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Who Cares? **Scotland**
'THIS ISN'T THE ROAD I WANT TO GO DOWN'

YOUNG PEOPLE'S PERCEPTIONS AND EXPERIENCES OF SECURE CARE



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**This isn't the road I want to
go down**

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EXECUTIVE SUMMARY

INTRODUCTION

Who Cares? Scotland is the leading provider of independent advocacy support for children and young people who are, or have been, looked after and accommodated in public care up to the age of 25. Our core values ensure we:

- listen to, respect children and young people's views, and are confident in children and young people's abilities
- are trustworthy, honest and reliable
- take a caring, supportive approach
- are serious about helping children and young people to speak out
- respect human rights and promote positive attitudes, views and behaviours towards children and young people in care.

Who Cares? Scotland received funding from the Scottish Government, previously the Scottish Executive, from April 2003 to March 2008 for a project designed to achieve better outcomes for young people in secure accommodation. The main aim of the project initially was to engage and build relationships with young people in secure care, raising their self esteem through participation. It consulted young people in secure care on a range of issues and delivered a dedicated advocacy service.

The consultation sought to map young people's secure journey ie their experiences and views of secure care from admission through to final discharge, including the transition from secure care and the services they received to assist them in that transition. It centred on four broad themes intended to elicit young people's individual experiences and perceptions regarding: admission to secure care, time in secure care, exit from secure care, and reflections once left secure care.

Several one-to-one methods were employed in order to record and explore the perceptions and experiences of young people during their 'journey' through secure care:

- in-depth four-stage journey interviews
- in-depth retrospective interviews
- pre- and post-exit questionnaires.

The sample consisted of 76 separate individuals of which some completed more than one stage of the data collection process. The findings from this consultation emanated from those 76 individuals via the following sources:

- 71 pre-exit questionnaires
- 61 post-exit questionnaires
- 13 journey interviews
- 8 retrospective interviews.

The majority of the sample was male (56 of 76). This represents 74% of the total, precisely mirroring the national picture (Scottish Government, 2007). 35 of these young men were referred through the children's hearings system and 21 through the courts. All 20 young women in the sample had been referred through the children's hearings system. Only 21 of 76 young people were placed in a secure unit in their own local authority.

ENTERING SECURE CARE

Whilst knowing the reasons why they were placed in secure care, most of the young people did not feel that their move was planned or that they were consulted in advance.

Offending behaviour was, for the majority, the grounds for which these young people were admitted to secure care, although the majority were referred through the children's hearings system rather than the courts.

Knowledge of, and access to copies of their care plans were limited, although the majority suggested that they felt involved in the care planning process. The initial assessment period was not clearly defined in these young people's view, or was associated with punishment rather than care, not least because they felt they were being isolated from the group during the assessment period and had limited opportunities to gain rewards.

The majority of young people felt staff were friendly, welcoming and talked to them on admission. However, information on admission was seen as limited and unhelpful. The majority had not heard of National Care Standards although they knew that advocacy workers, such as Who Cares? Scotland workers and children's rights officers, were available if they needed them.

CARE AND CONTROL

Sanctions for those in secure care tended to focus on restricting opportunities gained from reward or incentive schemes, for example, through stopping access to a TV in one's room, mobility or other outings – 'rewards' which may have taken much effort to accumulate in the first instance.

Whilst many young people thought sanctions were necessary, there was widespread condemnation of the approaches used, some confusion as to what was or was not justifiable and what constituted 'time out' versus single separation. Whilst the reasons for single separation (or, for that matter, 'time out') were not only to protect staff and other young people in the unit, but also to allow the young person time and space to calm down, reflect on the incident and to speak to/apologise to staff, the perception of some of these young people was that such interventions had the opposite effect – namely, of enraging the young person further, being counterproductive and making any eventual apology somewhat tokenistic and defeatist.

The majority of young people suggested they had experienced single separation or restraint on at least one occasion. The use of such interventions was a cause for concern across the sample. The overall impression is that single separation and restraint can often be counterproductive, exacerbating rather than relieving the original attitude or behaviour amongst young people and creating further tension and antagonism towards secure care and its staff. There were also concerns about how restraint was executed in some instances and implications of this both for the rights of the young people and their mental and physical wellbeing.

INTERVENTIONS AND PROCEDURES

The routines of secure care were similar across all units, although there were suggestions that different staff members within units were not necessarily consistent in their approach to such routines and regulations.

The majority of young people had been searched while in secure care and reported they were unhappy with search arrangements. Searches tended to take place after a young person had been out of the unit, whether supervised or not, and following visits, although seemingly to differing degrees depending on the unit, the staff member on duty and young people's perceptions of their trustworthiness in the eyes of staff.

The majority also suggested that staff sought their consent to searches, albeit few felt they could contact an independent advocate prior to any search. Equally, many respondents stated that room searches were done without their expressed permission.

Contact with family and friends was a source of comfort to the young people in this sample but they generally felt that such contact time was limited. The procedures were felt to be unnecessarily bureaucratic in terms of drawing up a contact list, monitoring phone calls and restricting visitor numbers. Given that mobility could be stopped as a sanction for bad behaviour, it seemed as much to imply a reward for good behaviour as a throughcare measure in its own right. Mobility could also be curtailed if staff were off sick or were in short supply, causing frustration and disappointment for young people.

Different units had varying levels of access to specific classes in education. The majority of young people felt the education was good, although approximately one third felt it was not good, tending to be repetitive, too easy, or inappropriate to their vocational needs. Programme work was a source of incentive points or rewards and several suggested that they undertook the work either because of the 'treats' offered or because it might help them leave secure care sooner. Several also commented that programme work was less effective when undertaken in the unit rather than in the community on release from secure care.

Leisure time activities were varied but the respondents nevertheless felt that they were insufficient to relieve boredom. Reasons for a lack of appropriate activities included a lack of trained staff to supervise such activities, sanctions resulting in activities being withdrawn and resource constraints experienced by the secure units concerned. Health care facilities were deemed generally good, appointments made speedily and young people had appropriate access to medical and dental staff when needed.

Whilst the majority of young people claimed not to have a throughcare worker in secure care, those who did have one sometimes questioned the quality or availability of that input. Exit plans were relatively unknown by many young people, even when they were due to be leaving secure care within a week or so of interview. Approximately one third of those who were familiar with their exit plans felt that they had been changed or disrupted, partly due to the lack of alternative placements to secure care. There seemed to be a wide range of agencies and workers available to those young people who had left secure care to return to their communities, and many had support from subsequent placements in residential units.

PERCEPTIONS OF SECURE CARE

Attitudes of young people to staff members in secure units were generally positive.

The traits young people highlighted in staff were being reasonable, being a good listener, good fun, honest, respectful and easy to talk to. Young people were selective in who they chose to confide in whilst in secure care, with care staff being more popular than teachers or social workers. There was, however, some variation between staff members' response to young people and there was a general feeling amongst young people of an inconsistency of approach between staff members within the same units on issues such as sanctions and rules. However, the majority of young people felt safe whilst in secure care, with staff being seen as proactive in keeping them safe. The fact units were locked meant that the young people also felt safe from outsiders.

Approximately one half of respondents had made a complaint in secure care but only a quarter felt confident that their complaint had been addressed satisfactorily, although several respondents suggested that complaints could be ignored or that staff might find an excuse to dismiss complaints.

Three quarters of the sample who completed exit questionnaires felt that secure care had helped them although, overall, young people in the sample tended to be critical of secure care, notably in it not being able to address their problems, it was boring, they were unhappy there and they missed their families and friends. Criticism was also levelled at social workers who were seen as not providing support in a timely and appropriate manner.

Generally, their advice to other young people within the system, however, was somewhat defeatist and reactive, namely to 'keep your head down' and stay out of trouble. When asked what changes they would like to see made to secure care or secure units, many expressed a wish for better recreational and educational facilities, some would have preferred a dedicated smoking area or the ability to walk around the grounds more freely and some would like to be able to mix with other units in the same complex.

Bearing in mind the complexities involved in both resourcing and staffing secure care units, and the vulnerabilities of young people residing in them, the findings from this consultation are both constructive and supportive overall of such establishments. However, these young people have been relatively critical of specific aspects of secure care and their feedback is reflected in the recommendations accompanying this report.

RECOMMENDATIONS

GENERAL

Recommendation 1: Nationally agreed guidance to ensure consistency of approach, values and practice across and within secure units should be compiled and, similarly, a 'welcoming pack' for young people which is accessible and recognises young people's different stages of development and literacy. Attention should be given to its clear communication as an aid to young people's understanding of secure care at the start of their placement in secure care;

Recommendation 2: Young people looked after and accommodated should have, as a statutory right, the opportunity to speak with an independent advocate at any time whilst in care, with access to independent information and advice further safeguarding their rights and boosting their confidence in the fair and consistent application of secure units' rules and complaints procedures;

Recommendation 3: There should be more effective liaison and negotiation and, where possible, at the earliest opportunity, between young people, social work and secure units about the justification and arrangements for entering secure care;

Recommendation 4: Consideration should be given by secure units and by registration and inspection bodies to staff's understanding, teamworking and consistency of approach in relation to the distinction between care interventions and control interventions.

ENTERING AND LEAVING SECURE CARE

Recommendation 5: The length of the assessment process should be shortened and more clearly defined, so that young people are included at the earliest possible opportunity in group activities, incentive schemes, schooling, etc;

Recommendation 6: Consideration should be given to developing young people-friendly methods and materials to enable them to participate easily and meaningfully in care planning processes;

Recommendation 7: Young people should be routinely consulted, and have the opportunity to be actively involved, in their throughcare and exit plans, with an adequate, planned schedule during a young person's time in secure care to implement these plans.



CARE AND CONTROL

Recommendation 8: The case for additional national guidance to aid consistency in relation to the use of single separation should be considered by secure units, the Scottish Government and the Care Commission, with young people being informed at the start of their placement in secure care about the circumstances when it will be used;

Recommendation 9: A clearly designated 'quiet room' for 'time out', as distinct from single separation instigated by staff, should be a standard requirement in all secure units across Scotland, with staff trained in the different uses put to quiet rooms compared with other interventions, including de-escalation techniques;

Recommendation 10: The case for additional national guidance to aid consistency in relation to the use of physical intervention and restraint should be considered by secure units, the Scottish Government and the Care Commission, with young people being informed at the start of their placement in secure care of the circumstances when it will be used;

Recommendation 11: There should be one nationally accredited system of training and independent monitoring, endorsed by the Scottish Government, for all secure care and teaching staff in the use of restraint, building on the guidance contained in 'Holding Safely' (Scottish Executive, 2005), to ensure one method is used consistently across the secure estate;

Recommendation 12: There should be close scrutiny of physical intervention and restraint at the local level, building on physical intervention monitoring groups already in place in some residential schools and secure establishments, to analyse the nature and frequency of physical intervention and restraint, and ensure consistency of methods and their use.

INTERVENTIONS AND PROCEDURES

Recommendation 13: There should be additional national guidance detailing the use of, and justification for, searches to ensure consistency across and within secure units. This should be clearly communicated to young people at the start of their placement in secure care;

Recommendation 14: Common policies and procedures should be developed across all secure units and applied across staff teams within individual units, in respect of a consistent approach to rules, visits, phone usage, mobility and sanctions;



Recommendation 15: There should be adequate staffing, resources and flexibility so that young people are not disadvantaged by staff shortages or budgetary constraints in terms of their opportunities for education, programmes, mobility and leisure;

Recommendation 16: The status and purpose of 'mobility' should be clearly stated in young people's care plans including circumstances for potential withdrawal, and explained to young people at the start of their placement in secure care;

Recommendation 17: The compilation of a contact list should be completed on admission, in consultation with young people, it should be changed in collaboration with young people, and an explanation given to them if a requested contact is not included or later removed.



1. INTRODUCTION

Who Cares? Scotland is the leading provider of independent advocacy support for children and young people who are, or have been, looked after and accommodated in public care up to the age of 25. Established 30 years ago, the organisation currently works with 31 of Scotland's 32 local authorities and directly with nine independent providers of residential care, providing:

- individual advocacy support to children and young people
- children and young people with information about their rights
- opportunities for children and young people to come together to discuss issues of importance to them and directly inform Who Cares? Scotland's work
- routes for the views and experiences of children and young people about matters affecting their lives in the care system to inform policy, practice and training
- opportunities for children and young people to participate in campaigning for changes identified by them to enhance the rights and experiences of all those accommodated in public care.

In all our work, Who Cares? Scotland seeks to apply agreed core values.

These values ensure we:

- listen to, respect children and young people's views, and are confident in children and young people's abilities
- are trustworthy, honest and reliable
- take a caring, supportive approach
- are serious about helping children and young people to speak out
- respect human rights and promote positive attitudes, views and behaviours towards children and young people in care.

At the conclusion of our dedicated secure care project in March 2008, Who Cares? Scotland is pleased to present the findings from our consultations with young people about their 'secure care journey'.

WHO CARES? SCOTLAND'S SECURE PROJECT

In March 2003 Who Cares? Scotland received funding from the then Scottish Executive's Intensive Support Fund for a three year project to achieve better outcomes for young people in secure accommodation. At the outset, the main aim of the project was to engage and build relationships with young people in secure care, raising their self esteem through participation. The project sought to empower young people to speak out – it carried out consultations to document their views and provided feedback to policy-makers and service providers.

The project received a further two years' funding from April 2006. It continued to consult young people in secure care on a range of issues and to deliver a dedicated advocacy service. The latter strand of activity became increasingly significant in response to young people's growing requests for independent advocacy support.

THE CONTEXT OF THE CONSULTATION

“The primary task of secure accommodation is to bring some order and control to young people whose lives have been out of control. This is done through the physical confines of the building but also through the rhythms and routines of care and through exposure to caring and authoritative adults” (Smith, 2005, p 21).

Key elements of the task are described as establishing relationships, understanding young people and their lives, addressing specific problems and, all the while, looking ahead to the next move (Smith, 2005).

A study of young people looked after and accommodated in Scotland suggests that some 45 per cent of young people who are looked after have a mental disorder (including anxiety, depression and hyperactivity); those detained (whether in secure units or prisons) are also more likely to experience mental health problems (Meltzer et al, 2004), irrespective of whether the behaviour which prompted their detention was on offence or care and protection grounds. Such young people are therefore extremely vulnerable and at risk of deteriorating mental and emotional health, and so their time in secure care needs to be monitored closely, as well as taking their views into account.



...MAP YOUNG PEOPLE'S JOURNEY FROM ADMISSION TO DISCHARGE INCLUDING THE TRANSITION..

This consultation seeks to contribute to understanding about what helps or hinders young people by seeking the views of young people about life in secure care.

Who Cares? Scotland's Secure Project Team undertook the fieldwork generating the material which underpins the findings outlined here, while delivering an advocacy service to young people living in secure care. This duality is significant. It is Who Cares? Scotland's general experience that awareness-raising about our (independent) role, the building of relationships with young people plus ready accessibility by way of a regular presence in units are all essential to encouraging young people to trust our staff sufficiently to ask for advocacy support. In the same vein, that familiarity in terms of pre-existing relationships with young people, knowledge about the issues an individual has experienced in secure care and ongoing partnership-working with secure unit staff also facilitated the consultation process, including young people's willingness to take part and to speak openly.

These factors, together with the commitment of Who Cares? Scotland's Secure Project Team, resulted in a greater volume and complexity of data than expected which required additional capacity and expertise. Two external researchers were commissioned to do the data-analysis.

AIMS

The overall aim of the consultation was to map young people's secure journey ie their experiences and views of secure care from admission through to final discharge, including the transition from secure care and the services they received to assist them in that transition. Young people leaving care and secure care are extremely vulnerable so support is crucial in helping them to stay on a path where they are not at risk but also where their talents, interests and skills are maximised.

In capturing the insights of young people, Who Cares? Scotland was keen to add to current understanding about what makes for supportive and effective moves in and out of secure care.

The consultation centred on four broad themes intended to elicit young people's individual experiences and perceptions regarding:

- admission to secure care
- time in secure care
- exit from secure care
- reflections once left secure care.

LAYOUT OF THE REPORT

Chapter 2 describes the methods used to collect and analyse the data from the various strands of the consultation, and gives demographic and other details about the samples of young people who were involved.

Chapter 3 explores young people's initial perceptions of secure care, in terms of the admissions procedure and information given to young people on admission, the assessment process, and their awareness and involvement in care planning procedures.

Chapter 4 highlights the young people's perceptions and experiences of sanctions, including 'time out', single separation and restraint.

Chapter 5 describes the everyday routines for young people, including searches, contact and mobility issues, education and programme work, leisure time and health care, and throughcare and exit plans.

Chapter 6 analyses the sample's overall perceptions of secure care, in terms of their engagement with staff, how 'safe' they felt in secure care, the complaints procedure, their views about the effectiveness or otherwise of secure care and their suggestions for change.

Finally, Chapter 7 concludes on the consultation and makes recommendations in consultation with Who Cares? Scotland and in keeping with the views and experiences of the young people.

2. METHODS

WHO CARES? SCOTLAND SOUGHT TO CAPTURE YOUNG PEOPLE'S 'LIVED' EXPERIENCES.

INTRODUCTION

Dedicated staff from Who Cares? Scotland's Secure Project regularly visited specific secure units. As a result, they observed and, in the course of providing advocacy support, sometimes accompanied young people on their secure care journey. They sought to maximise the relationships they developed and, through regular, young people-led consultation sessions, capture the young people's 'lived' experiences, ensuring they had time and space to explore issues in ways and at a pace suited to them individually.

Where a child protection concern arose during consultation discussions, Who Cares? Scotland staff acted under our child protection procedures. Similarly, if an advocacy issue emerged, staff followed up with support for the young person.

None of the young people approached about this consultation refused to participate in the research, although on ten occasions where a pre-exit questionnaire was completed, the young person did not complete a post-exit questionnaire.

Several one-to-one methods were employed in order to record and explore the perceptions and experiences of young people during their 'journey' through secure care:

- In-depth four-stage journey interviews
- In-depth retrospective interviews
- Pre- and post-exit questionnaires.

The methodology used in each of these types of data collection varied, and these distinctions are described below:

FOUR-STAGE JOURNEY INTERVIEWS

The aim of this method of consultation was to map the journey from admission to discharge, noting any differences in young people's experience with particular attention to any correlation with the reasons for admission (ie differences or similarities in experiences or perceptions of those admitted via the children's hearings system compared with those admitted on remand or sentence through the courts). It was hoped that, by so doing, this consultation could contribute towards better outcomes for young people with experience of living in secure care for reasons of care, protection and offending.



As its name suggests, the four-stage journey interviews utilised four differing but complementary approaches:

- an entrance questionnaire completed as near as possible to admission
- fortnightly meetings held between the young person and their Who Cares? Scotland Development Worker throughout the duration of their stay in secure care, and concluding with a qualitative interview drawing on previous information collected and the worker's knowledge of the young person's experiences of care gained from these sessions
- a pre-exit questionnaire administered once a recommendation had been made by the social work department and/or secure unit to the children's hearings system, or in the case of young people on remand or sentence, decisions made by the then Scottish Executive or the courts that the young person should move on as s/he no longer met secure care criteria or required secure care
- a post-exit questionnaire administered as close as possible to one month after leaving secure care.

The four-stage journey interview sample consisted of 13 young people, eight young men and five young women, with nine coming through the children's hearings system and four through the courts.

RETROSPECTIVE INTERVIEWS

The retrospective interviews were designed to complement the overall findings from the journey interviews. By tapping into pre-existing relationships built up when providing advocacy support at an earlier stage, Who Cares? Scotland's Secure Project Team was able to use trust and rapport to capture the views and experiences of another group of young people. These young people had recently been in secure care but were not approached until after they had left, hence the retrospective approach.

Of the eight young people interviewed retrospectively, four were young men and four were young women, two of the young men were remanded through the courts and the other six young people came from the children's hearings system.

A semi-structured interview schedule was used by Who Cares? Scotland Development Workers. However, these interviews were expected to be flexible so as to allow young people to engage in a discussion where they were encouraged to talk about the issues of importance to them, whilst the interviewer guided them through the four themes of admission, time in secure care, pre-exit experiences and perceptions on leaving care.

PRE- AND POST-EXIT QUESTIONNAIRES

The aim of the pre- and post-exit questionnaires was to explore young people's experience of secure care, services received to assist them, and the transition from secure care to their new placement. The questionnaire contained both closed and open questions, and the Who Cares? Scotland Development Worker could either encourage young people to complete the questionnaire themselves, or the worker could write down the answers for them as required.

The exit questionnaires were administered in two stages, one taking place before the young person left secure care and the other when the young person had left secure care, ideally between four and six weeks after the young person had left the secure unit. In reality, the gap between the two questionnaires when both were completed was from 11 days to 181 days, with a mean gap of 45 days (49 days for those referred by the children's hearings system and 35 days for those who came from the courts).

Interviewers were asked to record contact details of each young person using a unique reference number on a separate sheet and to ensure they had familiarised themselves with the answers from the pre-exit questionnaire beforehand, as the post-exit questionnaire was designed to follow on from the previous one in order to offer a modest element of longitudinal research. However, as prompted by discussions with one secure unit during the consultation period, in hindsight it is recognized this element of the research would have been strengthened by more consistency in the questions at both pre- and post-exit interview stages.



THE SAMPLE MIRRORED THE NATIONAL PICTURE.

The pre-exit questionnaire was completed by 52 young men and 16 young women, with 49 coming from the children's hearings system and 19 from the courts. The post-exit questionnaire was completed by 45 of the young men and all of the 16 young women who had completed the pre-exit questionnaire. Forty-four of these 61 young people came from the children's hearings system and 17 from the courts.

Throughout this report, distinctions are made in the text between, on the one hand, the journey and retrospective in-depth interviews and, on the other hand, the pre- and post-exit questionnaires.

THE CHARACTERISTICS OF THE SAMPLE

Secure Care – National Breakdown

The Scottish Government's Secure Accommodation Statistics note the following.

- at 31 March 2007, six secure units provided a total of 112 secure beds, not including emergency beds
- there was an average of 94 residents in secure accommodation throughout 2006-07
- there were 307 admissions to secure accommodation in 2006-07
- 44% of all young people admitted to secure accommodation during 2006-07 were 15 years old
- at 31 March 2007, 74% of young people in secure accommodation were boys
- 93% of young people in secure accommodation on 31 March 2007 had at least one known disability. All of these were known to have social, emotional and behavioural difficulties
- where the number of previous spells in secure accommodation was known, 41% of admissions were to young people with at least one previous spell in secure accommodation
- 31% of young people discharged during 2006-07 had been in secure accommodation for less than one month and 3% had been in secure accommodation for more than 12 months
- the average cost per bed per week during 2006-07 was £4,400
- on 31 March 2007, there were 596 staff working across the secure estate.

(Scottish Government, 2007)

Research Sample

The sample consisted of 76 separate individuals of which some completed more than one stage of the data collection process. Sixty-one young people completed both a pre- and post-exit questionnaire and ten young people completed a pre-exit questionnaire only. Of these 61, 11 were also interviewed in the journey consultation. None of the eight retrospective interviewees had completed pre- and post-exit questionnaires.

Thus, the findings from this research emanated from 76 individuals via the following sources:

- 71 pre-exit questionnaires
- 61 post-exit questionnaires
- 13 journey interviews
- 8 retrospective interviews.

The majority of the sample was male (56 of 76). This represents 74% of the total, precisely mirroring the national picture (Scottish Government, 2007). 35 of these young men were referred through the children's hearings system and 21 through the courts. All 20 young women in the sample had been referred through the children's hearings system. Only 21 of 76 young people were placed in a secure unit in their own local authority.

As shown in Table 2.1, the majority of young people (40) stated that this was their first time in a secure unit, although a further 29 suggested that they had been accommodated in secure care on previous occasions. In the case of six of the male respondents, this was their fourth or more stay in a secure unit, with one young person claiming to have had seven previous periods in a secure unit. In the case of seven young people this information was not recorded.

Table 2.1: Number of previous periods in secure care

Age and Gender	None	Once	Twice Male	3+ Times	TOTAL
11 years		2			2
13 years	4		2		6
14 years	5		2	1	8
15 years	9	2	2	2	15
16 years	11	3	3	2	19
17 years	2			1	3
Total	31	7	9	6	53
				Female	
13 years	1	3			4
14 years	1	2	1		4
15 years	7		1		8
Total	9	5	2	0	16
TOTAL	40	12	11	6	69

The age range of the respondents was 11-17 years with a mean age of 14.82 – the young men had a mean age of 14.95 and the young women 14.45.

The mean age of those referred through the children's hearings system was 14.55 and for those referred through the courts 15.52. As mentioned above, none of the young women were referred through the courts.



3. ENTERING SECURE CARE

...THEY NEVER EVEN TOLD US I WAS GOING TO SECURE”

INTRODUCTION

A study of the mental health needs of young men in secure care (Kroll et al., 2002) found that anxiety and depression were the most frequent mental health problems highlighted on admission, followed by aggression, substance misuse, self-harm and social and family problems. Kesler (2002) also suggests that secure care itself may exacerbate such problems for young people. Therefore, the admission arrangements are a crucial aspect in ensuring the appropriate care and protection for such young people admitted to secure units.

Whether admission to secure care was planned or not and, with the exception perhaps of those who had been in secure units before, this was indeed a time of anxiety and confusion for most young people in the sample, not least because invariably they had not felt consulted about the move. Equally, there is evidence that the way a young person is received into care will have a direct effect on how they perceive the placement and thus its effectiveness in addressing their needs (Rose, 2002).

This chapter aims to highlight the key concerns and experiences of young people admitted to secure care, in terms of admission procedures, care plans, assessments and information given to the young person on admission.

ADMISSION

The admission of most of these young people to secure care was not planned, as far as they were concerned, and some suggested that it depended largely on the pragmatics of bed spaces being available at short notice. Some also suggested that they were not consulted or even informed they were being admitted to secure care:

“[Social work] never told me I was going to a secure unit, they told me I was going to a residential [school]... we drove in the garage and I was like: ‘Is this a secure unit?’. It was the first thing I said to [staff member] when I went in: ‘Is this a secure unit?’. He was like that: ‘Aye’. They never even told us I was going to secure” (14 year old male).

“I came back from the shop to discover that there were two social workers, four care staff and two police and I was told that secure... was the only option that was available to me... they hadn’t discussed any other options with me or how they came to that conclusion, they just picked the easier option, which was secure” (16 year old male).

“I FELT AS IF I’ WAS BEING PUNISHED RATHER THAN BEING THERE TO HELP ME”

Equally, although four of the 21 journey and retrospective interviewees knew what to expect from having been in secure care previously, ten were scared or confused, not least because the establishment resembled a prison or the bedroom resembled a prison cell. Two in particular mentioned the ‘big gates’ or ‘scary staff’:

“When I came through they gates, that was even worse... we had to go in one gate and then... the other gate shut and then the other one opened” (14 year old female).

“There was a very scary looking building... I was approached by probably one of the scariest guys I’ve ever seen in my whole life... I felt as if I was being punished rather than being there to help me” (16 year old female).

The majority of the young people who completed pre- and post-exit questionnaires understood and were able to articulate the reason they thought they had been placed in a secure unit: either for the safety of themselves or others, for example because of offending, running away, drinking or taking drugs. In summary, one young person put it succinctly as: “I am the reason I am here”. However, in some cases, there was some confusion. One 16 year old female who had been referred through the children’s hearings system said that her lawyer and her social worker had given her different reasons for her being admitted into secure care.

More than half of the young people suggested that their offending was at least part of the reason they felt they were admitted to secure care. Other reasons or explanations given by other young people included putting themselves or putting others at risk, or they had been absconding. One 14 year old young man, who had been referred through the children’s hearings system and who had been in secure units on two previous occasions, said he had been referred because he was: “[a] risk to myself and others”. One 17 year old felt he was in a secure unit because his mother was not able to cope after he had been in trouble when he was younger, and one young woman - referred through the children’s hearings system for persistent offending and putting herself at risk - described how she felt about being placed in secure care:

“I’ve lost everything I had, and when I get out I’m going to have to start from scratch again” (14 year old female).

...PERHAPS BOREDOM AND DISINTEREST MAKE IT DIFFICULT FOR SOME... TO ENGAGE.

CARE PLANS

As a basis for preparing and developing a care plan, young people who enter secure care tend to have a 72-hour meeting (as its name suggests, taking place within three days of arrival). Of the 13 young people interviewed in the four-stage journey consultation, two claimed to have had a 72-hour meeting following admission, but a further six claimed they did not attend one (with three of these six suggesting they were not invited to attend).

Few of these 13 young people had knowledge or understanding of their care plan, if they had a care plan at all. The impression gained at interview was that, if they were on remand or had been sentenced, then they would not be eligible for a care plan as such. The four young people who had some understanding of the care plan concept suggested that it included information on the plans for their future eg mobility, throughcare and particular needs or rights:

“I don’t really know much about it, it’s just really what’s happening to you... mobility plan, exit plan and things like that... my behaviour... whether I stick to my programmes, go to school, things like that to get the ball rolling for me to get out. If I was getting restrained, not going to programmes or school, not really being bothered, they would think: ‘we can’t really put him back outside’... The basic thing will be mobility and moving back to the open school. I’ve not looked at it, but I think that would be the basic plan” (15 year old male).

“Every week you have a planning meeting and it reviews your care plan. All it is, is your family contact... assess how you are getting on in education and how you are getting on in the unit. They also discuss legal statements, if you have been involved with the police, things like that... It is a joint decision – we all come to a compromise about what has been decided. It is usually the staff because if I disagree with something, they just go: ‘well tough’. Sometimes we can suggest things, like if we are not happy with our community access then we could ask them to review it. We do have a small say” (15 year old female).

“...A COPY OF MY CARE PLAN, THINK ALL YOUNG PEOPLE SHOULD HAVE ONE THEY CAN KEEP”

However, the majority suggested that they had not seen a copy of their care plan and generally they did not consider it crucial that they did. A few suggested, however, that the staff may be less familiar with the content of their care plan than they themselves were, which may have implications for the level and type of care afforded each individual young person during their stay in secure care.

The majority of the pre-exit questionnaire respondents stated that they were encouraged to be involved in their care plan, but 16 young people said they had rarely or never been asked to be involved and/or did not know what a care plan was or whether they had one. Twelve of these 16 young people had come into secure care from the children's hearings system and four from the courts. They generally felt decisions were made for them and they had no say, with one 13 year old female saying, in effect, as a young person you cannot decide your care plan, and that decision is the social worker's. Another suggested that:

“No one has ever mentioned the word ‘care plan’, it’s different here than my last placement, my key worker there would plan my goals with me on a Monday, that doesn’t happen here” (15 year old female).

Although the majority of the young people felt they were involved in their care plan, perhaps boredom and disinterest made it difficult for some of them to engage, as two boys described:

“Sometimes they ask my opinion but quite often I’m confused and get bored” (13 year old male)

“Don’t know, staff explained what a care plan was but I can’t remember, I just said ‘aye’ to them” (13 year old male).

However, this was in contrast to many other young people who seemed to be very involved with care planning meetings and felt this was an important tool for young people in secure care.

“I would like a copy of my care plan, think all young people should have one they can keep” (15 year old female).

“They should be every week without fail, because our care plan should change if we are getting on well” (14 year old female).

Other young people gave examples of times they used care planning meetings to ask for home visits or for more information about placements or mobility. Two of the young people talked about ‘targets’ with one suggesting that:

“Positive behaviour was reinforced by staff reminding you about your care plan goals to keep your placement of them” (17 year old male).

MOST YOUNG PEOPLE FELT THEY COULD USE... MEETINGS TO EXPRESS THEIR VIEWS.

OPPORTUNITIES FOR YOUNG PEOPLE TO EXPRESS THEIR VIEWS

Young people were asked in the pre- and post-exit questionnaires if they had been given opportunities to express their views about the things that affected them in the secure unit. Only two of the 71 pre-exit questionnaire respondents and five of the 61 post-exit questionnaire respondents felt they rarely or never had that opportunity to express their views. Although young people overwhelmingly felt they had had that opportunity - and this was consistent between the pre- and the post-exit questionnaires - the rating of how many opportunities they had to express their views changed between the pre- and the post- stages, although not necessarily consistently between young people.

For example, one 13 year old female stated that, while she was in the secure unit she 'mostly' was given an opportunity to express her views and could say what she liked if something was annoying her. When she was re-interviewed 59 days later she stated that she 'always' had the opportunity to express her views but that actually she did not like talking at meetings and so never took up on that opportunity. In another case, a 14 year old male on remand had a substantial change of view regarding this issue.

He initially stated in the pre-exit interview that he "was happy with it" and felt he 'mostly' had an opportunity to express his views but, when he was interviewed again 21 days later, he stated that he 'never' felt he had the opportunity to express his views about the things that affected him, saying instead that "nobody listened to him". These two examples highlight how young people's views change in relation to their perceptions and experiences of secure care.

Most young people felt they could use unit meetings, school unit meetings, children's hearings meetings, care planning meetings or LAC review meetings to express their views. Many also said that they could speak to unit staff if they wanted to, either about practical issues such as food or bedding, or if they felt they had a problem with another young person:

"I say to the staff if somebody is doing my box in... before here I would have cracked them, now I take a step back, think and tell staff" (15 year old male).



SOME CONFUSED SANCTIONS WITH THE ASSESSMENT PROCESS ITSELF.

The young people were asked in the pre-exit questionnaires if there was anything that could help them become more involved, but around a third of the young people felt they were involved enough and were happy with that input. Indeed, one 15 year old female said: “I’m probably involved too much”. Some suggested that having access to a children’s rights worker at meetings was helpful and some also mentioned having access to a Who Cares? Scotland worker. One young person felt that staff could encourage them to take part in meetings more, although one 15 year old girl suggested that she sometimes got upset at them, and a few said they did not like speaking at meetings or panels:

“I don’t want to be involved because I hate talking to hundreds of people you don’t know” (15 year old male).

It was also suggested that meetings did not happen regularly enough and that young people who could not attend in person should be kept involved, by phone for example.

ASSESSMENT

It is not clear from the in-depth interviews whether and for how long the young people were in an ‘assessment’ unit, as opposed to a more permanent unit. Assessment units seemed, from what the respondents were saying, to be stricter and epitomised a culture of punishment rather than care.

Opportunities to progress, to participate in the day to day routines and to ‘earn rewards’ seemed limited during the three week assessment period, and some respondents were frustrated by the need for this length of semi-isolation; as one 15 year old young woman commented: “sometimes I think they risk assess you to death”.

In terms of a ‘reward’ or ‘incentive’ scheme, eight of the 13 journey consultation interviewees suggested that there was either a ‘carrot’ for good behaviour (most notably based on points generated in school rather than in the unit per se), or a ‘stick’ for bad behaviour (losing phone calls, TV or outings). Whilst some suggested that they had to ‘earn’ a TV in their room during the assessment period, and that this could take anything from a couple of days to six weeks, some confused such sanctions with the assessment process itself, when, for example, a television would not be allowed until the staff were confident that it would not be broken or used as a source of potential harm:

“There was also a 22 day assessment there, for to get a CD player and a telly, as well as pens for writing letters” (17 year old male).

MOST STAFF, ON ADMISSION, WERE FRIENDLY AND WELCOMING.

INFORMATION ON ADMISSION

On admission, young people would firstly be 'strip searched', as some described it (see Chapter 5), and then locked in their rooms (for varying lengths of time, ranging from hours to days), before being allowed to meet the other residents. The fact that they were usually locked in their rooms initially and not allowed to mingle with other young people was likely to result in a feeling of fear rather than of safety:

“Since I was in my room at the start, I thought this was what it was going to be like the whole time, locked up always... All my meals were brought to my room and staff checked on me every hour. My door was always locked. This made me quite frightened and I thought this is what would happen every day” (13 year old female).

Some young people were given cups of tea or meals in their room, following a tour of the building on admission. Only a minority suggested that staff were not welcoming, whilst the majority felt they were indeed friendly, welcoming and talked to them on admission:

“See the staff in here, see when you first come in here, the staff are dead nice to you and welcome you... they are sound as anything to you” (16 year old male).

Whilst all the young people interviewed suggested that they received information on their rights and the rules of the establishment on admission, only a minority reported receiving information in writing – either a booklet or ‘a piece of paper’, and a few respondents seemed unaware of, or not included in, the 72-hour meeting post-admission. Many suggested that the information they received was limited and unhelpful. The following two quotations illustrate the lack of information on rules and regulations on admission, and such ignorance could be a cause of frustration and resentment for some young people:

“I got told the rules and what I was allowed. This was on a piece of paper. I wasn't told about contact until my CPM [care planning meeting] six days later. I wasn't told about routines when I first came in... I never met the rest of the young people until the Monday, and it was the Friday I had got there” (14 year old female).



“I NEVER MET THE REST OF THE YOUNG PEOPLE UNTIL THE MONDAY, AND IT WAS THE FRIDAY I GOT THERE”

“I’ve not even been told about the rules for this unit. You just get put in and that’s it and then they tell you basically if you have done something wrong. You never ever get told about the rules, they just like say ‘you aren’t allowed to do that’ when you do it” (15 year old male).

Although, in Scotland, there currently is no right in law to independent advocacy for children and young people looked after and accommodated, most knew about children’s rights and advocacy support, and one suggested that she was self-sufficient in that regard: “I can speak for Scotland, so I don’t really need any help”.

National Care Standards describe how the perspective of children and young people was central to their development, what individual children and young people can expect from their care establishment and how they can use the Standards including when they wish to raise a concern (Scottish Executive, 2005). Of the 12 young people who were asked about National Care Standards, eight suggested they had not heard of them and the extent of knowledge of some who claimed to know about such standards seemed somewhat limited.

SUMMARY

The majority of young people knew the reasons why they were placed in secure care. However, most did not feel that their move was planned or that they were consulted in advance. This resulted in confusion and anger by several young people, not least because they felt the secure unit looked like or felt like a prison. Offending behaviour was, for the majority, the grounds for which these young people were admitted to secure care, although equally, the majority were referred through the children’s hearings system rather than the courts.

Knowledge of, and access to copies of their care plans were limited, although the majority suggested that they felt involved in the care planning process. That said, few were familiar with, or invited to, their 72-hour meeting. Meetings generally were often not welcomed by the young people, either because they were bored by them or felt disengaged with the process.

The initial assessment period was not clearly defined in these young people’s view, or was associated with punishment rather than care, not least because they felt they were being isolated from the group during the assessment period and had limited opportunities to gain rewards.

The majority of young people felt staff were friendly, welcoming and talked to them on admission. At the same time, information on admission was limited, often to a verbal description of the rules and regulations, or 'a piece of paper', but rarely an information booklet as such. Many suggested that this initial information was unhelpful. The majority had not heard of National Care Standards although they knew that advocacy workers, such as Who Cares? Scotland workers and children's rights officers, were available if they needed them.



4. CARE AND CONTROL

INTRODUCTION

Secure care was often viewed by these young people more as a punishing rather than a caring environment and, although sanctions may be seen by staff to be a means of protecting young people from harm (and therefore a 'caring' measure), young people themselves tended to see sanctions as not only a punishment but also as serving to create more rather than less harm for themselves and others. Issues such as 'time out', single separation and restraint, as exemplified in this Chapter, can therefore be seen as ambiguous and counterproductive by the young people in this study.

Specific questions relating to care and control were included in the post-exit questionnaire but, in retrospect, it would have been useful also to have asked about these issues at the pre-exit stage to provide a wider comparison.

SANCTIONS

The most commonly mentioned incidents which might lead to sanctions, single separation and restraint included the following:

- refusing to be searched
- being cheeky or 'carrying on'
- swearing
- throwing cushions around
- refusing to go to school
- refusing to do chores
- refusing to eat meals
- being abusive to staff
- having 'an attitude'.

There were various ways in which young people were 'sanctioned' as a result of such incidents, ranging from being sent to bed early or losing their TV, through stopping mobility or visits, to single separation and restraint. Whilst they may have been involved in a group sanction (where cutlery or CDs, for example, went missing), the majority on at least one occasion had experienced single separation (44 of the 58 who responded to this question) and restraint (36 of the 59 who responded to this question), and many had indirect knowledge of such sanctions being imposed on others, if not themselves. The following analysis is therefore based on both the views of those who had experienced such sanctions directly and those who had seen such sanctions being imposed on others.

DIFFERENCES BETWEEN SINGLE SEPARATION AND 'TIME OUT' CAUSED CONFUSION FOR SOME.

TIME OUT

The differences between single separation and 'time out' caused confusion for some of the young people, not least because some secure units appeared to use different systems for 'time out' and single separation. Some described a separate place known as the 'quiet room' that was used for 'time out' whereas, in other units, young people were asked to go to their room for 'time out'. 'Time out' as a practice also appeared to be used in different ways by different young people and different units, with some young people describing 'time out' as informal or voluntary and others describing times when it might be suggested by staff that young people take a step back and calm down. However, in other cases, it appeared to be the first of a formal and complex series of sanctions applied by staff.

Whilst young people from some units appeared to have a 'quiet room' for use during 'time out', single separation would invariably be in the young person's bedroom. Thus, in comparison to young people from other units, those from units which had a 'quiet room' were much clearer on the difference between 'time out' and single separation. About a quarter of the young people who responded in the questionnaires did not know if there was a place in the secure unit where they could choose to take 'time out' if they wanted to.

This may be either because they have never needed 'time out' or it could be dependant on what their perception of a 'time out' place would be. For example, young people from the same units responded differently to this question which suggests this may be due to perception or experience rather than the units not having this space available.

SINGLE SEPARATION

'Single separation' was reported by young people as being locked in their room after an incident and left there to 'reflect' on the incident until they apologised and could rejoin the group. Fighting with other young people, causing damage to the unit, getting angry with staff, being 'cheeky' or annoying, and being 'hyper' were all reasons given as to why young people felt they were put in single separation.

Most young people described single separation as their being taken, in some cases, dragged to their room at which point they would have their televisions removed or power to the room turned off. A couple of young people claimed the toilet would be locked during this time and another said the mattress was removed when they tried to go to sleep, and the door was invariably locked:

SINGLE SEPARATION WAS OFTEN NOT JUSTIFIED IN YOUNG PEOPLE'S EYES...AND WAS NOT A LAST RESORT.

“You are asked to go to your room, if you refuse the staff they will try and get you to your room, if they can't, then the pit is pulled and you are dragged... How would you feel with your room emptied and your toilet locked, stuck in a cell basically? You go off your head 'cos you can't get out” (14 year old male).

The length of time this single separation lasted was described by the young people as being from as little as five to ten minutes up to as much as two days or, in one case, four days, although this young person went on to say that he was able to leave his room during this time.

“[I'm] taken or I go myself to bedroom, it lasts an hour or, if you are still bad, it's longer” (11 year old male).

The impression gained was that young people initiated, or were expected to initiate, discussion with staff rather than staff approaching the young person. Young people were left to reflect alone and to contact the staff when they were ready to apologise/talk about the incident (via the buzzer or by knocking on their door). Some took this in their stride, although others felt that there was an inconsistency of approach, with some staff members playing down such incidents, whilst others might take it to the extreme of leaving them in their room all day without a mattress (so that they could not sleep) or without electricity (so that they could not watch television).

The reasons given to young people for single separation were to calm down, to reflect on what had happened and to speak to/apologise to staff before re-joining the group. The overall impression was that single separation was often not justified in the young people's eyes, was not imposed consistently, and was not a last resort but was often carried out as a standard form of punishment rather than to protect the young person from harm. Whilst it was suggested that they could write letters when in single separation, others commented that the room was emptied (including their mattress as referred to above) and that staff purposefully did not answer buzzer calls:

*“Depends on what staff are on and it depends what you have done. Some staff, all you have to do is tell them to f*ck off and they put you in single separation. That's just a joke, they are meant to use it as a last resort... Other staff will just get the police to deal with situations instead of trying to deal with it themselves. This means we pick up charges because the staff can't do the job properly” (15 year old female).*

“[SINGLE SEPARATION] DEPENDS ON WHAT STAFF ARE ON AND...WHAT YOU HAVE DONE...”



“It’s a punishment. It should be the last resort, but some staff just stick you in your room right away. It depends on the staff... It doesn’t work, it makes you worse... There is nothing to keep you busy, no TV, no radio, can’t even draw. You get nothing, no power in your room... If the staff are in a good mood, you can be in your room for ten minutes. If the staff are in a bad mood, then you can be in your room for two hours” (14 year old male).

Whilst one respondent suggested that staff should or did check on the young person every 15 minutes, others mentioned that staff checked on them every hour or two, and some were concerned that this was not enough, not least if they were not calming down but indeed becoming angrier.

The majority of young people stated that they could access staff while they were in single separation either because they checked on them or because young people could press a buzzer if they wanted to see a member of staff. However, six of the seven young people who stated they could not access secure care staff while they were in single separation stated that this was because staff ignored the buzzer. Indeed, one 16 year old male alleged that the buzzer was turned off by staff: “they just leave you, dummy your buzzer, blanked it for three hours once”.

Some of the young people who had been put in single separation expressed their anger at what had happened and their anger at the staff saying that, contrary to calming them down, this treatment had increased their anger and frustration. As one young man described it:

“[I] felt like going mad, battering the staff, hitting them with a log or something” (13 year old male).

However, others (12 of the 44 who had ever been in single separation) suggested that they would simply be bored in their bedroom with no access to television or anything to keep them occupied. So, while some young people recalled these times with anger, yet others felt it had given them time to calm down: “It’s boring but I suppose it lets you calm down a bit” (14 year old female).

Nevertheless, the ultimate aim of single separation, in these respondents’ eyes, was primarily to admit defeat and to apologise to staff, but several commented that this was unfair and often counterproductive:

“Sometimes you don’t agree with their views and this can kick you off again” (17 year old male)

“It’s a power thing I think. If you don’t say sorry or accept what you have done, then you won’t get out of your room” (13 year old female)

“IT’S ALRIGHT IF IT’S USED PROPERLY...SOME STAFF USE IT MORE THAN OTHERS”

“If I’ve done something that has been bang out of order, then I’ll say sorry to the member of staff. But if I see it from a different view, where I see it as the member of staff’s fault, then I’ll not say sorry” (14 year old male).

Unsurprisingly, it was often those young people who were most angry about their experiences of being placed in single separation who felt they had not been given support and encouragement to express their views afterwards. However, a couple of the young people with negative experiences did think that staff had encouraged them to calm down after the period of single separation. Although many of the young people were not happy about single separation or suggested that it made young people even angrier, some did feel it actually was effective in calming them down or they understood it was necessary sometimes to diffuse situations.

It was, however, inconsistent use of single separation by the staff that concerned some young people:

“It should only happen if you are bullying someone in the unit, other [young people] got away with much more than others” (15 year old female).

“It’s alright if it’s used properly, I think staff might use it if they are fed up with some [young people], some staff use it more than others” (15 year old male).

The use of single separation did not appear to be affected by a young person’s route into care, with young people referred by the children’s hearings system experiencing single separation to a similar extent to those referred by the courts. The gender of the young people also had no effect on experience or regularity of single separation.

Several of the young people described during the post-exit questionnaire how it was often following a restraint that they would be placed into single separation, thus linking the relationship that single separation and restraint have with each other, as discussed below.

RESTRAINT

Five young people from the 13 journey interviews suggested that they had never been restrained, and of the 58 who responded to the question in the post-exit questionnaire, 44 had ‘rarely’ or ‘never’ been restrained, and 14 had ‘sometimes’ or ‘often’ been restrained. There was no difference in likelihood or regularity of being restrained between those referred through the children’s hearings system and those referred through the courts. There were also no gender differences in the use of restraint with boys and girls being restrained in approximately equal numbers.

YOUNG PEOPLE... FELT RESTRAINT WAS NEITHER DONE SAFELY NOR SYSTEMATICALLY... ONE SUGGESTED TRAINING SHOULD BE IMPROVED.

As with single separation, views were elicited both from those who had been restrained in secure units and from those who had observed others being restrained. Whilst one 13 year old female suggested that restraint was justifiable in her case – “I feel guilty when staff restrain me because usually I have been violent or really horrible to them” – the majority of views about restraint were both negative and critical. The three methods mentioned were TCI, CALM and SCM (Therapeutic Crisis Intervention, Crisis and Aggression Limitation and Management, and Safe Crisis Management), but it is not possible here to differentiate the views of young people according to which method was used.

Reasons given by the young people for being restrained were: fighting with others, fighting with staff or damaging property. Some said that they often ended up restrained if they refused to go to their rooms. It could be suggested that the initial misbehaviour would cause the staff to ask the young person to go to their room, perhaps for ‘time out’ or single separation and, when the young person refused, this would escalate the situation resulting in restraint and then single separation. However, this was not clear from the data.

One 15 year old female said she might be restrained: “if I was not doing what staff told me to do or I was being aggressive” and a 17 year old young man described when he had: “refused to go to my bed, staff tried to take me to my room, I kicked off and got restrained”.

When asked if they felt safe and supported on being restrained, just over half said yes. One young person described how getting restrained got rid of his anger. However, when asked to expand on their perceptions of restraint, the majority of young people who responded were more critical. A 13 year old female said she felt that the restraint was done correctly, but there were also many young people who felt very strongly that the restraint was not done correctly. Six felt restraint was justified and necessary due to their behaviour, even if they also felt it had not been executed correctly.

It was commonly mentioned that there could be up to five staff members lying, sitting or kneeling on one young person for up to two hours on the floor, causing considerable anxiety through breathlessness or physical pain and often resulting in carpet burns to the face or limbs and feelings of numbness for days afterwards. Some suggested that staff did not listen to the young person’s concerns at the time and that they did not feel safe as a result of restraint.

RESTRAINT TENDED TO RESULT NOT IN A YOUNG PERSON FEELING SAFE ENOUGH TO CALM DOWN, BUT IN AN ESCALATION OF ANGER OR FRUSTRATION.

Because of the different approaches used by different unit staff, and the fact that the young people in this sample felt restraint was neither done safely nor systematically, this may reflect a lack of training in the various methods of restraint and also in the wider care and control approaches that staff should use. One young person suggested that training in restraint should be improved upon, not least by involving young people in delivering such training, and many respondents seemed to think that the method used was not administered correctly or that it was taken too far:

“I think the staff take it a bit far. I saw a restraint last night that went too far. It’s ‘cos they used to work in the jail – some still work there. There was a thumb bent back and knees on the young person’s back, four or five staff lying on top of you, all lying over you, holding your arms, your head and your legs... It’s not done properly... People get hurt in them” (17 year old male).

*“Four guys lying on top of you, it’s not done right... It doesn’t help you, it only makes matters worse... you’re in your room after, pure raging, dying to get back out there and start again... Sometimes they take you down wrongly, they hurt you... carpet burns on the face and that. Then the staff say you’ve been self-harming, but it’s not. It’s those b*stards and the way they put you down” (14 year old male).*

As with single separation, restraint tended to result not in a young person feeling safe enough to calm down, but in an escalation of the anger or frustration that caused the incident in the first place:

“It definitely makes you worse being restrained. It takes you ages to calm down” (15 year old female).

Interviewer: Are you encouraged to reflect on the incident?

“Aye, right. Would you do that? Nobody does that, that just makes us more angry... They are backing you into a corner... it’s natural instinct to lash out” (15 year old male).

The fact that four young people specifically mentioned at interview, unprompted, that restraint was a punishment a staff member might pursue because of that staff member’s mood or attitude, rather than the young person’s, served to highlight to these young people the seemingly unfair and unjustifiable nature of restraint as they experienced it:

“Depends on which staff, some staff put you on the floor for swearing or chucking a pillow at them” (14 year old female).

This suggests their subsequent anger and frustration can prove counterproductive in trying to keep these young people safe and receptive to changing their behaviour.



ALMOST ALL SAID THEY HAD BEEN GIVEN THE OPPORTUNITY TO GIVE THEIR ACCOUNT OF WHAT HAD HAPPENED.

Young people are expected to talk over the restraint afterwards and almost all respondents said they had been given the opportunity to give their account of what had happened. Some young people felt that staff were keen to understand and ask questions and they felt they could use this opportunity to express their point of view, resolve the precipitating issue and discuss how things could be handled next time. Two young people from the in-depth interviews commented that the staff were overly nice afterwards, and two others said they ignored them afterwards. Although one young person said if someone was injured, they would fill out an accident form, rarely did they mention any paperwork following restraint. A couple of young people also suggested they felt they were not left alone until paperwork (which one referred to as a 'violent incident form') had been completed, perhaps suggesting it felt to them that it was more about going through the motions of the formality of the paperwork rather than a real interest in how the original incident had arisen:

"They'd ask you what happened there, it's 'cos they have to, not 'cos they want to or because they care. Some staff did though, like my key worker" (14 year old male).

Some units fared better than others in young people's perceptions of single separation and restraint, with certain units being mentioned as being overly 'rough' or ignoring buzzer calls from young people, whilst other units were seen as fairer and more willing to negotiate with a young person during an incident.

Several young people referred to having been restrained in previous placements at other secure units or in previous placements at their current secure unit but not being restrained this time. For example, one 11 year old boy said that during his first placement he was often restrained but, in his current placement in the same unit, he had not been. It is unclear why this should be the case: whether different units or different staff within units may have different strategies for dealing with inappropriate behaviour or whether the young person had since learnt what was and was not acceptable behaviour.

SUMMARY

Sanctions for those in secure care tended to focus on restricting opportunities gained from reward or incentive schemes, for example, through stopping access to a TV in one's room, mobility or other outings – 'rewards' which may have taken much effort to accumulate in the first instance. Whilst many young people thought sanctions were necessary, there was widespread condemnation of the tactics used and some confusion as to what was or was not justifiable.



**WHILST MANY
YOUNG PEOPLE
THOUGHT
SANCTIONS
WERE
NECESSARY,
THERE WAS...
CONFUSION
ABOUT WHAT
WAS OR WAS
NOT
JUSTIFIABLE.**

There was also confusion over the use of 'time out' versus single separation and a feeling of unfairness that restraint tended to end in single separation, this being seen as a form of 'double whammy'. Whilst the reasons for single separation (or, for that matter, 'time out') were not only to protect staff and other young people in the unit, but also to allow the young person time and space to calm down, reflect on the incident and to speak to/apologise to staff, the perception of some of these young people was that such interventions had the opposite effect – namely, of enraging the young person further, being counterproductive and making any eventual apology somewhat tokenistic and defeatist.

Whilst National Care Standards may have standard guidelines for checking on young people in single separation, there were wide variations in the length of time suggested by young people that staff checked on them, ranging from every 15 minutes to every couple of hours. The three methods used for restraint were TCI, CALM and SCM

The majority of young people suggested they had experienced single separation or restraint on at least one occasion. The use of such interventions was a cause for concern across the sample.

Many spoke about these sanctions generally from their current or prior experience of secure care. However, there were some secure units which seemingly used these interventions more readily than others, although the extent to which this was a unit-specific phenomenon or was a result of specific young people's attitudes and behaviour cannot be ascertained from the data. Nevertheless, the overall impression is that single separation and restraint can often be counterproductive, exacerbating rather than relieving the original attitude or behaviour amongst young people and creating further tension and antagonism towards secure care and its staff. There were also concerns about how restraint was executed in some instances and implications of this both for the rights of the young people and their mental and physical wellbeing.

5. INTERVENTIONS AND PROCEDURES

RARELY DID THE ROUTINE...CHANGE FROM DAY TO DAY, AND SCHOOL TIME WAS PARAMOUNT IN RELIEVING BOREDOM FOR MANY.

INTRODUCTION

The Children (Scotland) Act 1995 and the National Care Standards both emphasise the importance of young people's rights, not only to be 'safe' in secure care but also to be encouraged to learn - through education and programme work - to maintain contact with their communities and to have a realistic and constructive throughcare and exit plan. Secure care is designed in the best interests of the young person and used only as a last resort and, when these two criteria are met, young people should be able to address risky behaviours that led to their admittance in the first place. This Chapter explores the day-to-day arrangements for young people in secure care, in terms of the daily routine, searches, contact and mobility, education and programme work, leisure, health and throughcare arrangements.

ROUTINES

The daily routine in secure care did not vary much between units. Most got up at around 8.00am during the week and started school between 9.00am and 9.30am. There were regular breaks at school and then back to the unit in the late afternoon for phone calls/visits and a meal. There may be planned group activities or leisure pursuits in the evening, or the opportunity to sit in one's room reading or listening to music, watching TV or doing homework or chores. A further snack was offered later in the evening. Bedtimes varied by age, as did 'lights out' time.

At weekends, the young people were allowed to sleep in longer in the morning and to go to bed later at night.

Rarely did the routine in any one secure unit change from day to day, and school time was therefore paramount in relieving boredom for many young people. Some routines were accepted unquestioningly, for example, the fact cutlery was counted after every evening meal to ensure no-one took a knife to their room, the fact they would have to be locked up early if there was a shortage of staff on duty, the fact they had to use their buzzer at night to leave their room to go to the toilet, or the fact that, if they refused to get up in the morning, they would be sanctioned.

SEARCHES

The majority were unhappy with search arrangements, notably 'strip searching' every time they returned to the unit from outside and the routine searches done of their rooms whilst they were at school. Several suggested that this was an unnecessary intrusion into their privacy and that they were not consulted in advance of such room searches. The majority reported that they were not given an opportunity to contact an independent advocate prior to the search.

WHEN ASKED TO DESCRIBE A TYPICAL SEARCH...MOST DESCRIBED EITHER A FULL PERSONAL SEARCH... OR HAVING A METAL DETECTOR RUN OVER THEM.

Whilst three respondents suggested initially that security cameras could more effectively monitor whether someone had a potential weapon or illegal substance on them, on reflection, two of these respondents suggested latterly that cameras would be overly intrusive and that searching was preferable and indeed, on some occasions, necessary.

When asked to describe a typical search, one young person mentioned having the bedroom searched and another talked of staff looking through his pockets but most described either a full personal search, sometimes called a 'strip search' which meant young people getting undressed down to their underwear apart from a dressing gown or a towel and being patted down by staff members or having a metal detector run over them. Two young people in one unit referred to being asked to jump up and down while being 'strip searched'. The term 'being searched' meant different things to different young people and can be interpreted in different ways. For example, in two units young people reported less 'strip searching' than in other units and, in these two units, searches more commonly involved being 'patted down' rather than a full 'strip search':

"Strip to boxers after visits, room searches means whole room searched, toilet, drawers, whole lot, fabric search is for objects that cause vandalism or self harm" (16 year old male).

The majority of young people stated they had been searched while in secure care, and there was no difference between those referred through the children's hearings system or the courts. There were also no gender differences when it came to searches. Five young people said they had only been searched when they first entered the secure unit but, for the others, searches tended to take place after young people returned from home visits or other visits outside the unit, after visits from family/friends or when staff had a suspicion that the young person might have a potential weapon, cigarettes, lighters or drugs on their person following a visit.

Young people had contradictory views regarding whether searches were 'a good thing', with one third feeling that it was: "It's OK, keeps everyone safe" (16 year old male). However, the majority of young people had negative views about searches, suggesting they were unfair or showed a lack of trust, not least if the young people had been given mobility to visit home or for an outing with staff. One young man also felt it was inappropriate for younger people to be searched:

"It shouldn't be done, fair enough with older boys who might expect it, but boys coming in, some are under 12 and getting 'strip searched' like that" (14 year old male).

A CONTACT LIST IS DRAWN UP BY THE SOCIAL WORKER... SEVERAL SUGGESTED THEY WERE NOT CONSULTED ABOUT WHO WAS ON THE LIST OR WHY.

CONTACT AND MOBILITY

Young people reported that a contact list is drawn up by the social worker for the young person, although several suggested that they were not consulted about who was on the list or why. However, it is possible for young people to negotiate with their social worker for an additional name to be added later on, depending on whether that new contact is deemed by the social worker to be 'appropriate'. Until they had a contact list, young people were not allowed to make phone calls, and whilst some said they could make phone calls the next day following admission, three others said it took ten days, three weeks and two months respectively to get a contact list. Levels of contact with family and friends varied depending on which unit a young person was admitted to and also, occasionally, depending on the 'mood' of the staff. Another young person was not allowed his best friend on his contact list, even though this friend was also in another secure unit:

"They said he was a bad influence but how could he be a bad influence if he's in [secure unit] and he can't get to me? I thought that was shocking... They can't stop you writing to them, but they can't come up and visit you because they're not on the contact list. A couple of my pals are choking to come up and see me" (14 year old male).

Several young people commented that they were not allowed their friends, or certain friends, to be included on the contact list for visits, which was a bone of contention for some, as one 15 year old male remarked: "my best friends aren't allowed on [the list] because my social worker has decided that they are a bad influence", but at least they were able to write to them, if not to see them on home leave.

Outgoing telephone calls tended to be for ten to 15 minutes each day (ie making two or three five-minute phone calls), although this varied from unit to unit and from staff member to staff member. Again, there was a feeling of inconsistency in different staff members' oversight of phone calls, which were often supervised. Some staff 'chapped' on the door when the time was up, whilst others would allow them to finish the phone call in their own time. It was inferred that visits by family or friends required the young person to phone first, hence the emphasis placed on the importance of phone calls.

“MY BEST FRIENDS AREN'T ALLOWED ON [THE LIST] BECAUSE MY SOCIAL WORKER HAS DECIDED THEY ARE A BAD INFLUENCE”

Contact, however, was a source of obvious comfort for many young people and some gave the impression of always looking forward to visits or phone calls. Contact with the wider community was obviously very important to these young people, even if only to phone family, friends or other professionals with whom they were involved (eg lawyers, staff members from young people's previous residential unit, etc). To be denied this contact served to fuel their anger, resentment and frustration with the 'system'.

Generally speaking, family and other visitors were made welcome in the units, as one 15 year old male proudly declared: “all the staff shake hands with all my visitors”. However, another young person felt that they were not made welcome:

***“Staff moan about having to make tea for my family. They say [they are] not paid to make cups of tea. I go mental. They are meant to promote family contact and they moan about making tea... I make my mum the tea anyway”
(15 year old male).***

When the young people were asked if they felt they had enough contact, the majority stated they did not. One respondent suggested that they could have visitors every day although the general rule, for young people, seemed to be once or twice a week. Social work was said to offer travel expenses to family in some cases, but not in others. Some young people mentioned the difficulty family members could have in getting to the secure unit for visits, with one 16 year old referring to the unit being “in the middle of nowhere” and a 16 year old young man saying his mother was not given funding for petrol to allow her to visit him: “It's a long way for her to travel so I feel bad about it sometimes” (15 year old male). Supervised visits were also mentioned as being difficult, not only for visitors who may feel uncomfortable being observed by staff, but also for young people who may want to talk about private matters with their family.

MOBILITY WAS AS MUCH A REWARD FOR GOOD BEHAVIOUR AS A 'THROUGH-CARE' POLICY... AND ITS WITHDRAWAL COULD ALSO BE USED AS A SANCTION.

Direct contact with 'the outside world', through outings, overnight stays or day visits to the family home or future placements, was called 'mobility'. Part of the plan for a young person leaving secure care is to give them graduated outings in the community, whether supervised or unsupervised. Some of the opportunities afforded young people on mobility included: going into the city centre, going shopping, playing snooker or attending football matches, as well as home leave and for external agency interventions (eg Includem, befrienders, youth work, social work or addiction teams). One young person mentioned he got mobility after two months, whilst another was given mobility early on through an administrative error which was then taken off him when the mistake came to light. One 14 year old young man mentioned having first supervised and then unsupervised home leave, which to him meant giving preference to his friends rather than his family: "It's the best feeling you ever get when you get out with your pals".

However, for young people on remand or sentence in secure care, mobility was not an option and this was seen as unfair by some young people, when others in their unit were getting mobility on a regular and increasing basis. However, one young person seemingly on remand was allowed a visit to his new placement. Three of the young people referred by the children's hearings system stated they did not have mobility and a further three referred to problems in their mobility which they blamed on staffing problems.

Most of the young people described how, over time, they were getting increased mobility, building up to unsupervised trips on public transport and home leave of up to four or five times a week.

"I'm out six times a week, first of all start at a local mobility with staff, then supervised visit with my dad, then unsupervised with my dad"
(15 year old male).

THE MAJORITY HAD POSITIVE ATTITUDES TOWARDS SCHOOLING IN SECURE CARE.

Mobility was said to be as much a reward for good behaviour as a 'throughcare' policy in its own right and its withdrawal could also be used as a sanction on occasions: in other words, supervised or unsupervised outings into the community could be withdrawn for bad behaviour. Equally, mobility could also be affected by staff sick leave and other resource constraints:

"Well, if a staff [member] doesn't turn up, phones in sick, then we don't get out, unless they can try and sort out something else... Makes you raging, man, you are all geared up to go out, then someone doesn't turn up"
(14 year old male).

SCHOOL

The majority of respondents overall has positive attitudes towards to schooling in secure care and this was reflected in both the journey interviews and the exit questionnaires (see below).

Whilst several young people in the journey interviews had officially left school and several others had not been attending school prior to admission to secure care, the majority of journey respondents welcomed if not the education then at least the relief of boredom that school provided. It was also compulsory for them to attend whilst in secure care and they would be sanctioned for refusing to go. There was a wide range of subjects mentioned, but the following list was by no means provided in total across all secure units, with some having much less scope for many of these subjects:

- Art
- Computing
- Cooking
- Craft
- English
- Enterprise
- Geography
- Health
- History
- Home Economics
- Maths
- Music
- Physical Education
- Science
- Social Subjects
- Woodwork.

THE MAJORITY WELCOMED IF NOT THE EDUCATION THEN AT LEAST THE RELIEF FROM BOREDOM THAT SCHOOL PROVIDED.

Four respondents felt that school in secure care had been helpful to them educationally, with two describing it as 'brilliant and a 'challenge', but also because it relieved the boredom of being locked up. Two further respondents suggested that school was 'the best thing' about secure care, and several appreciated the fact that the classes were smaller and the teaching more engaging than in mainstream education. It was also suggested that there was greater scope to choose one's subjects and to focus on more vocational rather than academic pursuits. Although, that said, some felt that the level of learning was too basic and not challenging enough. Some suggested that such education would not help them get qualifications or a job, and that it was boring or inappropriate to their more immediate needs. There were ambivalent feelings about the quality of the lessons and this depended to a certain extent on the attitudes of a minority of teachers:

"... you don't do much work here... most classes here they have you sitting around playing cards"
(17 year old male).

"I get treated like a four year old here. The work you get is too easy and I'm repeating stuff I have already done before. I have said to staff that it is too easy, but they tell me to do it anyway. Some work they give me is just the same stuff over and over again"
(13 year old female).

One 14 year old young woman said that young people were not trusted by teachers and that they "just don't care", whereas one other said: "they really care about you... they want you to do stuff that gives you a challenge". Two others suggested that the teachers were not 'in control', either of the pupils or the subject matter, and that staff were often off sick or unqualified to supervise certain activities (eg swimming).

It was difficult to gauge from the interviews whether the fact that they had to attend school in secure was an incentive to learn or a reason to be critical, but overall it would seem that the fact it was compulsory (and non-attendance could lead to sanctions being imposed) meant that more of the young people benefited from attending, although this was not necessarily an evidence-based finding.

Around two thirds of the young people who took part in the pre- and post-exit questionnaires described the education they had received while in secure care as good or very good, however, nearly a third felt it was either not very good or poor and they were getting a worse education in secure care than in mainstream schools. Some said that the school work was not at a high enough level or was too repetitive and others complained that there were not enough subjects on offer and little in the way of an education:

**“I’VE
LEARNED
THAT
LEARNING
IS GOOD.
I WANNA
LEARN MORE”**

“You get up to go to school and all you do is log onto a computer to go on the internet, we go to class but do no work” (16 year old male).

Other complaints were that there were too many disruptions in classes or that they were left sitting around doing nothing. At the same time, several young people were proud of the fact they were both sitting and passing exams: “every class I’ve went up a level” (16 year old male), and some said that they had never enjoyed school before:

“Because in [other secure unit] they’re giving you general level but in [this secure unit] I was doing intermediate 1 and could do it easy... they really care about you and they don’t want you to sit back and do easy stuff, they want you to do stuff that gives you a challenge” (14 year old male).

“It met my requirements. If I was outside, I’d be working at TK Maxx, now ‘cos of here I can go and get a decent job... I enjoyed it I’ve taken it in better than I would have at mainstream. I’ve learned that learning is good. I wanna learn more” (16 year old male).

These views on the education received in secure care were fairly consistent throughout their time in secure care, with the majority of young people rating the education at the same level after leaving secure care as they had when there. Although seven young people had rated the education they received in their secure unit as lower after leaving than they had while they had been in secure care, eight rated the education as better once they had left compared with how they rated it prior to leaving.

PROGRAMMES

The most commonly cited programmes included VINTOC (‘Violence Is Not the Only Choice’) and offending behaviour programmes, along with anger management and substance misuse.

Like school work, the young people implied an element of ambivalence about programme work, with the majority citing bonuses of doing programme work which was unrelated to addressing their problem behaviours. For example, some suggested they only took part for the “rewards of crisps, juice, a McDonalds or munchies” or they believed that attending would only help towards good reports and getting out of secure care sooner. The following quotation exemplifies the ambivalence many seemed to have about programme work:

“I SUPPOSE MY MOTIVATION IS FOR GETTING OUT...”

“It makes you think about thinking before you act. Dunno if it's the programmes or getting remanded again that's making me think that way. Maybe a bit of both probably” (17 year old male).

Some also suggested that, like school, it was something to do that relieved their boredom:

“I suppose my motivation [for doing programmes] is for getting out... it helps that I've been doing programmes. If I hadn't, I'd probably be sent back here...it repeats and it can get boring, but they recognise that. But you can get home and stop offending” (15 year old male).

“It means that if I can complete it, then I might get out of here at my next panel... I only done it because I had mobility getting built up” (13 year old male).

Whilst one respondent suggested that the impact of the programme only became apparent after he had left secure, five young people suggested that generally they were ineffective, not least because they are undertaken in a 'secure' vacuum away from the realities of the communities in which they live:

“Actually, it's quite good but they are talking to you about these things in a secure unit. It's going to be totally different when you get out to the community again. They should do the programme work with you then” (15 year old male).

“It's no as if when you are out with your mates and mad with it, beer in hand, you are gonna think about your programme, put down your beer and go and do something constructive with your time. It's not as if you're gonna do that, is it?!” (14 year old male).

Young people both from the children's hearings system and those on remand or sentenced were eligible to take part in programme work and the majority stated that they had undertaken at least one programme. However, a higher proportion of the young men placed in a secure unit whilst on remand claimed not to have undertaken any programme work compared with those referred through the children's hearings system.



Table 5.1: Number of programmes undertaken by young people

Number of Programmes Undertaken	Referred from the Children’s Hearings System	On Remand	Sentenced	TOTAL
None	17	4	1	22
One	22	2	3	27
Two	10	2	3	15
Three	1	0	6	7
TOTAL	50	8	13	71

Table 5.1 above shows the number of programmes undertaken by the young people, differentiated by their route into secure care.

Of those in secure units following conviction, half had undertaken three different programmes during their time in secure care. Young people referred from the courts (whether on remand or sentence) were more likely to undertake more than one programme; although the numbers in this study are too small to be statistically significant.

Table 5.2 below shows the number of young people undertaking the various programmes available in secure care.

Thirty-three of the 50 respondents referred from the children’s hearings system and 16 of the 21 remanded or sentenced had undertaken some programme work, the most common programmes mentioned by the young people being VINTOC, drug and alcohol work, Reasoning and Rehabilitation 2, and anger management.

Table 5.2: Number of young people undertaking different programmes

Programme Work	Number of Young People
VINTOC	19
Drug and/or alcohol work	15
Reasoning and Rehabilitation 2	11
Other offending programme	9
Anger management	5
Throughcare	5
Victim awareness/empathy	4
Risk taking	2
Family work	2
Other*	9

*Other programmes, each mentioned by one respondent, included peer pressure, disclosure, feelings, reasons for absconding, decision making, cognitive skills and assertiveness.

**ACTUALLY,
IT'S QUITE
GOOD BUT...
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PROGRAMME
WORK WITH
YOU THEN"**



Other, more specific programme work mentioned by some of the young people included work on assertiveness, cognitive skills, decision-making, family work, reasons for absconding, feelings, risk taking, the 'Ross' offending programme, throughcare and violence reduction.

Those who had not done any programme work suggested that they did not know why they had not participated in such work, with two young men on remand suggesting that their remand status was the reason for their not doing any, and two others stating that the staff had not organised it yet and they were still waiting.

Half of the young people who completed the post-exit questionnaires stated they had put things that they had learned in 'programmes' into practice in the community. For example, one person had stopped smoking, one had stopped drinking and two had stopped their drug use. Seven talked about stopping to think and two of those specifically mentioned breathing exercises they used in order to relax. Nevertheless, many young people stated they had not put anything they had learnt into practice and that it was not realistic for them to change their behaviour merely through programme work:

"I don't think the programme work is any good because it doesn't use real life situations and the workers don't know what it's like when you go back home" (15 year old female).

"No really man, I didn't listen to them, programmes is just something you do, tell them what they want to hear to get through it" (15 year old male).

LEISURE TIME

There were varied activities and outings which were officially available to young people in secure care, although their access to such activities depended on having appropriately qualified staff (eg swimming), adequate staffing, adequate financial resources, and the young people having 'earned' such activities/outings.

Typically mentioned leisure pursuits included swimming, football, cooking, access to a gym, listening to music, games, badminton, playstations/computers, watching TV and playing in a courtyard. However, such activities could be curtailed or withdrawn because of limited budgets (ice-skating or horse-riding, for example, may be deemed too expensive), staff being off sick or too busy, and other young people previously misusing opportunities which were subsequently withdrawn as a group sanction. One 15 year old male described how access might be restricted in some secure units to those who have achieved certain levels of behaviour, reiterating the fact that restricting leisure time activities could be seen as a sanction:

ACTIVITIES COULD BE CURTAILED... BECAUSE OF LIMITED BUDGETS, STAFF BEING OFF SICK OR TOO BUSY, AND OTHERS PREVIOUSLY MISUSING OPPORTUNITIES.

“You don’t get to do some activities if you are on a silver award in the unit, you have to be on a gold award” All of these reasons were invariably seen as unfair or unnecessary.

As mentioned earlier, many young people commented that they thought secure care was “boring”, and that school or programme work was a welcome relief to such boredom. Weekends were particularly difficult times because of the lack of school work and the fact that young people were ‘locked in’ and confined to socialising with ‘the same old faces’ rather than being able to leave the unit and be with friends in the community. However, having a potentially wide age range within a secure unit could also cause problems, both for staff in arranging activities and for young people in participating in them: one 14 year old male felt he was too old to join in certain leisure activities, not least when such activities presumably had also to be attractive to a younger age range. Mixing with young people from other units in the same establishment was usually not countenanced (for fear of fighting) and this was a bone of contention for some.

As noted in Chapter 3, during the assessment period it seemed that young people could be without a TV in their rooms and could not use the gym (in units where one was available) until their assessment had been completed, which only exacerbated their sense of boredom. Having few activities to keep them occupied is a common criticism amongst young people generally, let alone those who are confined to a secure establishment. For young people in a restricted space for prolonged periods of time, with few if any outlets for leisure or socialising, limited access to leisure pursuits was bound to exacerbate the situation of being locked up, with school being the only source of distraction. As one young man explained:

“Probably, the more incidents that happened was at the weekend because people were so bored, so frustrated of being stuck in for 48 hours before you go back to school” (16 year old male).

Based on the questionnaire responses, 22 young people rated the leisure facilities as not very good or poor, mainly because they were not able to use facilities such as the pitches, the pool or gym when they wanted to and being limited to time slots. Some young people were bored by the lack of variety on offer and others complained that there were not enough staff members trained to let them use the gym or the pool, or these facilities were restricted depending on potential risks involved:

MOST FELT THEIR HEALTH HAD BEEN TAKEN CARE OF.

*“In [another unit] you’re allowed to mix, here they don’t, the managers here are dafties, they think we are passing sh*t on the pitch” (17 year old male).*

Several young people referred to PTIs (physical training instructors) saying that they had been a good addition to the leisure activities available, although two of the girls complained that they felt excluded by what they felt to be more ‘boys’ activities’, as one young woman commented: “we suggested dancing. They forget girls are here” (15 year old female).

However, those young people who had rated the leisure activities as good were in the main very enthusiastic about them, although they still wanted more activities because, as one 16 year old male said: “it keeps your mind occupied for a couple of hours” and another 15 year old male said: “I’ve learnt lots of sports I wouldn’t do outside”.

HEALTH CARE

The majority of young people felt their health needs had been taken care of whilst in secure care, with only seven of the 71 pre-exit questionnaire respondents expressing dissatisfaction with the health care arrangements. Several others did suggest appointments had been missed due to staff mistakes, doctors’ appointments had been cancelled due to staff shortages or they had not been given adequate staff attention within the unit:

“Cos at night, if you buzz them when you’re ill or want something to eat, they say they can’t open your door but they will open your door if you’re banging to restrain you” (15 year old male).

Many of the young people who said their health needs had been taken care of ‘well’ or ‘very well’ gave examples of this: for two, young people the speed of the appointment was impressive and, for the others, staff getting them medical or dental attention when it was required was seen as helpful. Some of the young people described seeing the nurse or doctor when they first arrived in the unit, others said that they could always get access to the nurse, doctor or dentist if it was needed. Four described situations where they had to be taken to hospital, for example because of a drug overdose.

THROUGH-CARE AND EXIT PLANS

It is recognised that social work plays a key role in through-care planning for young people leaving secure care. Four of the 13 young people asked about through-care at interview mentioned that they did not have a through-care worker, one because social work purportedly could not afford such provision for this young person, and one young woman because she was too young: “I’m only 14 and don’t get it ‘til I’m 15”.

THE MAJORITY CLAIMED NOT TO HAVE A THROUGH-CARE WORKER...OTHERS WHO DID SOMETIMES QUESTIONED THE QUALITY OR AVAILABILITY.

Three mentioned that they did have a throughcare worker, but one suggested this worker was too busy with other tasks to offer support to him. One suggested he had not done any work with that individual as yet although he knew he was going back to the residential unit where he was before being admitted to secure care, and the third would have preferred such input at an earlier stage in her placement, although she found the weekly contact 'helpful' in finding her residential accommodation on discharge from secure care. A further young man mentioned that, in his view, his throughcare arrangements were uncoordinated and undertaken too late.

Only 17 of the 61 young people who completed a pre-exit questionnaire said they had a throughcare worker. Five of these young people said they saw them weekly, two saw them fortnightly and two saw them monthly. The remaining young people had either just started working with the throughcare worker or saw them more irregularly, and indeed some of these young people suggested that they did not see their throughcare worker regularly enough.

Where known, four anticipated moving to residential units, one was returning to the family home and another was confident she would get her own tenancy. One young man said he visited various residential schools with secure care staff although, at the end of the day, he did not feel involved in the decision about his future home.

At the time the pre-exit questionnaire was conducted, young people were expecting to be leaving after their next panel meeting but 15 of the 61 respondents did not know where they would be moving to and 12 did not know who would be involved in deciding their exit plan or if indeed they had one. For those young people who did know about their exit plan at the pre-exit questionnaire stage, the majority specified that their social worker would be involved in developing it and, in many cases, they specified more than one person or agency that would be involved, for example, keyworkers, unit managers or workers, the Scottish Government and other agencies like Includem and throughcare teams. In addition, six young people mentioned one or more family members they thought would be involved in their exit plan and, perhaps hearteningly, 11 young people said that they would be involved in their own exit plan.

TWO THIRDS HAD BEEN IN TOUCH...BY PHONE OR IN PERSON SINCE LEAVING.

At the post-exit questionnaire stage, around a third of young people felt their exit plan had not gone as planned, with almost all of them stating that in fact they had left the unit quicker than planned. This seemed to be most often due to children's hearing dates being brought forward or an unexpected decision by the panel or court to move the young person. Only one young person explained that the reasons their exit plan had been postponed was because the residential placement they were moving to was not available yet and so they had remained at the secure unit for longer than planned. Ten young people were hoping to move back to a family member's home and to have supports in place to allow that to happen although a few were unsure:

*“Going to gran's, no supports in place yet, f*cking idiots got nothing in place and there is no legal reason for me to stay in secure” (14 year old female).*

Very few of the young people answering the post-exit questionnaire reported being left without any further support once they had left secure care, although the vast majority of the young people had moved on to close support units and some others had gone to other secure units.

Those who had not gone into another unit listed the sorts of supports they were receiving in the community, and these included: throughcare worker, close support unit, youth justice worker, social worker, respite unit, children's unit, Includem, Barnardo's, keyworker, 'Spark of Genius', psychologist, ISSM, outreach worker, 'key to change' worker, local authority counsellor, young woman's project, 'Crossover' (offending) worker, Rosemount (youth support in the community), drugs worker, further education worker and family.

Two thirds of the young people in the post-exit questionnaires mentioned that they had been in touch with the secure unit or its staff by phone or in person since they had left, although some of these had been subsequently returned to secure care or had moved to the adjoining school or open unit in the same complex.

SUMMARY

The routines of secure care were similar across all units, although there were suggestions that different staff members within units were not necessarily consistent in their approach to such routines and regulations. Searches tended to take place after a young person had been out of the unit, whether supervised or not, and following visits, although seemingly to differing degrees depending on the unit, the staff member on duty and young people's perceptions of their trustworthiness in the eyes of staff.

ROUTINES WERE SIMILAR ACROSS ALL UNITS ALTHOUGH...DIFFERENT STAFF WITHIN UNITS WERE NOT NECESSARILY CONSISTENT.

The majority of young people had been searched while in secure care and reported they were unhappy with search arrangements. The majority, however, also suggested that staff sought their consent to searches, albeit few felt they could contact an independent advocate prior to any search. Equally, many respondents stated that room searches were done without their expressed permission.

Contact with family and friends was a source of comfort to the young people in this sample. They generally felt that contact time was limited. The procedures were felt to be unnecessarily bureaucratic in terms of drawing up a contact list, monitoring phone calls and restricting visitor numbers. Most respondents felt that staff made visitors welcome. There was a suggestion that staff were inconsistent in their monitoring of phone calls – with some allowing young people to go over their time limit, whilst others were stricter in limiting calls. Given that mobility could be stopped as a sanction for bad behaviour, it seemed as much to imply a reward for good behaviour as a throughcare measure in its own right. Mobility could also be curtailed if staff were off sick or were in short supply, causing frustration and disappointment for young people.

Different units had varying levels of access to specific classes in education. The majority of young people felt the education was good, although approximately one third felt it was not good, tending to be repetitive, too easy, or inappropriate to their vocational needs. Views about education tended not to change across time, but remained consistent between the various stages of the consultation process.

Programme work, like school, was a source of incentive points or rewards and several suggested that they undertook the work either because of the 'treats' offered or because it might help them leave secure care sooner. Several also commented that programme work was less effective when undertaken in the unit rather than in the community on release from secure care. Just under a third had undertaken one programme, and under a quarter had not been involved in any programme work, although reasons for this were not elicited.



Leisure time activities were varied but the respondents nevertheless felt that they were insufficient to relieve boredom. Reasons for a lack of appropriate activities included a lack of trained staff to supervise such activities, sanctions resulting in activities being withdrawn and resource constraints experienced by the secure units concerned. Weekends were particularly boring for many young people because there was nothing to do and they were locked in. Attitudes to activities became more negative once the young people had left secure and were reflecting back, although this varied depending on the unit in which the young people were housed, since some units had better facilities overall for recreation than others.

Health care facilities were deemed generally good, appointments made speedily and young people had appropriate access to medical and dental staff when needed.

Whilst the majority of young people claimed not to have a throughcare worker in secure care, others who did have one sometimes questioned the quality or availability of that input. Exit plans were relatively unknown by many young people, even when they were due to be leaving secure care within a week or so of interview. Approximately one third of those who were familiar with their exit plans felt that they had been changed or disrupted, partly due to the lack of alternative placements to secure care.

There seemed to be a wide range of agencies and workers available to those young people who had left secure care to return to their communities, whilst many had support from subsequent placements in residential units.



6. PERCEPTIONS OF SECURE CARE

“[STAFF] THEY’LL ALWAYS FIGHT YOUR CORNER AND THEY WON’T LIE TO YOU”

INTRODUCTION

As with any intervention aimed to instil a change of behaviour or attitude within any given group, it is crucial to elicit the group members’ views and experiences, since their attitudes could well affect the success or otherwise of such interventions. This Chapter therefore takes a broader look at these young people’s perceptions of secure care, in terms of staffing, feelings of safety, complaints procedures and suggestions for change.

STAFF

Staff members in secure units, as elsewhere in closed institutions, have a very difficult and sensitive task of balancing care with control, and often with very vulnerable, aggressive and emotionally unbalanced young people. Young people with mental health issues can demonstrate traits such as: lapses in concentration, blaming others, pessimism, depression, mood swings, short temper, vindictive and a general inability to enjoy things (Tighe, 2000). Coupled with the biological and other personality changes that young people go through in adolescence, the task of caring for and protecting this age group within an institutionalised setting must be somewhat taxing. However, by all accounts, the staff in these secure units were rated favourably by the respondents overall.

Attitudes to individual staff members within secure care units were generally very positive, with respondents mentioning the following traits of ‘good’ staff: reasonable, easy to talk to, good listeners, realistic, good fun, supportive, honest, respectful, less strict and encouraging outings/activities:

“Most of the staff are alright, you get a buzz from them... They just talk to you normal. They show you respect, I suppose” (13 year old male).

“They’ll always fight your corner and they won’t lie to you. They don’t take the mick out of you and that. They will be straightforward with you and help you with everything you need” (15 year old male).

“[My key worker] treats me like he would treat his own kid, if he had one at 14. He’s always interested in my family, asking and that. He’s easygoing, flexible and realistic. He grew up in a scheme like me, he knows the score” (14 year old male).

First impressions seem always to be important for young people, and the majority of respondents felt that the staff had been more welcoming than not on admission, although two young people mentioned that the staff did not talk to them when they first arrived. One of these two respondents suggested that the staff were keener to ‘observe’ the young person’s behaviour than to try to interact or engage in conversation with them.

YOUNG PEOPLE WERE SELECTIVE ABOUT WHO THEY SHARED INFORMATION WITH AND FELT COMFORTABLE WITH.

Some young people seemed not to be given a choice of key worker, which could cause tension if there was a personality clash or the young person preferred opening up to another member of staff, who was seen as kinder or more caring:

“He [staff member] was kind and really cared for us, he didn’t want to see us sitting in bored. He knew it did my nut right in” (14 year old male).

“My mum wanted me to stay here because the staff were good and I didn’t see that at first... Most staff do get involved [in activities]... I thought that it showed they did kind of care for us in a way” (16 year old male).

Others were wary of sharing personal problems with staff generally because of uncertainty as to how they would react, not least when the majority of respondents suggested that staff were inconsistent in how they dealt with young people or incidents. When the young people were asked if they felt able to confide in any of the adults involved in their care, only one of the young people said ‘no’. Sixty-four of the 71 young people stated that they could confide in the care staff, and yet teachers and social workers could only be confided in by under half of the young people. Other adults that young people said they could confide in were family and friends, Includem workers, link workers, programme workers and Who Cares? Scotland workers.

The young people were therefore selective who they shared information with and who they felt comfortable with, not least in respect of personal problems:

“I could think of one member of staff that I would be comfortable speaking to about [self harm]. But I don’t think he had ever got the time to speak to me. My key worker just thinks self harm is stupid, and is not interested in it at all” (15 year old female).

There were also a couple of instances where young people felt that staff were inadequately trained and/or were not familiar with their care plan arrangements which might impact on how they interacted with the young people. A lack of training and familiarity with care plans were particularly relevant issues in respect of sanctions. When taking all the staff together, the majority view was that staff were also inconsistent in their approach. Some staff would treat ‘misbehaviour’ in stricter ways than others, and send young people to their rooms for swearing or not eating meals, with one young person being reminded of a “boot camp... sergeants in the army”. Other staff members were considered to be more understanding or lenient, but there was a feeling overall that the seeming inconsistency in approach was unfair or unjustified:

“Some young folk don’t recognise when they’re swearing sometimes, it’s just the way they’ve been brought up” (14 year old male).



MOST TALKED ABOUT FEELING STAFF WERE KEEPING THEM SAFE.

SAFETY

Virtually all of the young people who completed the pre- and post-exit questionnaires reported that they felt safe overall while they were in secure care. This was despite the potentially aggressive behaviour of some young people in secure care, the reported rough-handling by some staff in restraining individuals and the offence-related reasons that many are placed in secure care. Some young people referred to locked doors or shatterproof glass as physical examples of 'safety' but the majority of the young people talked about feeling the staff were keeping them safe, that staff made sure there was no bullying, and that they were rarely on their own in the unit. However, that said, lack of privacy was something that some of the young people found difficult:

*"It's annoying that staff are always right there, you don't get any peace"
(13 year old female).*

*"I felt I had no privacy, in the spotlight, like the film, 'The Truman Show'"
(16 year old male).*

Four young people made reference to the fact that they were safe from people on the outside due to the locked doors and security, with one 13 year old boy saying "murderers can't get in" and another 16 year old boy saying "someone from outside couldn't get to me, they would have trouble getting in here". A further four young people also mentioned being safe from themselves or their own behaviour, acknowledging that they put themselves in risky situations and being in the secure unit kept them safe from those risks: "[I] can't get out to put myself at risk" (15 year old male).

Only two of the young people who responded said they rarely felt safe and gave examples of why this was, with one 13 year old boy acknowledging that this was because he put himself in difficult situations and the other felt anxious about being locked in at night saying:

*"You've a door shut behind you at night and they only look at you through a viewing, don't come in and check on you... it's sh*tte, you could be lying there dead or something"
(15 year old male).*



MANY WERE CYNICAL OF THE VALUE OF COMPLAINING.

COMPLAINTS PROCEDURES

Eight young people out of the 13 interviewed in the journey consultation suggested that they had never made a complaint. Of those who had made a complaint around half were satisfied with the outcome and the other half stated that they had either not heard back after putting the complaint in, or that they had not had outcomes for each of their complaints. However, many respondents were cynical of the value of complaining, with one young person suggesting that the staff will invariably find an excuse or an alibi for an incident which results in a complaint:

“The staff stick together... they’ll lie for each other and that. They say one thing, we say another. Then they’ll ask a staff [member] that wasn’t even there: ‘did I say that?’, and they’ll say ‘no’” (15 year old male).

Five respondents also implied that nothing would happen if they did file a complaint, not least when the complaint initially is passed to a staff member or manager and might not get any further:

“I’ve never had a response to a complaint in here, dunno why. I guess they think I’m in a stupid mood when I’m complaining... You can’t win with a complaint... Nothing, nothing ever happens when you make a complaint” (14 year old male).

“I got restrained and they banged my head off the floor just to calm me down because I was going that mad... you can’t complain about that kind of stuff because there are no cameras in the classroom... Nothing happened about it” (15 year old male).

Most questionnaire respondents felt confident that they could and would make a complaint if they needed to, and approximately one half had made a complaint while they were in a secure unit. When asked whether they knew if there was access to an independent person outwith the secure unit that they could make a complaint to confidentially, only seven of the 71 young people did not know that there was an independent advocate that they could complain to.

Several young people made reference to being asked to ‘sign off’ on the outcome, one felt he was pestered to do this and another refused to sign off and heard nothing subsequently about the complaint. Young people seemed aware of the paperwork that needed to be completed following these formal incidents and some felt that staff go through the motions of being seen to respond to the complaints and that the young person is expected to play their part of going through the motions of accepting the outcome. As a result, some felt the complaints procedure was tokenistic, as one 15 year old male remarked: “they just pester you until you sign it off”, which resulted in cynicism about the process as a whole:

“I ALWAYS THOUGHT OF SECURE AS A BAD THING AND THEN I FOUND OUT THAT IT WASN'T, IT WAS ACTUALLY QUITE FUN...”

“IT MADE ME REALISE THIS ISN'T THE ROAD I WANT TO GO DOWN... I WANT TO MAKE SOMETHING OF MY LIFE”

“I never had a response to them. I spoke to the unit manager in the end and told him to stick them in the bin” (14 year old female).

OVERALL PERCEPTIONS OF SECURE CARE

When respondents were asked for their general impressions of secure care, the majority of the sample were positive but, when asked to elaborate on specific issues, their views became more negative, although the level and intensity of negative views was no doubt partly influenced by the methods by which those views were elicited. Those looking back tended to be more positive than the journey interview sample, the former being able to reflect on whether and how secure care had helped them (in terms of maturing attitudes or reducing risky behaviour):

“I always thought of secure as a bad thing and then I found out that it wasn't, it was actually quite fun... It takes you 'til you get out to realise it was actually quite positive” (14 year old male).

“Aye, it's helped me, I can sit and talk to somebody now instead of going: 'get out my sight'... or doing something stupid. It's made me notice there's a lot more stuff in the world than the next drug” (15 year old female).

“It made me realise this isn't the road I want to go down, being locked up all the time. I want to make something of my life... It really helped me. I was just getting drunk every day... Look at me now, I only drink at the weekends” (14 year old male).

The journey sample interviewees, however, were perhaps more immersed in the day-to-day experience of being in secure care when they were interviewed. The level of questioning/discussion with these young people was also more in-depth and probed specific issues of concern to young people, issues which would have been fresh in their minds at the time of interview.

Three-quarters of the exit questionnaire respondents suggested that secure care had helped them in some way. Some noted that they had changed their thinking (eg stopping to think or thinking more clearly) and that they had got their 'heads straight'. As one young woman commented: “In some ways, I handle things better now, I think clearer, more chilled” (15 year old female). Some of the young people mentioned specific issues like handling anger better and therefore not being so violent or that being in secure had helped with their offending behaviour. Eleven of the young people made the point that they had either reduced or stopped offending, or reduced or stopped being so violent as a result of being in secure care and four talked about how the education or programmes had helped them.

“IN A WAY, AYE AND NO, PROGRAMMES HELPED BUT LOSING YOUR RAG TOO EASY...DIDN'T”



“Keeping out of trouble, coming in on time and getting up for school on time, realising there was punishments for committing crime” (14 year old male)

Several young people made reference to having to change their behaviour when they left secure care, with one 14 year old girl suggesting it had helped her: “a wee bit. I know that I have to stop running away or my life is going to be pure rubbish”.

Amongst the minority of exit questionnaire respondents who felt it had not helped them, one 13 year old female pointed out this was her second time in a secure unit, inferring this would speak for itself in terms of effectiveness. Equally, one 16 year old suggested that, although he had not offended while in the secure unit, this might not be maintained once he left: “probably stopped me offending in here, dunno though when I get out, used to get lifted three times a week”.

While the journey respondents reported that they felt safe, secure units had good health facilities and secure care was generally better than expected, they also commonly voiced a concern that secure care had not helped them to address their problems. For example, two young women suggested that it was up to them to modify their own behaviour and that secure care could not help them to do that, or that secure care was not proactive in changing behaviour, as the following quotation illustrates:

“All it's done is kept me safe. I'm still in the same position I'm in when I first came in here... Somebody with a drug problem shouldn't be in secure, definitely not. There should be a rehab place in Scotland for children” (16 year old female).

These respondents also felt secure care was ‘boring’, they were unhappy being there, there was bullying, the food was poor, they could not smoke, and they missed their families and friends. Four respondents all named one other secure unit which they felt was fairer and had more engaging staff, later bedtimes, more activities and better facilities.

Criticism was levelled at social workers and these criticisms included social workers not providing timely and proactive support, rarely visiting or contacting the young person, or there being a clash of personalities which reduced the effectiveness of the social worker/client relationship.

Although there was some variation in responses between those who completed the pre-exit questionnaire and those who also completed the post-exit questionnaire, there was not a great shift in opinion when young people were reflecting back from a position of having left the secure unit. Although five did not give a reason for their change of attitude, one young woman who optimistically said at the first interview that being in secure had “changed the way I think about myself”, 59 days later she stated that:

“JUST GO WITH THE SYSTEM, WORK WITH IT, YOU WILL BE OUT BEFORE YOU KNOW IT”

“I’ve not changed much, I still run away”. One young woman who initially thought that being in secure care had actually made her worse, when asked 35 days later had changed her view, saying that it had helped her because: “it taught me a lesson” and another said:

*“In a way, aye and no, programmes helped but losing your rag too easy with c*nts and getting charges didn’t” (17 year old male).*

The majority of young people admitted to secure care through the children’s hearings system described the care they received as either good or very good, with very few saying the care they received was poor. Helpful or caring staff were the primary reason given by the young people for this standard of care. Feeling safe, having someone to talk to, being treated well, staff being there to help you out if needed, and staff being able to ‘have a laugh’ with the young people were common positive descriptions of secure care. However, in a few cases the young people did not rate the care they received very highly because either staff were overly strict or did not give young people a second chance:

“They say they help you and they dinny, they say they help you to get out here as quickly as possible but they dinny” (15 year old male).

YOUNG PEOPLE’S SUGGESTIONS FOR CHANGE

Young people were asked – or gave unsolicited – their advice to other young people, and this advice included: to get on with it, to keep your head down, to do what you are told, to watch out for ‘bitching’, to keep out of trouble, to not bother about it, and to keep yourself to yourself. One young man reiterated that “in secure, you know your place” and that young people should behave and do as they are told. Further advice included: “watch out for dafties, don’t get in with the dafties and don’t trust everyone” and “just go with the system, work with it, you will be out before you know it”.

The vast majority of young people recommended just getting through the period in secure care, several pointing out that, if you behave, you get out quicker: “do what they ask you to do and then you’ll get out faster” (15 year old female). Such advice did not differ between those referred through the children’s hearings system and those referred through the courts. It is perhaps striking that these comments are all reactive, rather than proactive and infer elements of submission and ‘biding your time’, traits which may perhaps fit more appropriately in a punishment rather than a caring environment.

“I THINK THAT’S ONE OF THE GREATEST STRESSES... THEY HAVE BEEN SMOKING FOR YEARS AND THEN IT IS JUST TAKEN OFF THEM”

A couple of the young people had more positive proactive advice, which was comparatively unusual, such as: “accept the support on offer” and several young people made reference to knowing your rights as one 14 year old boy said: “Make sure you get treated properly, know your rights” and another commented:

“Cooperate and don’t isolate yourself with your peers and the only way you’ll change is if you want to change” (14 year old female).

As mentioned already, general boredom or feeling there was not enough to do in secure care was an issue for many young people. When asked what they would change about secure units, the majority (11 young people in the journey work and 21 in the exit questionnaires) - not unexpectedly for this age group – suggested more activities, outings, sports or learning opportunities. At the time of the questionnaires, two of the units appeared to have had what young people described as a ‘mixing ban’ on young people doing activities with other units at recreation periods, since four young people said that lifting such a ban would make the secure units better in terms of relieving boredom and encouraging integration. Nine of the young people mentioned what they felt to be problems with the staff, notably, low staffing levels restricting activities, staff being too strict, staff being inconsistent or unfair and staff not listening to young people:

“If all the staff were good. Some are rubbish. If they were all trained and picked by young people” (15 year old female).

Improving the food provided was suggested by eight young people, and five in the exit questionnaires and four in the journey interviews argued that being allowed to smoke or having a dedicated smoking room would make the secure unit more tolerable. Not being allowed to smoke was a bone of contention for some, when they were possibly already addicted to cigarettes and were in a stressful situation on admittance or when staff could smoke outside and remind them of what they were missing:

“I think that’s one of the greatest stresses, when young people come in and they have been smoking for years and then it is just taken off them” (15 year old female).

“I don’t find that very fair when staff come in after a smoke, stinking of it. Us smokers smelling that” (15 year old male).

ATTITUDES TO STAFF WERE GENERALLY POSITIVE.

A further four wished that they could be free to walk around the grounds of the unit. Three respondents would have liked a swimming pool (or, for the one young person who had access to such a facility, a bigger and better one) and for such a pool to have qualified staff on hand and a further three suggested having activities across units within the same establishment as well as mixed gender units. It was suggested that mixed units in any one establishment might reduce the stigma attached to being housed in 'higher risk' units, although in terms of those on remand/sentence, it was felt that it would be easier for such young people to live separately from those referred by the children's hearings system, when the latter had access to privileges such as mobility which were denied those on remand/sentence. Two respondents would have preferred more visits/visitors, a further two to reduce or abolish restraint.

Other suggested changes, each cited by one individual, included: better mattresses, more phone calls, more consultation on care plans, being present at room searches, for senior staff to know the young people in their care, more visits from either family or friends, to be able to integrate with other residents on the first or following day of admission, less searches, staying up later, having a tuck shop, better computer access during leisure time, and an 'independent' complaints officer.

The final two quotations below exemplify both the desire for greater freedom but also the suggestion that secure care criteria should be reviewed and tightened:

"What I would really do is open the doors, but you can't really do that" (14 year old male).

"How can I be locked up for 18 months just for running away and not picking up any charges? The bed could have went to somebody who needed it more than me" (14 year old male).

SUMMARY

Attitudes of young people to staff members in secure units were generally positive. The traits young people highlighted in staff were being reasonable, being a good listener, good fun, honest, respectful and easy to talk to. Generally speaking, staff were also seen as welcoming on admission to secure care. Young people were selective in who they chose to confide in whilst in secure care, with care staff being more popular than teachers or social workers. There was, however, some variation between staff members' response to young people depending on their 'mood'. There was a general feeling amongst young people of an inconsistency of approach between staff members within the same units on issues such as sanctions and rules.



THEIR ADVICE TO OTHER YOUNG PEOPLE WAS REACTIVE - 'KEEP YOUR HEAD DOWN'.

The majority of young people felt safe whilst in secure care, with staff being seen as proactive in keeping them safe. The fact units were locked meant that the young people also felt safe from outsiders.

Approximately one half of respondents had made a complaint in secure care but only a quarter felt confident that their complaint had been addressed satisfactorily. Several respondents in the journey interviews suggested that complaints could be ignored or that staff might find an excuse or an alibi for an incident to justify dismissing the complaint.

Three quarters of the sample who completed exit questionnaires felt that secure care had helped them although, overall, young people in the sample tended to be critical of secure care, notably in it not being able to address their problems, it was boring, they were unhappy there and they missed their families and friends. Criticism was also levelled at social workers who were seen as not providing support in a timely and appropriate manner.

Generally, their advice to other young people within the system, however, was somewhat defeatist and reactive, namely to 'keep your head down' and stay out of trouble. When asked what changes they would like to see made to secure care or secure units, many expressed a wish for better recreational and educational facilities, some would have preferred a dedicated smoking area or the ability to walk around the grounds more freely and some would like to be able to mix with other units in the same complex.

7. CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

Who Cares? Scotland notes that young people accommodated in secure care, and so deprived of their liberty and placed in a regulated environment, may sorely resent the restrictions this implies and want to express that - an unsurprisingly human reaction. We recognise some may vent feelings of frustration and anger. We also appreciate young people's prior experiences may mean they lack trust in adults especially those in authority and have not had opportunities to develop the skills and confidence required to appropriately articulate their emotions and adapt their behaviour.

Who Cares? Scotland sincerely recognises the complexity of the task and related challenges experienced by secure establishments which cannot be underestimated. At the same time, we are clear about our own distinct mandate: to promote the rights of young people looked after and accommodated - to protection from harm, to the provision of services and resources to promote their development, and to participation in actions and decisions which affect them in their lives.

Who Cares? Scotland is committed to the premise that young people's views must be listened to, taken seriously and factored into decision-making by policy-makers, service providers, scrutiny bodies and others whose remit touches those who are looked after and accommodated. To Who Cares? Scotland, there is no doubting the value of working in partnership with other key stakeholders and the importance of each one's complementary roles and expertise as all of us strive to work in the best interests of young people.

This report was compiled in the main by its lead authors, two external researchers. Who Cares? Scotland hopes that the following conclusions and recommendations are considered in the above context.

INITIAL REACTIONS SEEM A CRUCIAL TEST OF YOUNG PEOPLE'S SUBSEQUENT MOTIVATION...

CONCLUSIONS

ENTERING CARE

The majority of young people in this research found the attitude of staff on admission to be friendly and welcoming. However, many felt neither consulted nor informed that they were entering secure care and had initially negative reactions towards the secure care building and its general atmosphere. Such feelings may have conspired against these young people having a positive and constructive basis on which to feel safe and committed enough to address the reasons for their admission to secure care. Initial reactions would seem to be a crucial test of these young people's subsequent motivation and confidence in the secure care system, suggesting many of these young people 'got off' to a difficult start which may well have impacted on the effectiveness of the placement overall.

Equally, the young people seemed confused and lacked basic knowledge of their care plan, even though the majority said they felt involved in that planning process. Admission and care planning often appeared to happen in emergency situations, with the young person being little involved or consulted in a seemingly haphazard process.

Young people generally felt they had opportunities to express their views and, although they were able to cite a range of meetings where they could participate, many chose not to, for various reasons (eg boredom and disinterest, fear of adult meetings or pessimism about changing the system).

The assessment process and its duration was unclear to many, with some young people seeing this initial period as about punishment and waiting for incentives (such as a TV in their room) rather than about care planning and working constructively towards an end goal. There was some confusion over whether young people were not allowed 'privileges' (such as a TV) because they had to earn them or because they were firstly being assessed. This confusion resulted in assessment processes reflecting, in their eyes, a punishment rather than a care ethos in secure care; when they were at their most vulnerable, such punitive impressions could often be counterproductive in gaining the trust and goodwill of young people.



WIDESPREAD CONFUSION AND CONDEMNATION OF THE SANCTIONS USED...

All the young people received information on admission, either verbally or in writing, but it was felt to be limited with a focus on incentives and sanctions rather than on providing them with a basic understanding of the ethos of secure care and the opportunities that they could expect whilst there. This confusion could lead to frustration and resentment. The '72-hour meeting' was reported as not available to all young people nor did it feature significantly in their early perceptions of admission. Written information complemented by verbal guidance from staff on admission would have been seen by young people as more helpful and meaningful.

The respondents seemed less certain of their rights and the availability of independent advocacy than one might expect, given the promotion of the Children (Scotland) Act 1995 and National Care Standards, though access to independent advocacy is not a statutory right for young people looked after and accommodated in Scotland.

Overall, the admissions process was inconsistent, lacked meaning for many young people and did not provide a sound basis on which to build a positive working relationship between young people and staff.

The emphasis on 'sticks' rather than 'carrots', and the denial of full involvement in group activities at the outset, the latter conceivably because of the assessment process, all conspired to make these young people frustrated, cynical and defiant, which at such an early stage of their stay could prove counterproductive.

CARE AND CONTROL

Young people in the exit questionnaires suggested that they felt safe, supported and satisfied with their placement in secure care. However, this was not the overall impression gained from the in-depth interviews, most notably in relation to the 'control' aspect of 'care and control'. It may well be, as mentioned earlier in this report, that young people who were given the opportunity to voice their concerns to an interviewer in the journey interviews were more likely to expand on their experiences in secure care rather than those who completed an (exit) questionnaire.

Interventions as a means of control were generally seen as justified and necessary. However, there was widespread confusion over, and condemnation of, the sanctions used in secure care. 'Time out' and single separation were not clearly differentiated, not least where a unit had no 'quiet room'.



SEARCHES HAPPENED INCONSISTENTLY ACROSS AND WITHIN UNITS.

Equally, single separation and restraint seemed to be used inconsistently for a wide and arbitrary range of 'misbehaviours', some of which were seen as quite trivial. In particular, restraint was not used consistently as a last resort.

Restraint and single separation were seen by young people very much as punishment rather than care (for example, if staff were overly harsh in restraint, seemingly deliberately ignored a buzzer call, or emptied a room of any furnishings which might not only harm them but also preoccupy them when sent to their rooms indefinitely). Such methods could result in young people - through a one-off, aggressive incident - losing rewards or points built up over many months through otherwise good behaviour. Their anger or frustration which led to the original incident was not necessarily relieved by staff's reactions which could result in single separation and/or restraint. It was at times like this that young people felt most vulnerable and insecure, rather than protected and safe.

INTERVENTIONS AND PROCEDURES

Searches happened inconsistently both across and within units. Generally seen as necessary by young people, the interpretation of what 'being searched' actually meant did vary, although the term 'strip search' was commonly used.

Some felt the methods used were often inappropriate and invasive, and searches were often precipitated by visits from family, thus generating a feeling of mistrust between staff and young people.

Visits and mobility were used on some occasions as a 'reward' for good behaviour rather than a right, and frustration and resentment could result from their withdrawal. Contact lists were initially drawn up by social workers, not necessarily in consultation with the young person, resulting in people close to that young person being non-contactable, in particular, their friends. The time taken to draw up a contact list could also result in young people being unable to phone or have visits from family and friends for several weeks. Equally, staff shortages could affect both visits and mobility.

The majority of young people were satisfied overall with the education they received, although this varied according to the availability of subjects and resources across units, and the level at which the teaching was pitched. School offered a temporary and welcome relief from the routine and boredom of being confined within locked premises on a daily basis over several months. Programme work was seen as being delivering in an artificial rather than a real life environment. Programme work was said to offer little more than 'treats' to many young people and be essential for 'getting out' of secure care rather than 'getting on' in the community.

STAFF'S DUAL REMIT OF CARE AND CONTROL DID NOT SIT COMFORTABLY WITH YOUNG PEOPLE.

Often the impression gained from the interview material was that both school and programme work offered staff a means of containment and control rather than offering young people a means of rehabilitation and empowerment.

Opportunities for leisure and recreation varied from unit to unit and also depended on financial and staffing constraints, which young people felt was unfair. Boredom was a major issue for the majority of young people and after-school and evening activities were a seemingly crucial means of keeping them occupied, happy and engaged.

The health needs of young people were generally well met, with their reporting appropriate and speedy access to medical and dental staff when required.

Young people's comments about throughcare and exit plans suggested significant variability in relation to having a throughcare worker and levels of contact. Both throughcare and exit plans seemed shrouded in confusion and lacked clarity for the young people. Although they suggested, within the pre- and post-exit questionnaire data, that they were involved in developing these plans, their more in-depth perceptions of the reality of throughcare planning suggested that this input allegedly did not involve them in any significant way and a high proportion suggested that their exit plans at least often went awry at the last minute because of circumstances beyond their control.

The lack of alternative resources in the community on leaving secure care were often cited as reasons for exit plans not working out as anticipated. Yet very few said they were left without further support once they had left and were able to list a range of supportive agencies and individuals.

PERCEPTIONS OF SECURE CARE

Overall perceptions of secure care were positive, not least because of the supportive role played by members of staff. However, when more in-depth views were elicited, staff could be seen as both supportive and punitive. Their dual remit of care and control did not sit comfortably with young people. Although secure care is meant to combine both, the impression gained from many of these young people was that there was an unjustified emphasis on control and the care aspect was lost, to a certain extent due to sanctions, resource constraints and an ethos of punishment.

In terms of search, single separation and restraint, staff were often seen as 'the enemy', the people who would try to find illicit items in one's room and who would punish or apply sanctions. Simultaneously, they could also be seen as the people to talk to in a crisis and the majority of young people felt safe in secure care - staff kept them safe, as much from people on the outside as from themselves. The physical environment of locks and bolts was also as reassuring to some as the caring environment.

WHEN ASKED WHAT ADVICE THEY'D GIVE TO OTHERS, MOST STRESSED AVOIDING CONFRONTATION WITH THOSE IN AUTHORITY OVER THEM.

There were criticisms that staff were inconsistent in their approach and young people tended to see the use of sanctions as dependent on which staff were on shift. Young people felt some staff 'held grudges' or had 'an attitude', and the fact that young people had no say in their allocation of a key worker did not help them to trust and engage with staff. The importance of the staff to the lives of the young people in secure units cannot be underestimated. However, these perceived inconsistencies were felt very keenly by young people and could make or break their successful stay in secure care.

The majority were critical of the effectiveness of secure care overall and its capacity to instil calm, commitment and constructive activity for young people. Nevertheless, on reflection, the majority felt that it had helped them in some way.

The complaints procedure – or at least how it was responded to - varied from unit to unit, with some young people questioning the value and independence of the process whilst others felt the complaints process seemed clearly signposted and fair. However, what happened once a complaint was made seemed less clear, with young people awaiting outcomes and explanations for those outcomes for some time. There was also a suggestion that staff may 'stick up for' each other and that written complaints may not be taken to the relevant authority.

This resulted in many young people either complaining out of principle but not expecting any change, or not complaining at all.

Finally, when young people were asked what advice they would give other young people in similar circumstances, the majority stressed the need to avoid confrontation with those in authority over them, keep a low profile and in effect to 'do one's time'. Such advice came both from those referred through the children's hearings system and those referred through the courts.

The Scottish Government is committed to working in partnership with key stakeholders to improve outcomes for looked after and accommodated children and young people. This report has highlighted the importance of including those children and young people as stakeholders in their own right, not least because of the need to gain their trust and cooperation in addressing their concerns and wishes. Whilst such young people see the need and justification for secure care in general, listening to their concerns about particular aspects of such care will undoubtedly improve outcomes, not only for them but also for other stakeholders. Who Cares? Scotland hopes that the views and experiences of the young people contained in this report will be seen as a welcome and positive contribution towards improved services for all young people in secure care.



RECOMMENDATIONS

GENERAL

Recommendation 1: Nationally agreed guidance to ensure consistency of approach, values and practice across and within secure units should be compiled and, similarly, a 'welcoming pack' for young people which is accessible and recognises young people's different stages of development and literacy. Attention should be given to its clear communication as an aid to young people's understanding of secure care at the start of their placement in secure care;

Recommendation 2: Young people looked after and accommodated should have, as a statutory right, the opportunity to speak with an independent advocate at any time whilst in care, with access to independent information and advice further safeguarding their rights and boosting their confidence in the fair and consistent application of secure units' rules and complaints procedures;

Recommendation 3: There should be more effective liaison and negotiation and, where possible, at the earliest opportunity, between young people, social work and secure units about the justification and arrangements for entering secure care;

Recommendation 4: Consideration should be given by secure units and by registration and inspection bodies to staff's understanding, teamworking and consistency of approach in relation to the distinction between care interventions and control interventions.

ENTERING AND LEAVING SECURE CARE

Recommendation 5: The length of the assessment process should be shortened and more clearly defined, so that young people are included at the earliest possible opportunity in group activities, incentive schemes, schooling, etc;

Recommendation 6: Consideration should be given to developing young people-friendly methods and materials to enable them to participate easily and meaningfully in care planning processes;

Recommendation 7: Young people should be routinely consulted, and have the opportunity to be actively involved, in their throughcare and exit plans, with an adequate, planned schedule during a young person's time in secure care to implement these plans.

CARE AND CONTROL

Recommendation 8: The case for additional national guidance to aid consistency in relation to the use of single separation should be considered by secure units, the Scottish Government and the Care Commission, with young people being informed at the start of their placement in secure care about the circumstances when it will be used;

Recommendation 9: A clearly designated 'quiet room' for 'time out', as distinct from single separation instigated by staff, should be a standard requirement in all secure units across Scotland, with staff trained in the different uses put to quiet rooms compared with other interventions, including de-escalation techniques;

Recommendation 10: The case for additional national guidance to aid consistency in relation to the use of physical intervention and restraint should be considered by secure units, the Scottish Government and the Care Commission, with young people being informed at the start of their placement in secure care of the circumstances when it will be used;


Recommendation 11: There should be one nationally accredited system of training and independent monitoring, endorsed by the Scottish Government, for all secure care and teaching staff in the use of restraint, building on the guidance contained in 'Holding Safely' (Scottish Executive, 2005), to ensure one method is used consistently across the secure estate;

Recommendation 12: There should be close scrutiny of physical intervention and restraint at the local level, building on physical intervention monitoring groups already in place in some residential schools and secure establishments, to analyse the nature and frequency of physical intervention and restraint, and ensure consistency of methods and their use.

INTERVENTIONS AND PROCEDURES

Recommendation 13: There should be additional national guidance detailing the use of, and justification for, searches to ensure consistency across and within secure units. This should be clearly communicated to young people at the start of their placement in secure care;

Recommendation 14: Common policies and procedures should be developed across all secure units and applied across staff teams within individual units, in respect of a consistent approach to rules, visits, phone usage, mobility and sanctions;



Recommendation 15: There should be adequate staffing, resources and flexibility so that young people are not disadvantaged by staff shortages or budgetary constraints in terms of their opportunities for education, programmes, mobility and leisure;

Recommendation 16: The status and purpose of 'mobility' should be clearly stated in young people's care plans including circumstances for potential withdrawal, and explained to young people at the start of their placement in secure care;

Recommendation 17: The compilation of a contact list should be completed on admission, in consultation with young people, it should be changed in collaboration with young people, and an explanation given to them if a requested contact is not included or later removed.

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