Secure futures? A mixed methods study on opportunities for helping young people referred to secure children's homes for welfare reasons

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Abstract

Purpose – *Using a mixed methodology comprising interviews, case file analysis and descriptive statistics, this study aims to examine the experiences of all 43 young people in Wales subject to secure accommodation orders between 1st April 2016 and 31st March 2018.*

Design/methodology/approach – *Children in the UK aged 10–17 years who are deemed to be at a significant level of risk to themselves or others may be subject to a secure accommodation order, leading to time spent in a secure children's home (SCH) on welfare grounds. Following a rise in the number of children in Wales referred to SCHs for welfare reasons, this paper describes these young people's journeys into, through and out of SCHs, giving insight into their experiences and highlighting areas for policy and practice improvements.*

Findings – *Findings indicate that improvements in mental health support and placement availability are key in improving the experiences of this particularly vulnerable group of young people throughout their childhood.*

Practical implications – *Other practical implications of the study's findings, such as improvements in secure transport arrangements, are also discussed.*

Originality/value – *While the findings are limited by the reliance on self-report methods and the size of the study, namely, the small number of young people with experience of SCHs who were able to participate, the findings build on the existing knowledge base around children's residential accommodation and provide new insights into how best to support these children.*

Keywords *Looked after children, Residential care, Secure care, Child and adolescent mental health, Social work, Care experienced young people*

Paper type *Research paper*

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1. Introduction and background

Secure children's homes (SCHs) in the UK are locked residences that care for children aged 10–17, perceived as or known to be a serious risk to themselves or others [Children Act, 1989 (Legislation.gov.uk, 2017); Social Services and Well-being (Wales) Act 2014 (Legislation.gov.uk, 2022a); Warner *et al.*, 2018; Scottish Government, 2017]. While these institutions receive children on remand or on sentencing by the youth justice system (Warner *et al.*, 2018), latest figures show that the majority (56%) of young people placed in SCHs are referred by local authorities for welfare reasons (Department for Education, 2020).

Many children referred to SCHs on welfare grounds share histories of difficult early lives characterised by high levels of trauma, experiences of physical, sexual, emotional and/or psychological abuse and various forms of neglect (Hart and La Valle, 2016). These children

are likely to have experienced poor outcomes including early childhood mental health difficulties, slow social development, behaviours such as self-harm, aggression, violence to others and substance misuse (Andow and Byrne, 2018; Barron and Mitchell, 2018; Hart and La Valle, 2016; Kerker *et al.*, 2015). They are also at risk of sexual exploitation, which can emerge later as they approach or enter adolescence (Hart and La Valle, 2016; Hiller and St Clair, 2018). Children in SCHs are likely to have experienced inflated exposure to adverse childhood experiences (ACEs), with 74% of children in the Scottish Secure Care Census 2018 having been exposed to four or more ACEs (Gibson, 2021). Whilst an ACEs lens has not been used in this work, we recognise the role that ACEs play in risk-taking behaviours such as those outlined here (Felitti *et al.*, 1998). The difficult nature of these behaviours leads to increased involvement with a range of public services including the police, the criminal justice system, mental health and social services (Baidawi and Sheehan, 2020) and may lead to eventual care entry (Wood *et al.*, 2023). When in care, these behaviours often continue and intensify resulting in the placement's inability to meet the needs of the child, subsequent multiple care moves, and referral to SCHs (Williams *et al.*, 2020; Hart and La Valle, 2016).

The length of stay for young people placed in SCHs is regulated [Children (Secure Accommodation) Regulations 1991 (England) (Legislation.gov.uk, 2022c) & The Children (Secure Accommodation) (Wales) Regulations 2015 (Legislation.gov.uk, 2022b)] with average stays for welfare reasons being four to five months (Warner *et al.*, 2018). This gives opportunity for the provision of additional services, with mental health support deemed important as the vast majority of young people admitted to SCHs score highly on at least one mental health measure (Pates *et al.*, 2019; Yates *et al.*, 2006; Williams *et al.*, 2020). Despite calls for SCH placements to be more therapeutic, health promoting environments that use trauma informed approaches, evidence suggests that many SCHs focus on keeping young people safe and contained rather than providing sufficient therapy (Hart and La Valle, 2016). The trajectories of many young people after leaving SCHs evidence short, settled periods followed by the re-emergence of harmful behaviours as a common occurrence (Hart and La Valle, 2016; Barendregt *et al.*, 2016).

The rising numbers of children from Wales entering SCHs for welfare reasons raised concern at government level, particularly the fact that the proportion of referrals made to SCHs on welfare grounds rose from 37% of the total in 2010 to 47% in 2018 (Williams *et al.*, 2019). To gain better understanding of the context of this increase, a study of the life trajectories of young people from Wales referred to SCHs was commissioned by Social Care Wales. This article explores the impact that both mental health and the challenge of finding suitable placements has had on this population. Specifically, the article is interested in the experiences and needs of young people referred to SCHs with the intent of asking: What support was provided for the young people before, during and after placements in SCHs? Was this support sufficient and how could it be improved?

2. Methods

The study explored the lives of a cohort of young people from Wales referred to SCHs on welfare grounds between 1st April 2016 and 31st March 2018. Ethical approval was given by the ANON University School of Social Sciences Research Ethics Committee.

2.1 Population and sample

The study used mixed methods. Data was gained from routinely collected local authority records and interviews with young people and key stakeholders involved in their support and care. Twenty-one of the 22 Welsh local authorities applied for a secure order during the study time frame. These 21 local authorities successfully applied for 56 secure

accommodation orders. These orders included 13 re-referrals, meaning that over the study period 43 different young people received secure orders.

Over and above whether a child had been subject to a secure order, researchers were able to collect additional information on 40 (93%) of the young people, although often this data was incomplete = From the information provided, there were 13 incidences of placement in the only Welsh SCH, with 23 in secure units in England and two in Scotland. There were also three instances of an alternative accommodation placement when no secure place was available. In contrast to early findings elsewhere (O'Neill, 2005; Roesch-Marsh, 2014), but in line with other recent findings in England (Williams *et al*., 2020), gender did not appear to affect the placement of young people from Wales in SCHs. Of the 36 young people for whom this information was available, 18 (50%) were female and 18 (50%) were male. Age on referral to SCHs ranged from 11–17 with most young people aged 14 or 15.

2.2 Recruitment

Local authority staff contacted young people and key stakeholders (e.g. social workers, foster or kinship carers and placement managers) to inform them of the study and invite them to participate.

As the proposed interviews would explore sensitive issues, there was concern that involvement in the study may negatively affect some young people. To avoid this, carers and social workers were first contacted to discuss which young people could or should be approached. Although 23 were identified as possible participants, complications (e.g. health deterioration, placement moves) only allowed 11 young people to take part (see Figure 1). Nine of the resultant interviews were face-to-face (these took place prior to the COVID-19 pandemic), one was a telephone interview and another conducted by a foster carer who undertook the interview using the schedule provided by the research team. Seven of the nine face-to-face interviews had a social worker or other professional present to meet concerns the interview might upset the young person.

Researchers also interviewed past and present social workers who held important information about young people's chronologies, life histories and lived experiences. In total, 30 social workers from 17 local authorities who, between them, had worked with 32 (74%) of the young people took part. During interviews and meetings, social workers and young people identified further people who had been important to the young person before, during or after their time in SCHs. This led to further interviews with five team leaders, three residential home staff, two mental health professionals, one Youth Offending Service worker and one child sexual exploitation worker. The research also involved two family members/carers; more had been hoped for, but family histories and tensions made contact inappropriate in most instances (see Table 1). To ensure participants' anonymity, all young people are referred to by pseudonyms in this paper, with professionals referred to by their role.

2.3 Ethical considerations

As above, the researchers were aware that research into experiences of secure care was likely to entail the discussion and/or disclosure of sensitive information. As such, only children and young people who professionals judged to be in a good enough psychological state were approached. For those who qualify, information sheets explained that they would be given a choice of how they would prefer to communicate to support their comfort and agency in setting boundaries during participation. Options included face-to-face or telephone interviews, diaries and/or using creative methods such as craft and media, although all young people opted for interview options. Data collection proceeded using a case-by-case approach with careful regard to the child's emotional state and expressed wishes. Throughout this stage, we constantly reflected on how best to gain information from

Figure 1 Participation of young people

Source: Figure by authors

the children/young people without causing harm. We worked with managers and carers to ensure the children and young people received increased support and sign-posting following participation to alleviate and address any increased distress that may have arisen. At the end of face-to-face data collection, children and young people were offered leaflets with support numbers including Child Line.

2.4 Data collection

In recognition that young people in care have objected to authorities and individuals having access to their records, young people's permission for case files to be viewed was sought

Table 1 Interview sample

Participants	*Interview numbers*	*No. of local authorities involved*
Social workers	30	17
Young people	11	10
Team leaders/service managers	5	5
Residential home staff	3	2
Mental health professionals	2	1
Carers (family and foster)	2	2
YOS workers	1	1
CSE advocates	1	1
TOTAL	*55*	*19*

Source: table by authors

and access to 10 case files from eight local authorities gained. In each of these authorities, a nominated member of staff helped researchers access case files and administrative data.

The interviews were arranged by a nominated staff member in the 19 participant local authorities. Where interviews took place, written consent was obtained and permission to record the interview sought. Interviews were recorded using a digital recorder.

All quantitative and qualitative data was stored in password-protected university computers. Qualitative analysis used NVivo 9 software and was directed by the timeline and constructs seen in Figure 2.

3. Findings

The research focused on the needs of the young people before, during and after their time in SCHs, how well these were met by services and the impact this had on the young people's progression through and beyond care. Whilst the study generated a range of important insights with implications for both policy and practice, two will be focused on here. Firstly, the mental health support needs of this group of young people, and secondly the availability and suitability of out of home placements.

3.1 Mental health difficulties and the provision of support

As elsewhere (Hart and La Valle, 2016), nearly all participants and young people had lived chaotic lives for a significant time and been placed in care at a relatively late stage. Consistent with existing evidence (Ryan *et al.*, 2015; Hart and La Valle, 2016), young people's case files and interviews with social workers and other professionals suggested that 26 of the 32 young people for whom this detail was available were affected by mental health problems before referral to SCHs. When considering the factors underlying this high level of mental health difficulties, it is likely that the range of adverse experiences in childhood documented and reported were key, with high levels of childhood adverse experiences linked to poor mental health outcomes (Mersky *et al.*, 2013; Sheffler *et al.*, 2020).

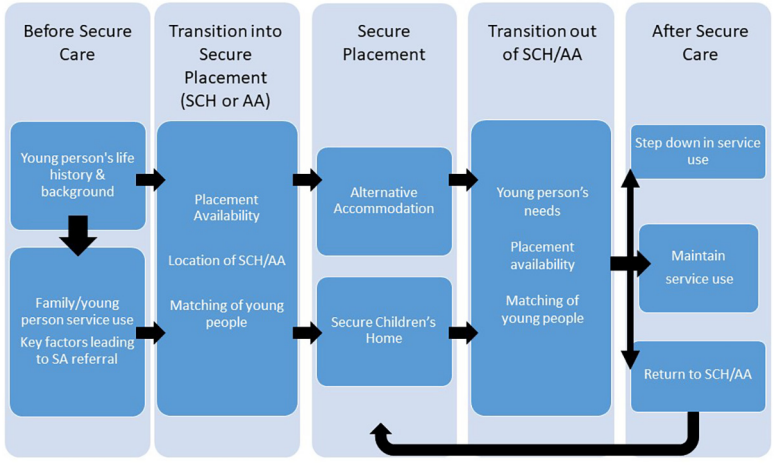
Behaviours which suggested mental health problems varied. Nearly half of the young people ($n = 14$) had a history of self-harm:

> You were coming in daily and she's been admitted to A&E the night before and assessment with the mental health because she was saying that she was swallowing glass, batteries, anything basically, ceramic tile you know, broken into small pieces. Grace's social worker.

There were also nine reports of attempted suicide:

> The thing that got him to secure was whilst he was at that project living there, he attempted to hang himself so the concern was that [. . .] he's obviously not in a good place, he's attempted his

Figure 2 Young people's experiences before, during and after time in a secure children's home



Notes: SCH = secure children's home; AA = alternative accommodation
Source: Figure by authors

> own life so risk of harming himself and also [. . .] he was lashing out at people so also a risk to others as well' Matthew's social worker

Other factors and behaviours indicating poor mental health were arguably less obvious. Many young people had engaged in substance misuse or been subjected to sexual abuse, both of which have high co-morbidity with mental health disorders (Hilarski and Wodarski, 2001; Weaver *et al.*, 2003). Furthermore, numerous young people had demonstrated violent or out of control behaviours and further activities linked to psychological problems (Clare *et al.*, 2000; Hodgkins *et al.*, 2008; Roesch-Marsh, 2014):

> On a main road, she'd been playing chicken on the road, playing on the railway tracks, assaulting staff and there was just no containing her. Holly's social worker

Despite high levels of harmful behaviours, suicide attempts and self-harm, there was little evidence of the provision of sustained mental health support before application for a secure order. Social workers attributed this failure to a range of factors, the most common being that the young people did not qualify for the Children and Adolescent Mental Health Service (CAMHS) as clinicians had categorised their behaviours as behavioural and emotional problems rather than a diagnosable mental health problem, as was the case with Lewis:

> We all requested mental health assessments. He was clearly psychotic [. . .] I've been an approved social worker under the Mental Health Act, he was clearly psychotic, and that wasn't recognised, and we had to put him in a secure, and then he goes into psychiatric. Children's Services Team Leader, speaking about Lewis.

Other young people were refused treatment because they failed to reach or maintain criteria for CAMHS use, with little allowance for the young people's situations or negative attitudes to authority figures formed by early life experiences. Of these, one was discharged after missing a single appointment:

> My staff discharged me, and I was fuming about it because I didn't want them to. I cancelled one meeting and they thought that I just didn't want to go. But I just couldn't go that day. So, I'm a bit fuming about that. Mia

Still more children were excluded from treatment because they did not engage quickly with CAMHS. Another common difficulty was the length of mental health service waiting lists. Sufficient provision of mental health services for young people is recognised as a general problem (Anderson *et al.*, 2017). For some of the young people, the lack of service use was directly related to being in care as repeated placement moves saw the young person cross successive local health board boundaries and these events saw them repeatedly being placed at the bottom of the new CAMHS waiting list, as Emily's social worker described:

> I've got to be careful now not to digress and get on my soapbox about CAMHS, ok, because that's the biggest failure for me, always. Because you have to understand, when a young person moves, they're moving county, they're moving from one CAMHS area to another. So rather than CAMHS being across Wales, for example, when you're moving from Newport to Caerphilly, when you're moving from Wrexham to Pembroke, you've got to go through the referral process in each area. Emily's social worker

Once placed in a SCH, concerns around the mental health support provided persisted. When social workers considered the experiences of the young people they had worked with, they voiced serious reservations about the mental health services provided for the young people ($n = 26$) in the SCHs, with high levels of agreement that mental health needs had not been met:

> [. . .] mental health kept saying that she hadn't got a mental health problem. That was what we kept getting, "it's not mental health, it's behaviour. And she's got ASD [Autism Spectrum Disorder] and displaying traits of [. . .. . .]" right, fine, it's behaviour but those behaviours are leading to something quite dangerous Grace's social worker.

There was also some anxiety about the nature and quality of therapy offered:

> I guess her being involved in arts and crafts would be perceived as some therapeutic intervention by some. For me when people are saying therapeutic intervention my expectation is that its psychotherapy, cognitive behaviour therapy Molly's social worker.

Elsewhere social workers felt that the time in SCHs had not been long enough to allow sufficient therapy (though there is of course a legal tension here with the legal requirement to only deny young people's liberty for the shortest time possible). This was based on instances when the limited time in an SCH had led to the psychological intervention being curtailed or changed when the young person left. Further disquiet was caused by instances of therapy failing to identify underlying reasons for the high-risk behaviours:

> It's a sticking plaster approach, isn't it? Let's just put out the fire, not work out why it started in the first place. Lucy's social worker.

When considered as a whole, this research supports evidence which suggests that overall, the mental health services provided in SCHs is inconsistent (Warner *et al.*, 2018), with many homes more focused on containment of the young people rather than providing the specialist help needed (Hart and La Valle, 2016):

> [. . .] in there 18 months [. . .] the more she was in there the further damage was caused. Didn't have the treatment she needed in that time, really. If she'd had that treatment earlier on, we wouldn't be in the situation where we are today, really. Charlotte's social worker

Given that the average stay in an SCH is four to five months, an 18 month stay not providing the required support is cause for concern. As Lucy's social worker commented, this "sticking plaster" approach can "firefight" in the short term but does not necessarily address the root causes of harmful behaviours or the causes of the secure placement.

One young person, William, talked of how the efficacy of SCHs could be dependent on being old enough or in a frame of mind that allowed full engagement with the help offered:

> I had involvement with CAMHS when I was younger, but I was a bit young, and it was just hard to deal with really. Obviously, I wasn't ready to deal with it, so it just didn't work and then I never really had any help with it after. And [in secure] I went to school and got the help and that. I think it was a good thing going there. I feel better in myself and that since I been there. Don't take drugs, don't hang around with the same people since I've been there. William

3.2 The availability and suitability of placements

Whether related to mental health difficulties or not, the harmful behaviours displayed by the young people were important mechanisms in the young people's progression into care. Once in care, they experienced between 1 and 20 placement moves (mean = 6; median = 4) with the rapid escalation of these harmful behaviours precipitating the placement's inability to provide adequate support. There was further note of residential and foster carers' inability to manage the young people's behaviours, and how the subsequent failure of placements to meet young people's needs saw a cycle of increased difficulties in finding care placements. Such difficulties led to some young people being placed far from home in inappropriate settings such as holiday houses, police stations, homeless hostels, returning to families or remaining in hospital beds:

> The hospital kept wanting to discharge because she was, you know. We just didn't know what to do, we couldn't find a better placement and because the risks were just building and building and building [. . .] it just ended up with the decision that "oh we're going to go for a welfare secure children's homes order." Hannah's social worker

The ultimate outcome in these situations was application to the courts for a secure order in the hope it would be granted and a place in a SCH provided, with social workers being clear that this was seen as a last resort:

> "we did around 72 searches for residential placements, but because of his behaviour they wouldn't, they wouldn't, umm, take him, so the only option we had then was to go to court for a Secure Children's Homes Order Oliver's social worker.

> [. . .] searching for a placement. In excess of 140 placements, you know. So Yeah. Just horrendous. That went on for a couple of weeks Senior practitioner, previous social worker to Hannah.

The lack of appropriate support, the lack of placements that could support these young people's needs and the sense of escalating urgency as placements are sought and not found suggested that this was a time of high stress, both for the young people and those working with them.

As with the placement difficulties highlighted above, many social workers described finding a secure place as challenging. As reported by Williams *et al.* (2019) and Hart and La Valle (2016), on occasion this led to a secure order granted without a bed having been confirmed or SCHs refusing young people because of the high risk they represented:

> I have been told at times she's too risky for this placement and it's a secure unit! Grace's social worker

As evidenced above by the struggles to find suitable placements, most applications for secure orders took place rapidly in response to a crisis rather than being a planned process. Whilst there is insufficient space here to discuss in detail, one consequence of this was a lack of involvement of young people in planning and decision-making. Contrary to legislation decreeing that children and young people cannot be subjected to secure accommodation legislation unless they are legally represented in court, know of their right for representation and have a chance to access or refuse this support [Section 25, Children

Act, 1989 (Legislation.gov.uk, 2017); Social Services and Wellbeing Act, 2014 (Legislation.gov.uk, 2022a)], young people's knowledge of the order application varied significantly; some knew nothing about the procedure, others did and some attended court. One young person was prevented from participating in court proceedings despite wishing to do so.

Welfare-based secure accommodation orders are commonly three months long, with average overall stays being four to five months. Social workers were aware of this and started to plan transitions out of SCHs well before the three-month point. Accounts of how this was managed were gained for 24 young people.

The social workers of this cohort recognised the importance of finding placements able to meet the young people's needs, keep them safe and reduce the likelihood of a re-referral to SCHs:

> [. . .] it needs to be well planned. So we can't just bring them out, we acknowledge, and I think we are pretty good at not just bringing them out and putting them back home or, you know. And then it's back to square one [. . .], you can't just put them back into a scenario where they're still going to be at risk. Children's Services Team Leader

Three transitions appeared to be well managed and planned, with multiple meetings with the new carers and visits to the new residence by the young person beforehand. A residential manager explained how this careful acclimatisation eased the move for Mohammed:

> [. . .] because he knew the staff as well there was that release of he came in and he knew everybody here so it wasn't like "oh who's that, who's that" [. . .] and we made sure the people who were on shift were the people who had been up [to visit them in the secure unit] a lot more Residential manager for Mohammed

Regardless of this, most transitions were described as difficult. Generally residential children's homes and foster carers were reluctant to accept young people with a high level of need and a history of a recent stay in an SCH. This uncertainty about what would happen on release had serious negative effects with some young people becoming extremely anxious:

> I remember him calling, you know "what's the plan? Where am I moving to? Joseph's social worker

Despite legislation and regulations set to ensure that young people stay in SCHs for as short a time as possible [Children's Act, 1989 (Legislation.gov.uk, 2017); Social Services and Well-being (Wales) Act 2014 (Legislation.gov.uk, 2022a)], the exit of three young people was delayed for months as no appropriate placement could be found. Three further young people were only placed after local authorities gained Deprivation of Liberties orders (DOL) [1] when no appropriate step-down accommodation capable of keeping them safe could be found:

> "[secure children's homes] were saying no, you know, we're not having her back, she's unmanageable, even in secure, we can't manage her, and it turned out then we found a placement, [. . .] for 16 grand a week. But we placed a DOLs order [. . .] the DOLs order is a very contentious thing." Chloe's social worker

While one young person could only be found an emergency foster placement in which strict rules and boundaries were demanded by the carers to the extent this environment was neither safe nor caring:

> [. . .] staff who he will be going with can support him in the placement from 9 in the morning, they'll pick him up, take him out of that placement, that foster placement until 6, 7o'clock in the night. And be on call 24 hours a day, and that's how we done it for 6 weeks. It was horrendous. Absolutely horrendous. Harry's social worker

The difficulties described above indicate that social workers have great difficulty finding a suitable place for most young people when they leave SCHs; it was often a case of finding any place willing to accommodate the young person as exemplified by Megan, whose reaction to a proposed placement was "I was just [. . .] looked around and I was just like oh no, it's going to be a nightmare." Megan was sent to this placement regardless.

For the 24 young people for whom sufficient detail was available, there were a mixture of positive and negative experiences in the first month after leaving the SCH. Nine of the young people, during this early phase, were moved to placements appropriate for their support needs. Three of this group were transferred directly from their SCH to a mental health unit. The remainder entered residential placements where the young people's needs were recognised and met. For example, one young person went to a residence that provided a sole placement with 24-hour supervision that was close enough to the young person's home to allow regular family visits and where staff decorated the young person's bedroom in their favourite sports team's colours. Overall, all nine of these young people settled well initially. Professionals attributed this to the ability of residential staff to consistently adapt support to meet young people's changing behaviours and needs:

> [. . .] with one of the staff, he pushed and pushed and pushed and pushed, and he said to one day, "so what are you going to do? Are you going to leave me as well?" And he said "no, I'm going to go home at the end of my shift, and I'm going to have a couple of well-deserved days off, and I'll see you at the weekend." And he went "you won't be back". And obviously on the Saturday when [the staff] came in, he was like "you're back?!" And that was kind of the beginning of the turning point. When he realised that, [. . .] from the start, I said the kind of people who are with you won't be the ones to walk off and let you down. They will stay there. Residential manager for Samuel

Six young people had a mix of positive and negative experiences on leaving SCHs. All these young people encountered problems early after leaving the SCH, and social workers attributed these to the placement being a distance from home, a continued lack of therapeutic work and a lack of boundaries to regulate the behaviours of the young people:

> [. . .] all this was seen as part of the therapy for her to develop a relationship. You know, taking her out to activities, fun activities horse-riding, movies, [. . .] but there were some behaviours that were pretty concerning, and then of course when I would phone up the next day and say well where is she and they would say "oh she's gone shopping" and I felt to some extent they were actually just reinforcing the negative behaviours. Molly's social worker

The experiences of the remaining nine young people were poor. In one case, despite a carefully planned placement supported by multiple agencies, the young person absconded and returned to their birth-home within hours. The behaviours of another young person were so difficult that their placement had been terminated before they took up residence. The remainder rapidly returned to harmful behaviours which led to the placements' inability to care for them:

> I've been a bit pessimistic; I have been. Like what's secure really going to do? Come on. Because you can put them in secure. It takes away all of that risk, yeah? That risk's still going to be there when they get out. You can't prevent that. So, you end up cutting them off. Hoping that that space away is going to make them think. But they don't all engage that way. They just play lip service until they come out Charlotte's social worker.

In the longer term (between three and 18 months after leaving an SCH), 15 of the 24 young people had poor outcomes. For nine of this group, harmful behaviours re-emerged and intensified quickly, necessitating successive placement moves. Allied to this, the high levels of mental difficulties noted before admission to an SCH persisted with social workers attributing this to the absence of mental health therapy or support:

> [. . .] she'll settle in a placement for like two months then we'll see a deterioration with her it's like a honeymoon period and then she just [. . .] she finds it hard to form relationships, she's got attachment issues. She finds it hard to trust people, [. . .] she has been assessed by CAMHS and because she's got this chronic emptiness feeling she won't go and seek attention from the right places. Which then she'll put herself in danger in terms of say Child Sexual Exploitation which then will have another added impact on her and then she'll feel guilty about that and it's just you know, instead of working on these issues and building on and having accepting therapy and working through what's happened to her in the past, she'll dive straight into these behaviours to try and cope with what she's been through. Hannah's social worker

3.3 What happened next for our participants?

Of those that took part in the study, five quickly returned to SCHs (four on welfare grounds and one as a criminal sentence) and at the time of the research one further young person was awaiting a criminal sentence. Four young people did relatively well immediately after their time in an SCH but experienced a downturn later. Amongst these, one young person's successful placement failed when the 16+ service was withdrawn. The next placement broke down and a re-referral to an SCH soon took place. Others experienced poor matching in placements with peer residents encouraging violence and assault or criminal offences which led to further placement instability.

Nine remaining young people continued on or moved into upward trajectories. The environments of these young people were described as constructive, with young people responding well to boundaries set around their behaviours. All these young people were working with carers able to repeatedly deal with poor behaviours, form long-term relationships and facilitate change. Only in three cases did social workers believe that adequate psychological support was being provided.

4. Discussion and conclusion

This article explored the lives of 44 young people from Wales referred to a SCH for welfare reasons over a two-year period. The intent of this research was to investigate the support and care offered to these young people throughout their early lives, in care homes and in SCHs, and where services could be improved.

The early experiences of participants in this study echoed stories of neglect and abuse reported elsewhere (Hart and La Valle, 2016). When mapped onto the similar histories found in a cohort of young people from England referred to SCHs (Williams *et al.*, 2020), nearly all the young people concerned in both studies were known to social services long before care entry. These findings suggest that the poor situation of the children and/or their families were not recognised or that the services provided failed to address the effects of the environments lived in, the emerging harmful behaviours and the mental distress often underlying them. While this gap in support applies to statutory children's services, the roles of other agencies (education, health and third sector services) are important in identifying and supporting vulnerable children and young people, and a need for greater integrated holistic support to prevent matters deteriorating has already been identified (Jones, 2016).

Turning to young people's experiences when in care; when first taken into care the young people's behaviours worsened. This led to ongoing placement instability, which can be linked to increases in emotional and behavioural problems and a continuation of the cycle of placement moves (Schofield and Beek, 2005; Munro and Hardy, 2006). Such findings reinforce calls for greater accountability to be taken by the services designed to meet the high levels of need of such vulnerable young people (Quinton and Murray, 2002). The findings also extend such demands to the residential care given to young people on leaving SCHs, as most participant young people made little progress after their stay in an SCH and a high proportion returned to previous harmful behaviours, precipitating further placement

moves and, in some cases, a quick return to an SCH or even custody. This deterioration has the potential to "undo" any positive progress made in an SCH and also serves to further damage relationships of trust between young people and those charged with their care.

Findings continually suggest that placement difficulties were inherently intertwined with the mental health needs of the young people. Knowledge of the high levels of emotional and behavioural difficulties in the care population (Hiller and St Clair, 2018) and the requirement of intensive support to meet these needs (Sempik *et al.*, 2008) makes this unsurprising. In this study, many young people did not receive adequate mental health support regardless of the trauma they had experienced in life and associated harmful behaviours, including suicide attempts and self-harm. This calls for an additional level of mental health services that must overcome barriers created by current mental health service criteria and ensure that young people qualify for support and treatment for issues recognised as behavioural and emotional problems as well as for specific mental illnesses. Alongside this is a need for consistency in mental health service provision regardless of the care system transitions, to allow any support for mental health to be sustained regardless of care moves, whether that be into and out of care or SCHs. It is also of note that social workers with great insight into young people's emotional and behavioural states had little say in mental health service provision. Overall, as found in the wider report from which this article is drawn (Williams *et al.*, 2019), this research strongly advocates for the development of a national, integrated multi-agency, co-commissioned approach to plan care transitions out of SCHs. This call is strengthened by a recent report (Children's Commissioner for Wales, 2020) which calls for such changes in the health and social care services for children and young people across Wales with mental health issues:

> In most areas of Wales, children and young people experiencing distress with mental health, emotional wellbeing and behavioural issues are waiting too long to get the help they need and are being "bounced" between services who cannot agree who is responsible for their care. We want to see services wrap around children and young people and their families, not for them to have to navigate complicated systems. Children's Commissioner for Wales, 2020

In addition, the Welsh Government has provided funding for seven regional partnership boards across Wales to develop an integrated approach to the commissioning of services for children and young people with complex needs. While this is an encouraging development, it will be vital to evaluate their implementation with a focus on what works, for whom and in what circumstances. As part of this, a model of the care and therapy most likely to meet the needs of these young people should be identified and disseminated across foster, residential and SCHs together with pertinent associated training and support for carers.

The accounts relayed here of obtaining a secure accommodation order and time in an SCH suggests that these processes were stressful, with many young people unprepared psychologically and practically. This calls for consideration of ways this can be addressed. Within this there is a need for further reflection on the difficult situation of social workers, who are concurrently trying to keep young people safe while meeting regulations that call for a young person to be kept informed of events and situations [The Children (Secure Accommodation) Regulations 1991 (England) (Legislation.gov.uk, 2022c) & The Children (Secure Accommodation) (Wales) Regulations 2015 (Legislation.gov.uk, 2022b)]. Other systems exist, notably Children's Hearings in Scotland which use a children's rights perspective to make decisions for children and young people who have come to attention on either justice or welfare grounds (Scottish Government). When reflecting on the journeys to SCHs experienced by some young people the associated trauma must be viewed as unacceptable and demands that policy around secure transportation changes to ensure such instances cannot happen again. Finally, a common perception held by young people was that a secure accommodation order and the time in an SCH were punishments, a view influenced by the prison-like environments, restraints, locks and lack of privacy found in

some secure units. As part of this, some young people objected to sharing accommodation with others on criminal charges, an issue that has long been seen as problematic due to constructions of why "secure" accommodation is needed and for whom (Harris and Timms, 1993). These views and the more positive descriptions of less authoritarian SCHs young people referred solely for welfare reasons asks for consideration of how to provide safe and secure homes with less authoritarian atmospheres and more home-like environments.

The findings presented here build on the existing knowledge base around children's residential accommodation, but they are limited by the size of the study, especially the small number of young people with experience of SCHs who were able to participate. The finding that access was denied because of the poor mental health status of many potential participants also raises concerns of whether the extent of the problem around addressing the young people's mental health needs is fully recognised. To gain better insight, we believe it would be useful to conduct further research exploring the environments, procedures and outcomes of the 14 SCHs across England and Wales, as well as Scotland's four independent secure centres, and obtain and link data health held by the health care, children's services and secure welfare co-ordination unit.

Note

1. A Deprivation of Liberty can be made under the Mental Capacity Act 2005 and is designed to "provide safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or a care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty, and where detention under the Mental Health Act 1983 is not appropriate for the person at that time." (Ministry of Justice, 2008)

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