

# Qualitative Study: The Use by Local Authorities of Secure Children's Homes

Jane Held Consulting Ltd

**Research Report  
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## **1. Introduction**

1.1 This report sets out the findings of a short qualitative study into the use of Secure Children's Homes (SCH's) for placements made under Section 25 of the Children Act 1989 (usually known as welfare placements or welfare beds).

1.2 The study was undertaken in late December 2005 and January 2006. It could not have been done without the effort of the respondents who gave generously of their time at a particularly busy time of year.

1.3 It contains information which can be used to inform future discussions about what action might be required to ensure the ongoing provision of sufficient welfare beds to meet future demand.

## **2. Background**

2.1 Ministers were concerned about the recent fall in demand for welfare beds in secure children's homes and the possible implications for the future of such homes.

2.2 They wanted to understand the reasons for this fall in demand, and whether it represents a long term trend, and to give a clearer understanding of the issues that influence a local authority's use of secure children's homes.

2.3 Following discussions with stakeholders (the Association of Directors of Social Services, the Secure Accommodation Network, the Commission for Social Care Inspection and the Youth Justice Board (YJB)) they decided to commission a qualitative study examining the way in which local authorities were using welfare secure placements.

## **3. Methodology**

3.1 The study consisted of a one hour telephone interview conducted with a senior or middle manager in a number of Local Authorities.

3.2 The questions to be asked were circulated in advance as some research and case work information was needed to be able to respond, (see appendix 1). The process was qualitative, and interrogative, and required a degree of subjective but informed response from respondents as well as data based information and practice evidence.

3.3 15 local authorities were selected, from a range of authorities. Some had a relatively high use of welfare secure placements and some a very low use. Even the “high users” had relatively few placements. A small number had an in-house secure unit.

3.4 14 responded to the invitation to participate, but only 13 participated as one interview was cancelled at the last minute.

3.5 The respondents were managers selected to participate by their Director of Children’s Services at second, third or in one case fourth tier. They had direct responsibility for all or a significant part of the process for young people who needed looked after, for provision or relevant decision making or both.

3.6 It was a difficult time of year to undertake a survey, with the pressures of budget preparation as well as the holiday season. A number of the authorities selected were also undergoing Joint Area Reviews. This coupled with the need for respondents to prepare some information extended the period of the study to six weeks.

#### **4. Summary of key findings**

4.1 The study found that:

- The use of SCH’s was dropping as the result of conscious changes in approach, practice and expectation by Local Authorities.
- All the Local Authorities interviewed (including those who provided SCH’s) accepted that there would always be a need for some use of secure settings but felt it should be very small.
- Two thirds of Local Authorities saw them as a placement of last resort and only to be used when every other possible alternative has been tried. The outcomes for these Local Authorities were less effective than for those Local Authorities who saw it as a potential positive intervention.
- There is a different approach taken in the process of assessment, decision making and placement with girls and with boys, with different thresholds of concern and intervention. Judgements about risk also tend to be different depending upon gender.

- Contract and highly specialised foster care is seen as a more effective response to many very troubled and troublesome young people. The majority of Local Authorities were acting responsibly in the exercise of their approach to those alternatives.
- The quality of the non secure types of provision now being used and developed as alternatives to using a welfare secure placement is steadily improving and is being carefully managed.
- A number of respondents recognised and commented on the fact that there are not the same legal safeguards that a secure order brings built into none secure intensive specialist types of services used as alternatives.
- Alternative placements are often significantly more expensive to use than a placement in a SCH.
- There is a lack of confidence in the ability of SCH providers to provide high quality, purposeful, outcome focussed services with the right individual input and treatment/therapeutic input etc and a view that other providers can provide better services.
- There was a unanimous view that when a secure placement or equivalent alternative is identified as needed, finance is not a constraint, not are the procedures to obtain an order. The current requirement for gaining the Secretary of State's permission for placements of under 13 year olds was seen as appropriate.
- Availability can be a real constraint, (even with an increasing number of unused placements) both in terms of relatively local provision, and in terms of the availability of a placement that can meet the specific need when required.
- Most LA's felt the mixture of youth justice provision and welfare provision in most units is unhelpful and would be more confident about using a SCH for a welfare placement if it is solely providing welfare placements. This is despite their recognition that the young people placed have many of the same problems.
- There is very little evidence of either cost shunting to the YJB or of the avoidance of decision making leading to an inappropriate reliance on the criminal justice system. However

the interpretation of s25 guidance as “last resort” means some young people end up in secure placements before a decision to apply to the court under s25 is made.

- There is a very mixed picture in terms of the impact of the Child and Adolescent Mental Health Service (CAMHS) strategy and grants with some authorities agreeing it had brought better and more CAMHS services but others indicating they were still experiencing difficulties in agreeing joint priorities for investment and development with local PCT's. All authorities felt there was not enough dedicated CAMH provision on site in SCH's.
- There is still significant use of SCH's as the only way to achieve a safe setting for a young person with severe mental health problems when there is no available tier 4 CAMHS service or when there is disagreement (legal as well as professional) about the ability to appropriately use tier 4 NHS provision.
- All LA's recognised the problems of ensuring a supply of placements in SCH's that are local, available and suitable as well as affordable. They understood the problems created by demands for a highly specialist and individual service with low volume, volatile demand patterns. None had active commissioning strategies for the purchase of such provision at LA or at regional level.
- There was a mixed view about whether ensuring a spread of locally available high quality easily accessible units would be more achievable if the independent sector were more involved in the market.

## **5. Key Messages**

5.1 The use of SCH's is falling for practice based reasons rather than economic ones. However there is a unanimous view from respondents that despite this drop in use there will always be a need for a small number of secure welfare placements.

5.2 There was no evidence that Local Authorities are using secure placements inappropriately. Every Authority's processes and procedures were designed to ensure that secure welfare placements, when used, were used in the best interests of the child. The circumstances which led to use were remarkably uniform and met s.25 criteria. Where use was low or falling this was because of greater use of alternative services to achieve the same outcomes.

5.3 There is a serious gender imbalance in use, with significant numbers of placements being for girls. This appears to be linked to gendered interpretations of when a young person is at risk as well as the fact that many troubled and troublesome boys end up going through the youth justice system earlier and faster than girls.

5.4 One third of respondents interpret s.25 of the Children Act 1989 proactively, seeking to use a secure placement positively. Two thirds of respondents see the guidance to and criteria for s.25 of the Children Act as meaning "last resort" rather than the most effective "resort" or action. They try a long list of less appropriate alternatives before making a decision to make an application to the court for a secure order.

5.5 The use of a range of more expensive appropriate new alternatives to welfare secure placements is steadily increasing, and the assurance processes used to make sure that those alternatives are safe, good quality, effective and registered are also improving. Outcomes for the young people in these alternative placements are positive, and evidence shows that the young people placed in them, whilst they meet the criteria for s.25, do not then move on to secure placements.

5.6 The growth in the use of alternative non secure services for young people who meet s.25 criteria to provide highly personalised intensive care with specific therapeutic interventions is appropriate. It is high cost and often more expensive than a secure place. However the legal safeguards for those young people are inferior to those for young people with the same needs who are placed through a secure order in a welfare bed.

5.7 There is a serious shortfall in access to Child and Adolescent Mental Health Services in welfare secure units, many of which are used for children and young people who have severe mental health problems but who are not able to access tier 4 adolescent mental health provision.

5.8 The boundaries between those young people who are sectioned under mental health legislation and those who are placed in secure welfare provision are somewhat confused. It appears that many young people end up in welfare secure after psychiatrists refer them on to social services because they do not have a diagnosable and treatable mental health disorder, regardless of the behaviour disorders they may be exhibiting.



5.9 There is a lack of confidence in the ability of SCH's to provide a focussed treatment programme when a young person is placed, coupled with anxiety that placements are not purposeful and do not facilitate effective transitions into an open setting.

5.10 Outcomes for approximately half of the welfare secure placements discussed helped to ameliorate the young person's risk taking behaviours, keep them more stable and reduce anxiety about them. Given the extreme behaviours exhibited by the majority of the young people prior to placement these outcomes are in the circumstances, reasonable. However the other half of those young people placed had poor outcomes, some returning to secure more than once.

5.11 Local Authorities are not avoiding decisions about the use of welfare secure placements in the hope that the youth justice system will bear the cost of placements. There are some young people who are subject to youth justice processes who end up in welfare secure beds and vice versa. However the "last resort" approach to the use of welfare secure placements impacts on the numbers of young people who enter secure placements (sometimes well before the grounds for a s.25 order are felt to be met) through the youth court.

## **6. Conclusions**

6.1 Local Authorities are using secure welfare placements for appropriate purposes and have adequate safeguards in place to ensure only young people who need to have their liberty restricted are placed in them. The majority of authorities use it as a last resort rather than as a positive intervention. In addition it is used more frequently for girls, who are subject to greater degrees of anxiety about their vulnerability.

6.2 To remain effective and to be actively used as positive interventions, Secure Units will need to increase confidence in their ability to provide flexible treatment programmes with in house or attached CAMHS services, substance abuse services and similar services as well as high quality education. This may mean radical changes to the way in which units are provided.

6.3 It is unlikely that demand for secure placements is going to increase and may continue to decrease a little. There will need to be a co-ordinated approach across regions to assessing likely future need in order to effectively commission sufficient places, prevent destabilisation and a loss of too many beds. This will need to be co-ordinated with the commissioning strategy for the YJB. It may

require radical or innovative new approaches to commissioning and contracting with appropriate providers as the small numbers and volatility of demand make it a highly specialised market.

## **7. Issues for Consideration**

7.1 The following suggestions are put forward for consideration and discussion:

- Consideration is given to redrafting the current statutory guidance to s.25 to ensure that interventions which use a secure placement are used as a positive intervention rather than a last resort.
- Consideration is given as to how to ensure that when alternatives to secure which have the effect of totally restricting a young person's freedom of movement and limiting their privacy are used they are subject to the same checks and balances and requirements as secure provision.
- Consideration is given to requiring providers to provide in house psychiatric and psychological services as well as education. The current review of national minimum standards may assist with this.
- Consideration is given as to how to ensure there is a nationally understood and regionally commissioned service with local small secure units providing solely welfare services, with linked specialist foster care placements. This needs to be done in parallel with the YJB commissioning strategy to avoid destabilising either service.
- Consideration be given to what would be needed to facilitate the development of hybrid secure services which can be used for young people on a mental health section or for young people on welfare grounds so the "false divide" between those young people who are subject to a diagnosed mental health problem and those who are troubled and troublesome is eliminated
- Thought be given to how the current DfES/HO/DH policy focus on sexual exploitation can be explicitly considered and used to eliminate the gender imbalance in how SCH's are currently used

## **8. Context**

8.1 Children and Young People can only be placed in a secure setting if there is a relevant court decision relating to the placement and the associated removal of that young person's liberty. Section 25 of the Children Act 1989 governs the placement of children and young people who are looked after, and sets out criteria which govern the application for and making of secure orders.

8.2 The criteria are basically that they have a history of absconding and when doing so are likely to suffer significant harm, and or that if they are placed in any other form of accommodation they are likely to injure themselves or others.

8.3 Young people can also be placed in secure settings through youth justice legislation (remand or custodial sentences) or through mental health legislation (referred to as a "section")

8.4 Local Authority Secure Children's Homes are run by local authority social services departments under licence from the Department for Education and Skills. They are generally used to accommodate young people aged 12 to 16-

8.5 They are inspected under section 80 of the Children Act 1989 and have to meet the requirements and regulations for community homes as detailed in children's homes regulations 1991 and the additional requirements of the children (secure accommodation) regulations 1991. A triennial inspection looks at all aspects of care and provision, including education, which a secure unit is expected to provide.

8.6 Secure children's homes are expected to support the physical, emotional and behavioural needs of the young people they accommodate, tailored to their individual needs. To achieve this, they have a high ratio of staff to young people and are generally small facilities, ranging in size from six to 40 beds.

8.7 Until the Crime and Disorder Act 1998 and the establishment of the Youth Justice Board secure homes provided a mix of justice and welfare provision without making any distinction between them in terms of commissioned or contracted activity.

8.8 The Youth Justice Board introduced a national commissioning strategy and associated contracting for the secure estate and contracted fixed numbers of beds from local authorities who ran SCH's. This had an impact on the way in which welfare secure provision was managed and provided, and initially it was hard to access a secure welfare placement.

8.9 This is now not the case and as the contracts for youth justice beds have changed welfare capacity has increased. Some SCH's provide both justice and welfare beds and some provide one or the other. A change in the number of secure beds can alter the viability of a secure unit as can a change in the use of welfare placements.

## **9. Findings, Analysis and Commentary**

### The circumstances in which welfare secure placements are used

9.1 The majority of placements made by the local authorities who responded were between 13 – 16 years old. There was a strong gender bias as the majority of placements were of girls, who were on the whole also younger when placed.

9.2 All the respondents were clear that SCH's are only used in circumstances where there is an extreme risk to self or others and no other alternative.

9.3 However there were subtle differences in understanding expressed about there being "no other alternative" as required in the guidance. Some respondents understood it to mean no other viable alternative that would be as appropriate, when the use of a secure placement is as a positive option and specific intervention. The others interpreted it as when the use of secure was as a last resort.

9.4 About a third of the respondents used it as a positive intervention. Two thirds used it as a last resort at the end of a string of interventions and placement moves, interpreting the law and guidance as requiring that everything else had been tried. It is interesting that where it is seen as a positive intervention there is in general lower overall use of secure placements.

9.5 This may indicate that the quality of assessments and of focussed decision making is better in those authorities (although that was not tested) or that seeing it as a positive intervention frees staff up to think about what is more likely to work rather than what "has" to be tried first or both.

9.6 Certainly there is no doubt that the policy approach and the attitude (and practice culture) of senior decision makers in an authority has a very significant impact on the nature of usage in terms of the use of SCH's. Every respondent required the specific decision to apply for a secure order and seek a place to be at either Chief Officer or second tier level and no lower.

9.7 Where there had been no use of a secure welfare placement recently the authorities concerned had clear, policy based, strategic and operational approaches to the assessment of need, and to the use of secure as a positive intervention in certain limited circumstances. They were quite clear they had not avoided the use of welfare secure placements for financial or philosophical reasons.

9.8 The alternatives they were using for children and young people who met s.25 criteria were carefully commissioned, planned and monitored and senior staff had considerable detailed understanding of the individual cases placed in those alternatives.

9.9 They also had stronger, evidence based, negative experiences of the lack of ability of many (not all) SCH's to actively meet need, work with rather than just contain young people and have active outcome focussed plans for transition out of secure. Despite this they were all clear they would use if necessary.

9.10 Greater use of SCH's appears, from this very limited sample, to be linked to authorities with less effective systems for assessment, care planning, and management of young people, and a less effective strategic approach to services, and to the commissioning of services. In addition it appears to be associated with the nature of partnerships with other agencies, and to pressure from the police in particular, and from NHS clinicians indicating organisational anxiety about risk had a greater impact in those authorities.

9.11 The senior officers of those authorities, with two exceptions, were clear that their current intentions are to improve focussed individualised planning and reduce the use of SCH's accordingly. They saw it as linked to work to improve their overall placement stability. This supports a conclusion that the fall in use was conscious, practice based and appropriate in local authorities and was the result of improving practice.

9.12 However until secure beds are seen as a positive intervention by all authorities, some may continue to use a range of less suitable alternatives prior to making a "last resort" decision for a small number of children and young people, compounding rather than resolving the difficulties those young people face.

### The Policy Framework

9.13 All but two of the authorities responding had a policy about the use of SCH's. Only two of those were Council policies, the rest were departmental and varied in their scope and quality. Most policies

reflected the requirements of s.25, and were linked with the procedures and protocols that needed to be followed to obtain authority to make an application for an order.

9.14 A number had recently been reviewed and redrafted or were in the process of being reviewed. One authority identified, as a result of the study, that their policy was outdated and could not be applied currently as it did not reflect current service structures in its requirements.

9.15 The majority of the respondents' policies were available to staff in a staff manual or handbook, (variously in hard copy or online) although two senior managers expressed some concern about whether their staff really used the manuals effectively when they were considering the use of a secure placement.

9.16 All but one authority had very clearly defined processes in place for considering a placement. These processes were well understood and there were sufficient checks and balances to ensure they could not be subverted.

9.17 About two thirds used as a basis for decision making their authority based processes for the assessment of need. Of the two thirds, over half had additional steps within their procedures and processes for considering a secure placement.

9.18 Of those with additional "steps" a few had as an independent check and balance "offline" staff or non-operational senior staff assessing the case for such a placement before proceeding to seek authority to make an application.

9.19 All the authorities saw the role of the Independent Reviewing Officer as important in ensuring that reviews of the child or young person's needs remained child focussed. The pressure from other agencies was commented by some authorities on as a problem, in that if other agencies did not agree with a decision, they found ways to get round the authority processes to press for a decision.

9.20 One authority that had their own in house SCH had additional procedures in place to ensure that the local availability of a service did not make it easier to access a secure placement. They also treated the SCH they ran as a wholly commercial service with a charge for placement to their own staff as well as externally.

9.21 All the authority processes and procedures were designed to ensure that placements when used were used in the best interests of the child rather than to prevent expenditure.

## The Law

9.22 A minority of respondents said that they followed the legal requirements of s.25 but did not make any reference to the current statutory regulations and guidance in their procedures. The majority were familiar with the regulations and had integrated them into their policies, procedures and requirements. Most could refer to and had access to a copy of the relevant volumes of Children Act 1989 Regulations and Guidance.

9.23 Every authority involved their legal services early in the process of decision making to identify whether the young person did meet the s25 criteria, regardless of whether the subsequent plan was to make an application to the family court for an order or not.

9.24 A number commented on the difficulties associated with timing, and of deciding whether to seek and obtain (and pay for) a bed before going to court for an order or not. Several cited occasions when they had obtained an order in the last three years but could not obtain a bed.

9.25 Similarly several cited relatively recent instances when a young person was excluded by a SCH without sufficient warning or planning, and they were unable to obtain an alternative placement, or were discharged without planning from a tier 4 forensic Hospital setting but still needed secured. One authority cited an instance when a youth court failed to remand someone suspected of a very serious assault and the view was that they had to be kept safe to protect themselves and the public.

9.26 In those circumstances they had to make difficult decisions about where to hold the young person whilst a bed was sought. These decisions were usually not fully compliant with the law but they had no alternatives.

9.27 They were all clear that where there was an order in place but no bed they kept the court informed, they liaised closely with their local CSCI Business Relationship Manager on the case, and kept the lead councillor and chief executive informed.

9.28 It is absolutely clear that these circumstances were uncommon and that they generated a high degree of anxiety and very tight management at the highest levels. It reflects the position that local authorities often find themselves in when everyone else can refuse to take or work with a young person but the authority has (rightly) to continue to support and care for them.

9.29 Access clearly remains a problem even when there is a surplus of supply over demand within the sector. The reasons for this were not explored in depth but the need to ensure a safe appropriate "mix" of young people within units was cited as the most common reason given for a refusal to take a referral. The second most common was the inability to swap between YJB contracted beds and welfare beds depending upon demand. Other reasons given by respondents (who in the main were referrers rather than the providers) were age or gender mixes, or the need to hold beds for possible admissions.

#### The circumstances of the children and young people

9.30 The circumstances which would lead to use were remarkably uniform. Decisions to seek orders were made when an individual was at risk of serious or life threatening self harm, risk of severe abuse and exploitation, particularly sexual exploitation; risk of severe harm or death through exposure to drugs or overall substance abuse, risk of severe harm to others, and absconson coupled with one or more of the above factors.

9.31 For three authorities the reduction of agency/multi-agency and organisational anxiety played a minor factor but for the majority this pressure sharpened their resistance to seeking to make a placement unless it was absolutely clear that there were no other alternatives (suitable or not in some cases).

9.32 It was clear that concerns leading to use for girls (the majority group) were in the main linked, (not necessarily explicitly or even consciously) to the risk of sexual abuse, harm or sexual exploitation. Incidents of identified self harm and serious mental health problems were higher too.

9.33 The same considerations were not applied to boys, with the exception of two authorities who had ACPC policies on prostitution, addressed prostitution in both sexes in the authority crime reduction strategies and explicitly recognised rent boy activity as inherently harmful and potentially requiring the use of a SCH placement to protect that individual young person regardless of gender.

9.34 Boys were more often placed due to behaviour that posed a threat to others and to absconson which related to potential involvement in disorder or criminal behaviour.



9.35 Local Authorities were in the main surprised by the gender imbalance when asked to analyse their use of secure over the last three years. The numbers placed by an individual authority so low it is unsurprising that trend analysis is not conducted as a matter of course. However the study triggered discussions which in at least seven authorities will lead to their reviewing their practice in gender terms in the next year. It may be something that benefit from being shared as an issue for consideration between authorities through regional or performance based activity

#### The commissioning of SCH's

9.36 There were strongly expressed views by most respondents about the need to use a secure place as an active positive intervention, rather than just heave a sigh of relief that the young person was "held safe". They said that they would not consider any request from staff for a placement that did not have clearly defined plans in place for the period of the placement, with identified outcomes to be achieved and a plan pre-placement for how to approach rehabilitation back into an open setting.

9.37 Respondents indicated that they had low expectations of most SCH providers in terms of providing such a focussed and planned approach. They also said that they struggled to identify places that could meet what they required at short notice relatively close to them. All their use was on a spot purchase basis.

9.38 However they acknowledged that they did not have their own commissioning plan in place, because their local level of need for such a service was so low. They also commented on the absence of either regional commissioning strategies or a national overview. They accepted that regionally they had the structures in place to consider the issue but again felt it was too low a priority.

9.39 Respondents were also unaware of the national drop in usage until approached for the study. They indicated that their consideration of use was still affected by the view that they would find it hard to obtain a place but that the perceived shortage had helped them improve practice in terms of developing and using alternatives. They felt that knowing about the excess supply would not change their decision making processes now.

9.40 About two thirds of authorities had paid for additional support to the SCH in which they had a placement. The cost to authorities of ensuring additional services to secure effective outcomes rather than just securing the young person they had placed was in some instances significant.

9.41 All expressed concern about the difficulty of obtaining good CAMHS services within a SCH, or where they had good local CAMHS service locally, of maintaining the individual's treatment programme when the young person is placed at a distance.

9.42 Authorities were also purchasing additional counselling services, and additional educational input. Several were purchasing additional residential social work staff where a SCH had indicated that they felt a higher staff ration was needed for the individual than they provided as a norm. Sometimes they felt that this was the only way to maintain the placement and sometimes this was done as a positive and considered option.

#### The types of alternative services commissioned

9.43 The range of alternative provision being commissioned to use instead of making an application for a secure placement is very wide and in the main tailored to meet the needs of the individual.

9.44 A number of authorities had created (from their own resources) or commissioned (from a well known flexible provider that they already had a relationship with) highly staffed single child units locally. Several of these were unregistered initially. This was done as the only option when no other alternative could be identified, including in three cases no SCH place.

9.45 Several had commissioned them from providers as part of a planned action. Where commissioned they were being very carefully quality assured at regular intervals. Only one authority had recently used an unregistered outwards bound style "1 child to three staff" type of service, as an emergency, for 4 days.

9.46 Unit costs varied but one service was costing £650,000 per annum when first set up and is now costing £250,000. The majority of alternatives used cost as much or more than a SCH placement.

9.47 Contract, professional or specialist foster care was seen as the optimum choice for the majority of young people in alternative placements, but only when used with additional support from dedicated social work staff and very high level psychiatric, psychological, and educational input. Again these cost significant amounts of money although were slightly cheaper than residential alternatives.

#### Appropriate use of alternatives

9.48 There was no evidence from the study that local authorities were using alternative forms of provision inappropriately, where the decision to do so was carefully considered and selected as the best alternative. Only two LA's could identify cases where, when they had decided a young person met the criteria but would not be placed in a SCH, the arrangements broke down and a secure placement was then used.

9.49 However it was clear after each in depth discussion of this question that for those LA's where a secure placement was seen as a last resort this number was probably higher than they had initially identified. The reason they had not identified the higher breakdown rate was that the majority of those young people were not formally identified as meeting s.25 criteria until everything else had been tried.

9.50 There was also evidence that where alternatives were used to avoid the "last resort" of a secure placement rather than as a positive choice to better meet need, they often did not achieve the desired outcome and broke down.

9.51 The same was broadly true for cases where a young person who met s.25 criteria was not made subject to a welfare order but was subsequently secured under Youth Justice legislation. Only one authority said that they did occasionally actively avoid making a decision when the YOT was involved. One other authority could identify a single case where that happened but said that they had subsequently taken action to ensure it did not happen again.

9.52 The "last resort" syndrome meant however that intervention was probably not quick enough in some cases. However several respondents could also cite cases where the reverse was true and that they had had to make application when the Youth Court failed to do so.

#### Outcomes for young people

9.53 Outcomes were very variable. I was given considerable case information as every LA had so few young people placed over the last three years. Discussion took place with each authority about what should be used as the measure of a good outcome. The majority of young people who had been in secure placements did not achieve the same outcomes as either their peers who are looked after or their wider peer group.

9.54 The majority of placements kept the young person alive, as the lowest common denominator of a good outcome. Approximately

half of the placements made in SCHs helped to ameliorate the young person's risk taking behaviours, keep them more stable and reduce anxiety about them.

9.55 A few were successful in that the young person was "doing well" in a family or open residential setting, although only one had gone on to further education and only a few had gone into training and employment.

9.56 Of the rest a small number had been held in secure for more than twelve months and a significant number for six months or more. Every authority could identify young people they had placed over the last three years who had had more than one episode in a SCH. A significant number of them had had several placements back in secure settings.

9.57 A significant number of them had also gone on to become seriously involved in the criminal justice system, and several were in the adult prison system. A number were also still involved in prostitution, or substance abuse post placement. A small number were seen as unlikely every to be really helped, but respondents felt that their behaviour was managed marginally better and they were safer overall.

9.58 Those local authorities who saw secure as a positive option and had successfully changed practice to use it in that way still felt that placement breakdown was overall higher for the young people who had been secured than those where the use of a secure place had been positively avoided. They felt that this reflected the very extreme problems those young people had, and the difficulties of obtaining "in placement" specialist treatment.

### Constraints

9.59 Respondents did not identify any no serious explicit constraints other than constraints created for good reasons, developed internally to ensure policies were properly followed.

9.60 Clearly there were implicit constraints in those local authorities that took the "last resort" approach. Their view that the policy required then to only use a SCH placement as a last resort was genuinely held and created constraints for what they sincerely believed were good reasons.

9.61 Only one authority felt finance was a constraint but they were clear that constraint affected all their services to children and young people. They felt it would not be a restraint if a place was identified

as being needed as a last resort, and that the money would be identified.

9.62 Several felt that they did not have the resources necessary to develop coherent alternatives to secure provision.

### Training

9.63 None of the LA's had done any specialist training in this area although three did it as part of wider making placements training. They universally relied on the additional knowledge, skills and experience of their first line and middle managers. They also relied on their procedures and processes to help inform and support good decision making. They felt that this was justified given the low incidence of need for such a placement.

9.64 Several authorities recognised that the most effective training they could do was training in assessment of need and pro-active care planning. This was a part of the majority of respondents' training plans. They also felt that some organisational development around commissioning would be beneficial for staff.

9.65 Several commented on what they perceived to be a lack of training within SCH's and the need for far more highly qualified and skilled staff in these settings. How they had arrived at those views was not explored in depth but they related to the lack of confidence generally expressed about SCH's and the experiences of specific cases.

### Other comments and ideas

9.66 Whilst respondents all recognised the complexity of planning for, commissioning, contracting and providing welfare based secure settings they were concerned about the possible loss of such settings.

9.67 A number felt that they would be keen to see the independent and private sectors develop welfare based secure settings, and felt that although they were likely to be more costly they would provide better value for money and outcomes. The reasons they gave for this view were primarily linked to the sector being able to employ and provide as a standard in-house part of the setting adequate treatment services as well as care and education.

9.68 A couple of respondents felt that the independent sector would also be able to better develop a mixed provision service, and suggested what was most needed was a service with secure units

linked to open units providing a transitional service, and or linked to very small high staff ration settings and contract foster care settings, all supported and served by a consistent set of education, psychiatric, psychological, care and skills based staff who could "stay with" the young person as they moved through from one service to the next towards moving back into community settings.

9.69 A number said they would welcome either national commissioning or a national planning overview with regional commissioning to avoid the difficulties an inherently un-commissioned system gives them. Most felt that they did not want to commission for themselves but were less clear about what would work. None felt the financial responsibility for commissioning welfare secure services should be a national one, wishing to retain their own ability to purchase as they wished. They all recognised that the way in which the YJB commissioned affected what happened to welfare provision but did not want a similar system.

9.70 Finally most respondents were pleased to have contributed because they rarely took management time to think about the issue. This was primarily because the incidence of use for any authority was low.

## **ESTABLISHING CLEARER BASELINE INFORMATION**

### **LOCAL AUTHORITY USE OF SECURE CHILDREN'S HOMES WHEN FOR PLACING CHILDREN & YOUNG PEOPLE ON WELFARE GROUNDS**

#### **INTRODUCTION**

We have been aware, since earlier this year, of a fall in demand for welfare beds in secure children's homes and following discussions with the Association of Directors of Social Services, the Secure Accommodation Network, the Commission for Social Care Inspection and the Youth Justice Board (YJB) we are conducting a qualitative survey of local authorities in England to establish the reasons for this fall in demand, whether it represents a long term trend and, if so, the implications for such homes. Once we have a clearer view of likely future demand for welfare beds, we will be in a position to decide what action might be required to ensure the ongoing provision of sufficient welfare beds to meet future demand.

We would be very grateful if your authority could help us with the survey.

#### **QUESTIONS**

1. In what circumstances do you currently consider the use of secure children's homes (SCHs) as a placement option for looked after children who appear to meet the criteria set out in section 25 of the Children Act 1989?
2. If your local authority has not recently made use of SCH's, why not?
3. Is there a policy about their use in your local authority? If so, please outline its key elements.
4. What is the process within your local authority for considering a placement for a looked after child who appears to meet the criteria set out in section 25 of the Children Act 1989?
5. What statutory guidance do relevant local authority staff use in relation to secure placements?
6. What, typically, are the circumstances of the children you seek to place in a secure children's home?
7. At what level of authority are decisions to place in a secure children's home made?
8. What range of provision do you commission to meet the needs of such children? Please provide details of the alternative facilities/services you use, including whether these are available locally (i.e. within your local

authority area), average weekly costs and whether such provision is purchased by means of a block contract or on a spot purchase basis.

9. In the last three years how many of children who on assessment appeared to meet the criteria set out in section 25, but were not placed in a secure children's home, subsequently required a secure placement because the placement of choice broke down in the end?
10. In the last three years how many children who on assessment appeared to meet the criteria under s. 25, but were not placed in a secure children's home, were subsequently placed in a secure placement under criminal justice legislation?
11. What steps do you take to ensure that all relevant local authority staff have a sound knowledge base of the services offered by secure children's, and the circumstances in which a placement in a secure children's home might be the best placement option to meet the needs of a relevant child?
12. What is your experience of the outcomes achieved by children who are placed in a secure children's home compared to those (who also appear to meet the section 25 criteria), but are placed in alternative facilities? By outcomes we mean no longer likely to injure or harm themselves or others, and/or no longer likely to abscond from their placement, plus improvements in education, health, including mental health, their needs being better met etc.
13. What are the constraining factors/blockages, if any, that limit your use of secure welfare beds (e.g. financial resources, lack of available capacity among secure children's homes, complexity of the procedures used to obtain such a bed including the need to go to Court for a Secure Order, the location of secure children's homes (i.e. at some distance from your local authority area))?
14. Has the increased funding and availability of CAMHSs reduced the numbers of children with significant mental health needs being placed in secure children's homes as they are being provided with mental health services which are meeting their needs?
15. Any other suggestions, comments or views?



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