions relating to thoughtful exploration, and questions relating to processes and systems.

Interview schedule

Introduction

Warm up/intros and purpose of the interview:

Interviewer/s to introduce self/selves and confirm that CSWO has received and read the information sheet, and understands the process for recording the interview and so on.

Job Title	
Local Authority	
No. of years employed by this Local Authority as Chief Social Work Officer	
No. of years employed in this field	

Section 1 Culture/approach/vision/individual rationale questions:

Introduction

“We’re starting with some questions around individual Chief Social Work Officers’ perspectives and approaches towards the purpose and use of secure care”

1. What's your understanding of the place of - and need for - secure care in the continuum of resources for children and young people with high levels of risk and vulnerability?
2. Can you give us your personal views about the interface between secure care and preventative/complimentary services for young people with high risk/vulnerability?
3. Can you give us your personal views in relation to the currently available secure care services and the quality of what they offer and what they deliver?
4. We are seeking to understand the CSWOs perceptions and beliefs in relation to what secure care *is* - and what it could/should be - can you describe your personal vision for the future?

Section 2 Local Authority and CSWOs processes/procedures and practices questions

Introduction

"The next questions are around the role of Chief Social Work Officer in this Local Authority specifically and how this Local Authority approaches high risk and high vulnerability in relation to secure care usage"

5. Can you tell us about your approach to the Chief Social Work Officer role in this Local Authority area? Specifically how do you fulfil the CSWO duties in relation to secure care?
6. Can you tell us about your involvement and role in identifying young people on the thresholds of secure care?
7. Can you tell us more about your role in relation to arrangements for secure care screening?
8. Can you tell us about how you approach implementation or otherwise of secure authorisations?
9. We're seeking to understand the relationship between the CSWOs and the Local Authority response to high risk and vulnerability, so can you tell us about the strategies and systems in place in this Local Authority area for mapping and meeting the needs of the most vulnerable children and young people?
10. Can you describe how your Local Authority meets the needs of those young people who are deemed to meet the secure criteria but are not secured?

11. Can you describe how your Local Authority supports young people before, during and on moving on from secure care?

12. And finally...can you tell us a bit about communication and relationships between the Local Authority and the secure care centres?

Closing the interview: Interviewer/s check/s that all questions have been asked and follow up completed, and interviewer/s thank/s the participant.

Thematic discussion topics with CSWOs

1. Is secure care best understood as Primarily:
a place of *safe containment* that removes the young person from very high risk/danger
or
a place of *high impact therapeutic* intervention.
2. Does the need for secure care indicate that our current models and systems of intervention have failed?
3. Does a CSWO need to have first-hand knowledge of the secure care centres in Scotland to ensure their decision making and professional judgement is based on clear understanding and expectations of what they currently provide?
4. What are the current pressures or tensions felt by CSWOs in relation to their role in secure care decision making?