Taking stock of alternatives to secure accommodation or custody for girls and young women in Scotland

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Executive summary

1. This small-scale, scoping study provides a synthesis of existing knowledge about girls and young women at risk of secure care or custody, and ways in which earlier intervention strategies and alternatives to secure care and accommodation could be developed specific to their needs. The study comprised three components: a review and appraisal of existing national data sources; a review of existing empirical studies of secure care, youth custody, and community alternatives used in the UK; and a consultation with key informants from across Scotland to map the availability and use of community alternatives with girls and young women.

2. Scotland has a total of 94 secure beds. Studies of secure care have primarily judged it to be punitive and negative, but questions remain as to its impact on outcomes for young people in the immediate, medium and longer term. In 2010-11, 263 children received secure authorisations (146 as a condition of warrants; 117 as a condition of supervision requirements). There were 273 admissions to secure care, and 259 discharges from secure care. On 31st July 2011, 86 out of 16,171 looked after children were placed in secure care; overall, there were a total of 90 young people (33% of whom were female) in secure care.

3. Previous studies suggest the population for whom secure care is used have multiple and recurrent experiences of loss, abuse and neglect, and inadequate responses to their needs. A high proportion, of girls in particular, experience mental health issues, self-harm and suicidal behaviour. Young people engage in a range of, and often multiple, risky behaviours, including running away, alcohol and drug use, and offending. Many are disengaged or excluded from educational provision. Often concerns exist that girls and young women are at risk of sexual exploitation. Few studies consider gender patterns in the use and experience of secure care, but there are some indications of differential in the thresholds and reasons for admission: with girls admitted at a lower threshold and for being a risk to themselves.

4. Scotland has one dedicated Young Offenders Institution (YOI) for young men, and one, for young women, incorporated into a main prison catering for women. There are few Scottish studies of the use of penal custody for young people, and these omit consideration of the experiences and trajectories of girls and young women. In 2010-11, court statistics report that 2,223 young women under the age of 21 were charged with an offence, with the highest proportion charged with miscellaneous offences, and 1% receiving a custodial sentence. The average daily population of young women incarcerated in Cornton Vale YOI was 50 young women. Young women in custody have poorer mental health than their male counterparts or adult female prisoners. Provision for young women prisoners has been found to be far less satisfactory than for young men prisoners; issues reported include overcrowding, a lack of separation from adult provision, little provision of recreational facilities or a lack of work-based or training activities.

5. Local areas have developed community services that operate as early intervention services, but few appear to operate as a direct alternative to secure care or custody: within the constraints of this study it was not possible
to construct a clear picture of the nature or coverage of community alternatives. Community based alternatives to secure care or custody take many forms, but all include an element of intensive, and, often, structured support. Some operate as accommodation based programmes, such as intensive fostering or close support in residential homes. Some provide some level of wrap around support for young people living in a range of circumstances (in their family home, supported lodgings, children’s homes or foster care). Those operating as part of a manualised approach, such as Multi-Systemic Therapy and Multi-Dimensional Foster Care, have been subject to more rigorous evaluation; while others have been subject to some research that explores their development and operation. However, none provide clear evidence regarding their use and impact on outcomes for girls and young women.

6. Practitioners working for services offering community based alternatives (operating as early intervention models, direct alternatives, and after care for young people exiting secure care) raise a number of concerns about current provision for girls and young women, including:
   • The availability and responsiveness of early intervention approaches;
   • The lack of access to services focused on treatment and recovery for children and young people who have experienced sexual abuse - an issue that appears particularly pertinent to girls and young women at risk of secure care and custody;
   • Approaches to risk assessment and decision making on admissions to secure care - which appear to result in lower thresholds for girls and young women being admitted to secure care;
   • The implications of the current nature of secure care provision, with young people placed together but for different reasons, with different needs and in mixed gender institutions – which are arrangements that practitioners have reported as unhelpful;
   • The quality and continuity of after care for those moved on from secure care – without which the investment and any progress achieved by young people is likely to be wasted;
   • The lack of accessible and responsive mental health support, either at an early or a late stage – which affects girls and young women most often as they present higher rates of post-traumatic stress disorder and poor mental health;
   • A lack of attention to alcohol and drug issues, and access to effective treatment for young people;
   • The paucity of accessible and suitable educational and training opportunities – available to girls and young women while in secure care, custody or supported by community alternatives;
   • The lack of a range of accommodation options, either for respite or longer term settlement, which can provide a safe and stable base for girls and young women.

7. Practitioners suggest practice and service development can be strengthened by:
   • Increasing awareness of and gender focused practice for both girls and boys;
   • Increasing awareness of trauma and developing trauma-informed practice. It offers an effective approach to assisting young people overcome their past experiences and to develop positive coping strategies in place of behaviours that are causing concern;
• Increasing awareness of the affects of experiences of sexual abuse, and understanding girls and young women’s behaviour in light of such experiences. Helping practitioners to feel more confident and skilled in supporting young people with experiences of sexual abuse would help to meet the needs of girls and young women at an early stage as well as those who are at risk of placement in secure care;
• Increasing awareness of and capacity for recognition of mental health problems. This can help practitioners to appropriately support young people and to identify when specialist services are needed;
• Increasing awareness of the nature of alcohol and drug dependency, and what is effective in treatment and recovery, can help practitioners to support young people and to access appropriate specialist services;
• Understanding that girls and young women require responses that offer continuity over time, irrespective of where they live, and a holistic, person-centred approach to empowering them.
1 The context to the study

Introduction

Undertaken in early 2012, this small-scale, scoping study reports on existing knowledge about girls and young women at risk of secure care or custody, and ways in which earlier intervention strategies and alternatives to secure care and accommodation could be developed specific to their needs. The impetus for the project rests with the Criminal Justice Social Work Development Centre for Scotland - Vulnerable Girls and Young Women's Development (Champions) Group. The Champion's Group has been welcomed as an important contributor to discussion of the place of girls and young women in youth justice services (Batchelor 2009), and aims to inform the development of appropriate and effective strategies in working with girls and young women.

Walker et al. showed that ‘thresholds for admission to secure accommodation cannot be objectively determined, but rather reflect what alternative resources are available’ (2006, p114). Consecutive studies have identified considerable variation across authorities in how secure and accommodation and ‘alternatives’ are used (Walker et al 2006; Boye et al 2009; Roesch-Marsh 2011). The development of strategic links between secure provision and alternatives is essential to increase the chance of young people spending as short a time as is necessary in secure accommodation and being helped to make sustainable changes in behaviours which harm themselves and others (Walker et al 2006; Scottish Government 2009). In relation to girls and young women specifically, there is, arguably, an added dimension.

Secure accommodation, because it is defined as provision for children and young people who are a risk to themselves as well as others, sits at the complex interface between needs and deeds based approaches, but primarily for young people under 16. Young people who are 16, 17 or 18 continue to be treated in a very punitive way in Scotland and are most likely to find themselves in the adult criminal justice system (Whyte 2009). As commitment to the use of alternatives to secure care and custody increases, local areas must find ways to design and deliver alternatives that can cater for welfare needs whilst also addressing deeds.

A number of challenges arise for developing alternatives appropriate to girls’ and young women’s needs. Evidence from a range of studies has highlighted that not only are young women more likely to be admitted to secure accommodation on the basis of their being ‘at risk’ and ‘in need of protection’ but that for young women being ‘at risk’ is often defined in terms of being at risk sexually (Stewart and Tutt 1987; Petrie 1986; Kelly 1992; Harris and Timms 1993; Bullock et al 1998; O’Neill 2001; Goldson 2002a; Creegan et al 2005; Scottish Government 2009a; SCRA 2010). Most young people placed in secure accommodation who present a risk to themselves engage in a combination of behaviours including: absconding from placements, spending time with ‘unsuitable’ people, excessive drug and/or alcohol use, behaviour which increases risk of sexual exploitation, and self-harming behaviours including cutting or overdosing (O’Neill 2001; Walker et al 2006; Creegan et al 2005; SCRA 2010).

There is some indication that girls and young women who are vulnerable and at risk are identified as at risk of becoming involved in offending behaviour and instead of being routed through existing child welfare systems become caught up in criminalizing pathways (Whyte, 2009). This could be seen as girls and young
women’s needs being rebranded as criminogenic needs and risks (Worrall, 2001; Sharpe and Gelsthorpe, 2009) resulting in the ‘up tariffing’ of girls and young women (Rigby et al 2011). Furthermore, where girls and young women have been drawn into the criminal justice system, implications for effective working arise from a number of interlinked issues. Namely, the low numbers of women involved and their place in a system dominated by, and designed primarily for, men; their particular needs often characterized as ‘individualised troubles’; perceptions of young females as ‘intractable, malevolent and extremely difficult to work with’; and the dearth of programmes and initiatives developed with specifically girls in mind (Batchelor and Burman, 2004; p266).

Alternatives to secure care and custody need to be able to appropriately support girls and young women and address their needs and risks. This study explores what we know about how services are attempting to do so.

**The legal and policy framework**

Children are primarily placed in secure accommodation through the Children’s Hearing System under the terms of the Children (Scotland) Act 1995. In many cases children who are placed in secure accommodation are already known to the Children’s Hearing System and have been previously placed on a ‘supervision requirement’ under the terms of the Act (SWSI 1996). A supervision requirement, under section 70 of the Act, can be placed on a child for a variety of reasons and additional stipulations can be included in the requirement for the purposes of protecting, guiding, treating or controlling the child in question. Requirements may include a condition of residence, which may stipulate a foster carer or open residential unit as the substitute care setting most appropriate to the child’s needs. The most controlling placement to which the Children’s Hearing System can place a child is in secure accommodation\(^1\). In some cases children can also be placed in secure accommodation as a ‘place of safety’ and this can be under the authority of the Chief Social Work Officer on an emergency basis without the approval of a Children’s Hearing or court order\(^2\), although it subsequently needs to be approved.

In Scotland young people who offend while they are under the age of sixteen are most often brought before a Children’s Hearing, rather than the court, and for this reason most disposals for young people who offend are made with reference to welfare rather than justice principles (Hill et al 2007). This system does have several exceptions.

\(^1\)Under section 70 (10) the criteria for secure accommodation is that the child-

(a) having previously absconded, is likely to abscond unless kept in secure accommodation, and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or

(b) is likely to injure himself or some other person unless he is kept in such accommodation

\(^2\)Children’s Hearings (Scotland) Act 2011 will not come into force until summer 2013; however, the new legislation outlines new criteria for authorising the use of secure accommodation. Under sections 83 (6), 87 (4) and 88 (3) of the Act the conditions which must be met in order for a Children’s Hearing to authorise the use of secure accommodation are –

(a) that the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child’s physical, mental or moral welfare would be at risk,

(b) that the child is likely to engage in self-harming conduct,

(c) that the child is likely to cause injury to another person.

The Act specifies that one or more of these conditions must be met to authorise the use of secure accommodation.
Before 2010, children could be remanded to custody on an ‘unruly certificate’ under sections 24 and 297 of the Criminal Procedure (Scotland) Act 1975. This was where a child over the age of 14 appeared before a court charged with a crime or offence and the court considered that release on bail or detention by a local authority was not appropriate because of the child’s unruly character. The child could then be detained in the prison system on the authority of the court. The unruly certificate arrangements applied to children over the age of 14, and, normally, under 16, although an upper age limit of 18 applied where a child was under a supervision requirement from a children’s hearing. These sections were repealed by the Criminal Justice and Licensing (Scotland) Act 2010, with the changes implemented from March 2011.

In the case of serious offences a child may be tried in an adult court under section 44 of the Criminal Procedure (Scotland) Act 1995. If a child is found or pleads guilty to an offence which applies to this section a sheriff may order the child’s detention in residential accommodation for a up to a year. This young person may then be detained in secure accommodation if the Chief Social Work Officer and the head of the residential establishment believe the child meets the requirements of section 70 (10) (a) or (b). Young people who are 16 or older can be detained in a ‘Young Offenders Institution’ (YOI) or, where the child is subject to a supervision requirement from a hearing, committed to a local authority.

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

Aims and objectives

The aims of the project were:

- To collate and appraise the utility of existing data sources for increasing our understanding about girls and young women in secure accommodation, prison or alternatives.
- To provide a clearer picture of the current research available about pathways into secure accommodation or prison for girls and young women in Scotland and the UK.
- To map current specialist provision for girls and young women and identify approaches currently being used in different parts of Scotland.

Research design and methodology

To meet the aims of the project, the research incorporated three components: a literature review; primary data collection from service providers; and appraisal of existing data sources. As the overall objective of the study was to scope existing knowledge, each of the components involved an element of mapping in addition to more in-depth analysis and appraisal. This was less straightforward in relation to ‘alternatives’ to secure care or custody. As others before have found, definitions of ‘alternative’ vary and are diverse (Walker et al 2006). Additionally, there is a lack of clarity and consistency in the use of terminology to describe different types of alternatives, such as ‘close support’.

Identification of data sources and appraisal of existing datasets

Searches were undertaken to identify data sources that could be used to explore patterns of use of secure care, custody and community alternatives for young people in Scotland. Data sources were identified by searching for and appraising statistical and research publications with a view to identifying existing collated datasets or administrative data systems that could be used for a secondary analysis of gendered patterns of use of secure care, custody and community alternatives with young people.

Literature review

Empirical research studies about secure care, custody and community alternatives for young people (under the age of 18) were reviewed to identify and appraise findings relating to the needs, pathways and outcomes for girls and young women. This was restricted to more recent studies, published in the last 10 years (2002-2012). Studies were identified by: searching electronic databases [ASSIA and IBSS]; manual searches of specific journals [Youth Justice; Adolescence] and by screening bibliographies of studies reviewed. Only studies undertaken in the UK were included, although it is also recognised that differences in the legal and policy frameworks operating across Scotland, England, Wales and North Ireland restricts the generalisability of studies conducted outside of Scotland. Each study was appraised to identify if the samples included girls and young women, if studies reported on any
for any differentiation in the findings regarding girls and boys and for findings in relation to the needs, pathways and outcomes for girls and young women.

**Primary data collection from service providers**

Key informants, identified via the CJSW mailing list and the *Vulnerable Girls and Young Women’s Development Group*, were approached to complete a questionnaire detailing their knowledge about the existence of alternatives to secure care and custody. The questionnaire was developed in partnership with a small working group, and piloted with the extended membership of the Development Group. The data collected at this stage was also included in the final analysis. The survey was mailed electronically in March and April 2012. A total of 65 questionnaires were returned, 56 of which were used in analysis and 9 of which were discounted as they had not been completed. In the main questionnaires were completed by individuals working as service managers and team leaders/managers, but also by practitioners (social workers, psychologists, project workers) working with young people - most based with local authorities but also a sizeable proportion working within the voluntary sector. This information was supplemented with information provided by the Development Group (at the pilot stage and in meetings) and desk based research to construct a picture of current service delivery.

**Table 1** Questionnaires completed per area

<table>
<thead>
<tr>
<th>Local authority area</th>
<th>Number of questionnaires referring to area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen city</td>
<td>4</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>3</td>
</tr>
<tr>
<td>Angus</td>
<td>4</td>
</tr>
<tr>
<td>Clackmannanshire</td>
<td>1</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>2</td>
</tr>
<tr>
<td>Dundee</td>
<td>6</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>1</td>
</tr>
<tr>
<td>East Lothian</td>
<td>1</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>1</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>3</td>
</tr>
<tr>
<td>Falkirk</td>
<td>2</td>
</tr>
<tr>
<td>Glasgow</td>
<td>6</td>
</tr>
<tr>
<td>Highland</td>
<td>3</td>
</tr>
<tr>
<td>Area</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Moray</td>
<td>2</td>
</tr>
<tr>
<td>North Ayrshire</td>
<td>1</td>
</tr>
<tr>
<td>North Lanarkshire</td>
<td>1</td>
</tr>
<tr>
<td>Orkney</td>
<td>1</td>
</tr>
<tr>
<td>Perth &amp; Kinross</td>
<td>1</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>1</td>
</tr>
<tr>
<td>Shetland</td>
<td>1</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>1</td>
</tr>
<tr>
<td>South Lanarkshire</td>
<td>2</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>2</td>
</tr>
<tr>
<td>West Lothian</td>
<td>1</td>
</tr>
<tr>
<td>Across more than one local authority</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

The information collected in the questionnaires was used to identify providers targeting girls and young women specifically, and services that appeared to be operating as direct alternatives to secure care or custody.

Ten semi-structured telephone interviews were undertaken with team leaders/managers and practitioners to gather views from different types of services operating across Scotland. These included:

- Specialist girls services: Up to Us: Time for Change (West of Scotland wide), Young Women’s Project (Glasgow), Good Shepherd Close Support Unit (Cross local authorities)
- Community based intensive support services: Community Alternatives (South Lanarkshire); Quarriers Intensive Support Service (South Lanarkshire); Action for Children Intensive Support Service (Highland); Multi-agency intensive support delivery (Dumfries & Galloway)
- Family-home based intervention: Multi-systemic therapy project (Fife)
- Intensive fostering: Community Alternatives Placement Scheme (Scotland wide)
- Intensive Support and Monitoring Services Alternative to Remand: ISMS and ISMS ATR (Glasgow)

The interviews explored the remit and goals of the services; referral routes and pathways into services; the nature of the service provided; and information about challenges and strengths in working with girls and young women. A qualitative analysis of this information was undertaken to identify and explore themes relating to the pathways, needs and outcomes for girls and young women. This analysis
included answers to the qualitative questions, and focused on perspectives of working with girls and young women gathered via the questionnaire.
Limitations of the study

The study aims to take stock of existing knowledge about the use of secure care, custody and community alternatives with girls and young women. It has used a consultation approach to gather information about existing services. While this information provides a valuable insight into knowledge and perspectives of the availability of existing services, it is not possible to assess whether this is an accurate picture of current service provision in Scotland.

As noted by Walker et al (2006) there is a lack of clarity in the meaning and use of terminology is a challenge for research exploring ‘alternatives’ to secure care and custody. Walker et al (2006) found divergent views on what constitutes ‘alternatives’ to secure care or custody. Services that work intensively with young people before they reach the stage of requiring secure accommodation or to support young people during and after secure placements might be conceptualised as ‘alternatives’. Some raise questions as to whether it is possible to have a service operating as a direct substitute to secure care. One widely held view among social work managers and children’s panel chairs was that, if young people were accurately assessed as requiring secure accommodation, no other resource would be able to hold them safely (p34), while others considered that whether a young person could be held safely depended on what services were available. According to the second point of view, services could be devised which would sustain some young people who met the secure criteria in an open setting, although there would still be a smaller group who would need physical security for their own and/or others’ safety.

In recognition of the ambiguity that surrounds the conceptualisation of ‘alternatives’ we offered the following guideline to respondents:

*By ‘alternative’, we mean services that offer a ‘direct alternative’ to secure accommodation or prison. We ask you to differentiate between services provided at an earlier stage to halt the development of risky or problematic behaviour or those provided after admission to facilitate a move out of secure accommodation or to avoid re-admission. ‘Alternatives’ do not include the unplanned or continued provision of services in the absence of availability of secure accommodation.*

In the questionnaire, we provided options for respondents to differentiate between ‘earlier intervention’, ‘direct alternatives’, and ‘follow on’. Although our intention was that respondents would conceive of ‘direct alternatives’ as those provided to young people who meet the criteria, under section 70 (10) of the Children (Scotland) Act 1989, it is clear that while some did indeed answer in this way others did not. The picture provided therefore is indicative only of the potential of services operating in an area to act as direct alternatives, rather whether they are currently operating as direct alternatives to secure care.

Finally, much of the information collected through the questionnaire required the respondents to have an up-to-date and accurate knowledge of local service delivery. We recognise that this is a challenge in an environment where services do shift and change in terms of their remit and delivery. Therefore, the information reported is unlikely to represent an accurate record of all relevant services.
3 **Taking stock of data sources in Scotland**

This section identifies and reviews existent data sources in Scotland that provide some insight into the use of secure care, custody or community alternatives with young people, and appraise what they can tell us about their use with girls and young women.

**Secure care**

*Key figures and statistics for 2010-2011:*

- Between 1\(^{st}\) April 2010 and 31\(^{st}\) March 2011, 146 children received secure authorisations made as a condition of warrants and 117 had secure authorisations made as a condition of supervision requirements (SCRA, 2011).

- Between 1\(^{st}\) August 2010 and 31\(^{st}\) July 2011, there were 273 admissions to secure care, and 259 discharges from secure care (Scottish Government, 2012).

- On 31\(^{st}\) July 2011, based on the data returned by local authorities, of the 16,171 children looked after 86 were placed in secure accommodation (Scottish Government, 2012).

- On 31\(^{st}\) July 2011, based on the data returned by secure care providers, there were a total of 90 young people in secure accommodation (Scottish Government, 2012). Of those 90 young people, 33% were female and 42% were aged 16 and over.

*Key public data sources available:*

- Scottish Children’s Report Administration analyses data recorded in their case management information system. Published bulletins and online statistics cover the financial year (running from 1\(^{st}\) April - 31\(^{st}\) March) and present information about referrals to the Children’s Reporter and resultant decisions.

- Scottish Government publishes annual statistical bulletins on data returned by local authorities and local providers on:
  - Children looked after\(^a\) during a 12-month period in line with the academic year and educational data returns (running from 1\(^{st}\) August -

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\(^a\) All children who have had an open looked after episode within the collection period, every episode which was open at some point in the collection period, every placement that took place during these episodes and every legal reason for which a child was being looked after during these episodes. Children are looked after by local authorities when they are: a) provided with accommodation under section 25, or b) subject to a supervision requirement from a Children’s Hearing, or c) subject to an order, authorisation or warrant according to which they have responsibilities under Chapter 2, 3 or 4 of Part II of the Act. This may include a child protection order, a child assessment order, an authorisation from a justice of the peace to a place of safety, removal to a place of safety by a police constable, warrants to keep a child in a place of safety made by a Children’s Hearing or Sheriff and a parental responsibilities order which gives the local authority responsibilities towards the child.
31st July). Data is returned as an individual-level return so has scope for secondary analysis if permission to access is granted by Scottish Government4 and for linkage to other datasets subject to ethics approval. More detailed information on the data specification and content is contained within the guidelines provided to local authorities5.

- Secure care and close support accommodation, which includes an aggregate data return for a census date (31st July) and details for individual children admitted and discharged between 1 April 2010 and 31 July 2011. As above the individualised data return offers scope for a secondary analysis focused on exploring gender patterns.

Statistical overviews of the datasets are published together as Children’s Social Work Statistics Scotland (Scottish Government, 2012), with supplementary tables available online6.

Appraisal of utility for understanding gendered patterns in relation to secure care

- Each of the data sources offers considerably more potential to explore patterns of secure care authorisations and use than is reported in the existing annual publications. Each publication provides top-level figures in relation to secure care rather than an in-depth analysis of the data available. The SCRA annual bulletin does not provide a clear overview of secure authorisations, this is only included within the annual reports.

- All of the published sources provide limited information on gender. While some information is provided, it has limited utility for understanding patterns relating to gender and secure care. For example, the Scottish Government (2012) bulletin Table 1.3 provides details on the number of children starting to be looked after by age and gender, however, this information is not available in relation to children looked after in secure accommodation and Table 3.4 provides numbers of young people in secure care on 31st July by gender, age, disability and length of stay but does not provide an analysis of these numbers to explore patterns in relation to gender. Similarly, while the SCRA data does include recording of gender, it is not used to report gender frequencies or patterns in relation to secure authorisations or referrals and decisions more broadly. Again, there is potential for further analysis of the datasets to explore gendered patterns.

Custody

Key figures and statistics for 2010-2011:

- Between 1st April 2010 and 31st March 2011, a total of 219 custody referrals7 were received by the Children’s Reporter that involved 166 children (SCRA, 2011). No gender breakdowns are provided. The numbers of children referred

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4http://www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/DataAccess
5https://www.scotxed.net/Data%20Collection%20Pages%20for%20all%20Statistics%20Surveys/Looked%20After%20Children%204.aspx
6http://www.scotland.gov.uk/Resource/0038/00388961.xls
7Where a child has been taken into custody, a decision will be taken as to whether to refer the child either to the Procurator Fiscal or the Reporter (following a discussion between the Procurator Fiscal and the Reporter).
were highest for Glasgow (67 children), Edinburgh (15), Highland (11) and North Lanarkshire (11).

- Between 1st April 2010 and 31st March 2011, a total of 2,926 joint referrals\(^8\) were received by the Children’s Reporter that involved 1,695 children aged 12 or over (SCRA, 2011). No gender breakdowns are provided. The numbers of children referred were highest for Glasgow (405), Edinburgh (130), North Lanarkshire (116) and East Ayrshire (88).

- A total of 2,223 young women under the age of 21 were charged with an offence during 2010-11. Among those, 3% were charged with a non-sexual crime of violence, under 1% with a crime of indecency, 12% with crimes of dishonesty, 4% with fire-raising, vandalism etc, 17% with other crimes, 45% with miscellaneous offences and 19% with motor vehicle offences (Scottish Government, 2011).

- Between 1st April 2010 and 31st March 2011, the ratios of young people per 1000 for those convicted were much lower for girls than for boys (Scottish Government, 2011):
  - for 16 year olds, a rate of 4 per 1000 compared with 29 per 1000
  - for 17 year olds, a rate of 11 per 1000 compared with 81 per 1000
  - for 18 year olds, a rate of 18 per 1000 compared with 104 per 1000
  - for 19 year olds, a rate of 16 per 1000 compared with 112 per 1000
  - for 20 year olds a rate of 18 per 1000 compared with 110 per 1000.

- Among the 2,223 young women under the age of 21 convicted, 1% received a custody sentence, 3% received a community sentence, 1% a financial penalty, and 4% other sentence (Scottish Government, 2011 – court statistics).

- During 2010-11, 262 young people involved in offending were remanded to custody representing a 14% drop in numbers compared with the previous year. The figures available do not differentiate between the numbers remanded to custody untried or after being convicted, or for females and males (Scottish Government 2011, prison statistics).

- During 2010-11, the average daily population in Cornton Vale YOI was 50 young women and the maximum number during that period was 51 young women (Scottish Government, 2011 – prison statistics).

- On the 30th June 2010, there were 47 young women under the age of 21 in prison – of whom 7 were aged 17, 14 aged 18, 10 aged 19 and 16 aged 20. There were no young women aged 16 or under in prison on that date.

**Key public data sources available:**

- SCRA’s data analysis includes presentation of the numbers of custody referrals and joint referrals received for children. While the former is indicative

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\(^8\) Where a child is alleged to have committed an offence described in the Lord Advocate’s guidelines ([http://www.copfs.gov.uk/sites/default/files/LAG%20OFFENCES%20COMMITTED%20BY%20CHILDREN%20-%20NOV%202010.pdf](http://www.copfs.gov.uk/sites/default/files/LAG%20OFFENCES%20COMMITTED%20BY%20CHILDREN%20-%20NOV%202010.pdf)), the police will make a joint report to the Procurator Fiscal and the Reporter. Following discussion with the Reporter, the Procurator Fiscal will decide whether to prosecute or refer to the Reporter.
of numbers of children who have been taken into custody, the latter is also relevant to considering the numbers of children who may be at risk of secure care or custody.

- The Scottish Government publishes an annual statistical bulletin on *Criminal Proceedings in Scotland* that includes information on criminal proceedings concluded in Scottish courts and on a range of non-court disposals issued by the police and by the Crown Office and Procurator Fiscal Service during 2010-11. While the charges made and proven are of relevance, the most relevant information reported is that related to the penalties given.

- The Scottish Government publishes an annual statistics bulletin on the prison population, which includes analysis on the number of receptions to and liberations from prison, broken down by: age, gender, custody type, sentence length and main crime or offence. The prison statistics are derived from data held on Scottish Prison Service's information management system.

- The Scottish Prison Service undertakes an annual survey of prisoners to explore their experiences and views on life in prison, and includes a focus on core aspects of prison life. This is reported in various bulletins including one focused on the experiences of young prisoners and another focused on the experiences of women prisoners. Both are limited in how much insight they offer into the experiences and views of young women prisoners, although the prison service research team have noted that it is possible to look in more depth at sub-groups subject to permissions.

**Appraisal of utility for understanding gendered patterns in relation to custody**

- Each of the data sources offer considerably more potential to explore patterns of custody use for young people who have offended than is reported in the existing annual publications.

- Similarly, the data sources offer more potential to understand gender patterns than has been exploited.

**Community alternatives**

We were unable to identify any datasets that provide information on the use of community alternatives as a direct alternative to secure care or custody for 2010-11. Given earlier recommendations by government to monitor the usage of community alternatives to secure care - “We recommend that the use of secure care and the use of alternatives for those meeting the secure care threshold be carefully monitored over the next year to inform future decision making, with on going monitoring of progress towards achieving the vision of fewer people in secure care” (p25) - this is perhaps surprising (Scottish Government, 2009). More recently, SCRA (2010) have also recommended tracking young people who have secure authorisations by the Children’s Hearing system to explore their implementation and outcomes for children and young people over time.

**Key points**

- Existing published data sources provided limited insight into gender patterns for young people in secure care or custody.
• National statistical bulletins should routinely provide further information on the gender breakdown of key statistics.

• There is scope for a secondary analysis of available datasets to examine gender patterns for young people subject to authorisations, in secure care and in custody. Subject to permissions and access, this is possible where statistical bulletins are derived from data returns or extractions that include data collected at an individual level.

• Given the gaps in knowledge of the pathways into and out of secure care and custody, it should be a priority to use existing datasets to explore children and young people’s trajectories into, through and out of the child welfare service system, and the criminal justice system.

• A key gap in knowledge is statistics regarding the use of community alternatives for young people who meet the threshold for secure care, or as alternatives to custody.
4  Taking stock of knowledge from empirical studies

Secure care

Research relating to secure accommodation in Scotland has been limited. It includes earlier studies of secure units within List D schools (Petrie 1980; Petrie 1986; Littlewood 1987; Kelly 1992), a longitudinal evaluation of secure accommodation and its alternatives (Walker et al 2006); its use and alternatives for sexually exploited young people (Creegan et al, 2005) and studies of the views of young people in secure units (Foreman 2004; Foreman and McAllister 2006; Barry and Moodie 2008). Considerably more research has been carried out in England and Wales than in Scotland. The wider range of secure provision available in England and Wales, together with a different legislative context, does make comparisons with Scotland difficult. Local authority run secure units provide the closest comparison to the Scottish experience (Goldson, 2002; O'Neill, 2001; Jane Held Consulting Ltd., 2006). One recent study has been carried out in Northern Ireland (Sinclair and Geraghty 2008). The system of secure accommodation in Northern Ireland is also different to that of Scotland.

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

A range of studies have shown that the characteristics and background circumstances of young people placed in secure accommodation have a number of common features. Not surprisingly these young people most often come from family backgrounds characterised by family breakdown, parental substance misuse, and domestic violence; with young people often experiencing multiple losses and separations through incarceration or death of a parent or significant care giver and having had multiple care placements (O'Neill 2001; Goldson 2002; Creegan et al 2005; Walker et al 2006; Sinclair and Geraghty 2008; National Children’s Bureau 2009; SCRA 2010). O'Neill (2001) also suggests there is often an intergenerational pattern of family disruption, abuse, mental health difficulties and loss in the families of these young people. While most studies have not looked explicitly at the issue of poverty and material deprivation in the lives of young people placed in secure accommodation, Bullock et al (1998) and SCRA (2010) both found evidence of chronic unemployment, homelessness and severe financial difficulties among the families of young people placed in secure units.

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

Studies have found that abuse and neglect is also a common experience among this population of young people. Studies suggest that rates of sexual abuse could be anywhere between 30% (Walker et al 2006) and 95% (Brogi and Bagley 1998; Creegan et al 2005). Rates of sexual abuse are particularly high for young women in secure accommodation with one study reporting that one in three girls reported an experience of sexual abuse, compared to one in twenty boys (YJB 2008 as cited in the Children’s Commissioner 2011). Physical abuse has been found to be present in between 23% (Walker et al 2006) and 100% (O’Neill 2001; Goldson 2002a) of cases. Rates of neglect among young people in secure settings have also been found to be high, often at over 40% of cases sampled (Falshaw and Browne 1997; Creegan et al 2005; SCRA 2010). Although often not recorded in studies, SCRA (2010) found that 24% of their sample of 100 cases had previously been on the Child Protection Register.

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

Although the characteristics and backgrounds of young people admitted to secure have rarely been subject to a gendered analysis in research studies, some studies of secure accommodation have suggested that gender may play a role in decision making. In particular studies have highlighted that the judgements of decision makers are influenced by ideas about vulnerability and gender (Stewart and Tutt 1987; Petrie 1986; Kelly 1992; Harris and Timms 1993; Bullock et al 1998; Dennington and Pitts 1991; O’Neill 2001; Goldson 2002; Jane Held Consulting Ltd. 2006; Scottish Government 2009a; SCRA 2010; Roesch-Marsh, 2011). In particular these studies have highlighted that young women are more likely to be admitted to secure accommodation on the basis of their being ‘at risk’ and ‘in need of protection’ and that for young women being ‘at risk’ is often defined in terms of being at risk sexually.

When O’Neill (2001) compared a cohort of 18 girls with 11 boys in secure settings in England and Wales she found that 83% of the girls were admitted through the welfare route while 81% of the boys were admitted through the criminal route (2001: 86). She also found that 61% of girls had been admitted to secure care on at least one prior occasion, as opposed to only 18% of boys (2001: p91). O’Neill found professionals were pre-occupied with the sexual behaviour of young women admitted to secure accommodation as opposed to the young men; ‘prostitution, suspected prostitution, and the risk of sexual harm figured in the reasons for admission through the welfare route of most of the girls’ (2001: p97).

Walker et al’s (2006) study was the first longitudinal study of secure accommodation to be completed in Scotland. It reports on data about two samples young people: all young people subject to secure authorisation during a six month period (July to December 2003), and a sample of young people admitted to secure care during a 12 month period (1st October 2002 and 31st October 2003). The former included 104 young people, 59 boys and 45 girls, of whom 79 were subsequently placed in secure
care. The remaining 25 remained in the community or in an open residential setting. Comparisons of the two sub-groups indicated no significant gender bias. Girls accounted for 43% of the young people made subject to authorisations, 44% of admissions and 40% of the group who remained in an open setting. 89% of young men and young women were referred to secure because they presented a risk to themselves. Young men were, however, more likely to have also been referred because they were viewed as a danger to others. Young women were more likely to be viewed as a danger to themselves with worries ‘centred around [girls] sexual behaviour and vulnerability’ (p 48). There were also some indications that gender together with age influenced whether young people were more likely to be admitted or not: of girls aged 11-13 all but one were admitted (92%) compared with 72% of the boys at that age. The trend seemed to be in reverse for those aged 15 or over, with 82% of boys and 75% of girls being admitted.

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

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

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

While girls are more likely to be seen as ‘a risk’ to themselves because of their perceived sexual vulnerability, like most boys referred for presenting a risk to themselves, most girls placed in secure accommodation engage in a combination of behaviours including absconding from placements, spending time with ‘unsuitable’ people, excessive drug and/or alcohol use, behaviour which increases risk of sexual exploitation, and self-harming behaviours including cutting or overdosing (O’Neill 2001; Walker et al 2006; Creegan et al 2005; SCRA 2010). However, the frequency of particular risk taking behaviours among young women in secure accommodation seems to be different to those of young men. Walker found that in their sample of 53 young people admitted to secure:

- 14 young women and 6 young men were using drugs and/or alcohol excessively
- 9 young women and 1 young man were at risk of sexual exploitation
- 8 young women and 6 young men were engaging with self-harming behaviours including cutting or overdosing

O’Neill (2001) found almost half of her male sample and half of her female sample had attempted suicide. The girls were far more likely to have engaged in serious deliberate self-harm and there was a strong link for many of the girls between drug
and alcohol abuse and suicidal feelings.\textsuperscript{9} This was also reflected in the reports of professionals interviewed by Creegan, Scott and Smith (2005)\textsuperscript{10}.

Young people placed in secure units show high rates of self-harm and a range of different mental health difficulties including depression and suicide ideation (Mooney et al 2007). Khan's (2010) review of the research evidence on mental health among young people placed in secure settings highlights that in almost every comparative study, young women fare less well than adult females or young males on a range of health indicators. Khan (2010) reports that ‘young female offenders health and mental health are compromised by a range of inter-related risk factors such as substance misuse, poor sexual health, mental health problems and violence/sexual violence’ (p. 62). She reports the following findings from across a number of studies which have examined the mental health of young people in secure care and custody:

- 71% of young women have some form of psychiatric disturbance
- More than 1 in 3 young women have a history of self harm
- Young women have higher rates of anxiety disorders (67% compared with 47% of young men)
- Young women have higher rates of post-traumatic stress disorder (PTSD) than young men
- 1 in 3 girls (compared with 1 in 20 boys) have experienced sexual abuse
- 1 in 10 young women in custody report that they have been paid for sex

Most studies of secure accommodation have categorised young people presenting a risk to others as ‘offenders’. Studies of secure accommodation in Scotland have tended to focus on young people admitted via the welfare route and have therefore not explored in as much detail the patterns of offending behaviour which result in placement in secure accommodation. While none of the young women in Walker et al’s (2006) study were admitted to secure for this reason, 19 of the young woman did have at least one offence. For both males and females in the study:

- The most common offence was for assault
- An unspecified number had been charged with breach or the peace
- 1 young person had been charged with attempted murder
- 1 had been charged with assault and robbery
- None of the young people had been charged with a sexual offence
- 5 were involved with car-related offending
- An unspecified number had other offences including theft, shoplifting and damage to property

O’Neill (2001) and Goldson (2002) both suggest that placement instability and drug and alcohol abuse play a significant role in escalating offending behaviour for both males and females. Walker et al (2006) found most of the young people in their sample used cigarettes and alcohol very regularly and a much higher percentage of girls than boys had abused alcohol and drugs (83%). Among boys solvent use was slightly higher. Goldson (2002) found that 47% of his sample (12 girls and 3 boys) used drugs and alcohol. Galahad SMS Ltd’s (2004) large scale study of juvenile

\textsuperscript{9} This finding confirms other findings that have shown high rates of mental ill health and suicidal thoughts among young people in various residential care settings (Kurtz et al 1998; Richardson and Joughin 2000; Metzer et al 2003, 2004;).
\textsuperscript{10} Evidence in Scotland has shown that the mental health needs of looked after children in general have been not been consistently assessed and that treatment has been difficult to access (Buchanan 1999; Dimigen et al 1999; McCann 1996; Minnis and Del Priore 2001; Stanley, Riordan and Alaszewski 2001; Kendrick, Milligan and Furnivall 2004).
offenders in England and Wales showed over 75% of their sample of 302 young people interviewed used drugs and/or alcohol regularly and linked this to their offending behaviour.

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

Bullock et al (1998) analysed outcomes under four headings during their two-year follow-up period: living circumstances, family and social relationships, physical and psychological health, education and employment, social and anti-social behaviour. In following up their sample of 204 young people (49 of these were female) two years after discharge they found 46% of the total sample was ‘adjusted’ against wider social norms. For both young women and young men the study found those who had been in long term care or long term specialist education and those that left treatment programmes early had the poorest overall outcomes. Outcomes were generally similar for males and females. However the study found that 17 out of the 49 young women in the study became teenage mothers in the two year follow-up period, ‘a much higher rate than found in the general population’11. Bullock et al (1998) highlight the need for research beyond the first two years of discharge, and more research in general relating to those between the ages of 18 and 30 but provide little analysis of gender issues.

Walker et al’s (2006) longitudinal study measured the outcomes for secure care by speaking to social workers and asking them about the progress of young people. For the sample of 53 young people placed in secure accommodation, they interviewed social workers at the end of placement and on at least one further occasion 18 to 30 months after the young person had been discharged from secure. Their first measure of progress at the point of discharge showed that 33 social workers felt there had been clear benefits to the placement and 20 felt there had been some benefits but also some drawbacks. None of the social workers felt there had been no benefits. A higher percentage of girls were felt to have clearly benefited. A third of the sample was felt to have made no progress in terms of changing their behaviour by the end of the placement. In only one case was it felt there had been significant improvement in family circumstances and relationships.

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

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

11A similarly high rate of teenage pregnancy has been found in other studies of care leavers (e.g. Beihal et al 1992; Garnett 1992).
Those with a positive rating for all four dimensions were judged to have made good progress. Those with a least one poor dimension were judged as medium and those with no positive aspects were judged as poor. The ratings for the sample were 14 good (26%), 24 medium (45%) and 15 poor (29%). There were similar outcomes across age, gender and placement.

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

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

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

Unfortunately recent studies with an emphasis on young people’s experience of secure accommodation do not provide an analysis along gender lines (Ofsted 2009; Foreman 2004; Foreman and McAllister 2006; Barry and Moodie 2008). However, these studies do suggest that many of the young people placed in secure units feel safe in their secure placements and many have positive views about the care they receive from staff. The main difficulties they report relate to dealing with boredom, lack of contact with family and friends, lack of understanding about their rights, and coping with rules and restrictions.

Creegan, Scott and Smith (2005) at Barnardo’s Policy and Research Unit were funded by the Scottish Executive to investigate ‘The use of secure accommodation and alternative provisions for sexually exploited young people in Scotland’. This study utilised a mixed methodological approach which included:

- Telephone interviews with social work managers from across 21 local authorities in Scotland
- 21 face to face interviews with staff working across all six secure units
- Semi-structured telephone interviews with six children’s reporters
- Semi-structured face to face interviews with staff from five community based agencies with knowledge and experience of working with sexually exploited young people in non-secure settings

The objectives of the research were ‘to extend knowledge of the extent to which sexual exploitation is a factor for young people placed in secure accommodation in Scotland; their experiences prior to secure placement; and the ways in which their needs are addressed whilst in secure units and after’ (Creegan, Scott, and Smith 2005, p. 1).

The study found that knowledge about sexual exploitation among the staff was variable and estimates of its prevalence ranged widely with some stating 40% of young women in secure units had been sexually exploited at some time and others claiming it was 90%. There was little awareness of young men’s vulnerability to sexual exploitation and the authors acknowledge there has been a lack of research in this area. A lack of detailed recording relating to reasons for admission to secure accommodation made it difficult for them to determine the prevalence rates of young people in secure care who are placed there because of the experience of, or, a risk of sexual exploitation.
Creegan et al (2005) suggest that the therapeutic possibilities of secure care for sexually exploited young people or those at risk of sexual exploitation in Scotland are limited by a range of factors including staff training, available space for therapeutic work, and provision for throughcare and aftercare. Their research raises doubts about the value of short-term containment for these young people and recommends community based intervention is put in place whenever possible.

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

**Custody**

The prison population in Scotland on 30 June 2010 was 7,983, of which 95% were men (Scottish Government 2011). Out of the 435 women in prison at this time only 32 were under 21, making young female offenders about .07% of the female prison population (Scottish Government 2011). More recent statistics from the Scottish Prison Service on 4th of May 2012 showed that there were 5 female young offenders (aged between 16 and 21) on remand and 35 sentenced female young offenders in Scottish Prisons.

Burman and Batchelor (2009) identify that there has been a tendency to present women who offend ‘as a homogenous group, meaning that the age-specific needs and deeds of girls and young women (aged under 21) are often overlooked’ (p. 270). They also point out that there is a lack of empirical evidence about young women who offend making it ‘difficult to keep anecdotal evidence in perspective and balanced by facts’ (p. 270). Examining recent statistics related to youth crime (see Table 2) Burman and Batchelor (2009) highlight that despite high profile public announcements about increases in violent offending by young women the statistics suggest that the overwhelming majority of offending by young women is non-violent. They point out that ‘because the actual number of young women involved in violent offending is low, very small numerical increases or decreases can make a great deal of difference in terms of reported percentage rise and falls’ (p. 275).

Table 2 Proportion of youth crime committed by specific age-groups and gender, Scotland, 2005

<table>
<thead>
<tr>
<th>Crime category</th>
<th>0 -15 yrs%</th>
<th>16-17 yrs%</th>
<th>18-21 yrs%</th>
<th>Males %</th>
<th>Females %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sexual crimes of violence</td>
<td>24</td>
<td>20</td>
<td>56</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>Crime of indecency</td>
<td>60</td>
<td>14</td>
<td>27</td>
<td>85</td>
<td>14</td>
</tr>
<tr>
<td>Crimes of dishonesty</td>
<td>34</td>
<td>17</td>
<td>49</td>
<td>85</td>
<td>15</td>
</tr>
</tbody>
</table>

12 Reproduced from Burman and Batchelor (2009, p. 273)
Burman and Batchelor (2009) provide an overview of findings from a range of studies that suggest relationships play a key role in female offending, particularly relationships with parents, violent partners and peers. They highlight Batchelor’s (2007) finding that most girls and young women in the criminal justice system in Scotland have been abused, abandoned, rejected and let down by a parent. Batchelor (2007) also found that the peer group plays a significant role in the offending behaviour of young women and that young women tended to ‘go along’ with ‘risky’ behaviours in order to ‘fit in’ with a new peer group and establish respect or status.

As the previous section highlighted, young women who offend tend to fare less well than adult women who offend and young men who offend in relation to a range of health indicators (Kahn 2010). In general the female population involved in offending has been shown to have ‘significantly higher rates of poor mental health compared to both the general female population and male prisoners’ (Scottish Government 2012, p. 20). Women who offend also seem to have ‘higher lifetime incidences of trauma, including severe and repeated physical and sexual victimisation, than either male prisoners or women in the general population’ (Scottish Government 2012, p. 20).

HMIP’s inspection Report on Young Offenders in Adult Establishments (2009) found that provision for young women who have offended was generally far less satisfactory to the provision for young men. Most women prisoners in Scotland are currently held in Cornton Vale prison and although it does have a section for young people who offend where most women under 21 are held, the layout of facilities means that ‘nearly every part life for young women in Cornton Vale is shared with adult prisoners’ (HMIP 2009, p3). Inspectors found that while most of the comments from young men staying in young offenders units in Friarton Hall in Perth and Darroch Hall in Greenock were positive, almost all the comments from young women in Cornton Vale were negative. The inspectors identified four key factors that impacted on young women and young men involved in offending having very different experiences in adult prisons:

- Better facilities in Greenock and Perth meant that young men lived in a separate hall, quite apart from male adult prisoners allowing them to develop a common life in the unit. This was not the case in Cornton Vale.
- The quality and quantity of food was poor in Cornton Vale and young women did not have a comfortable place to share meals with others of their own age.
- Recreation facilities for young women were practically non-existent, while young men had satellite television, pool, table tennis, and electronic games.
• There was very little for young women to do, while young men had access to a wide range of activities including machine and wood assembly workshops, gardening, catering, car valeting, painting and decorating and hairdressing.
• Overcrowding was far worse in Cornton Vale.

The recently published Commission on Women Offenders (2012) does not address the issue of young women involved in offending specifically, but it does highlight a number of findings relating to the female ‘offender’ population as a whole. They highlight that the majority of female ‘offenders’ are engaged in lower risk offending than males, with more women in prison for drug-related crimes, crimes against public justice and dishonesty (pg. 18). They also report that the female prison population ‘has shown a sharper rate of growth than the male population over the past 10 years, despite a range of reports and initiatives highlighting the need to reduce the numbers of women in custody in Scotland’ (p. 18). They highlight that most (75%) women serve short sentences of six months or less and more women are held on remand than men. Only 30% of women on remand go on to receive a custodial sentence.

The Commission on Women Offenders (2012) makes a number of recommendations for improving the provision for female offenders in prison and in the community and these are addressed under six key areas:

1. Service redesign – In particular it highlights the need for Community Justice Centres to be developed throughout the country which will include multi-disciplinary teams with expertise in substance misuse, mental health and criminal justice to address the multiple needs of female offenders. They also recommend that intensive mentoring should be made more widely available to female offenders and they highlight that this may be particularly helpful for young female offenders.

2. Alternatives to prosecution- A range of recommendations are made about developing work orders, composite diversion orders and highlights that the support available at Community Justice Centres should be accessible to women at the point of diversion from prosecution.

3. Alternative to remand- It recommends that the use of ‘bail supervision plus’ should be developed for female offenders. This will include mentoring, supported accommodation and access to Community Justice Centres.

4. Sentencing- A range of recommendations are made here including the need to speed up decision making by the criminal courts through the use of Rapid Reports; the need to increase continuity in sentencing and review hearings; a pilot of problem solving summary criminal courts to test their effectiveness; the introduction of new sentences; additional training.

5. Prisons- It recommends that Cornton Vale be replaced with a smaller specialist prison for women offenders serving a statutory defined long-term sentence and those who present a significant risk to the public. It highlights that this new national prison for women offenders should include improved programmes and facilities; a medical centre; a separate unit for young women; a purpose built mother and baby unit; and a family friendly visitor centre. It recommends that women on remand or shorter sentence be held in local prisons to improve liaison with local communities. It also highlights the need for gender specific training for all professionals working with women prisoners.

6. Community reintegration- It recommends the introduction of new inter-agency protocols on prison discharge and homelessness and that community reintegration support be made available for all women offenders.

7. Making it work- It recommends that a new national service, called the Community Justice Service is established to commission, provide and manage adult services in the community. It recommends the creation of a
National Community Justice and Prison Delivery Board to promote integration between prison and community services. It also recommends that a senior director in each of the key agencies is identified to take responsibility for women offenders.

Overall the Commission does not highlight the specific needs of young women involved in offending, and although the recommendations are likely to have positive implications for all female ‘offenders’ there is a danger that some of the particular needs of younger women will be overlooked. In particular the difficulties for looked after children transitioning between the welfare oriented Children’s Hearing System and the adult criminal justice system are not explored in the report.

**Community alternatives**

Interventions acting as alternatives to secure care or custody for young people may include targeted family work, such as Multi-systemic therapy (MST), specialist fostering, close support or intensive support services (Scottish Government 2011; Walker et al 2006). Some may operate as an earlier intervention level, or as a ‘direct alternative’ to secure care or custody, or as follow through from secure care or custody. Generally, such interventions are not mutually exclusive, and in practice young people may experience more than one. Indeed, service design and delivery may integrate such interventions as different components of the same service. Identifying relevant UK-based evaluative research is a challenge. The terminology used to describe such interventions can be variable and less formalised for some types of services (e.g. ‘targeted family work’, ‘intensive support services’) compared with others (e.g. ‘specialist fostering’). It is also likely that there are localised studies that have not been identified. Few comparative studies have been undertaken. One conducted in Scotland found alternatives in the community offered advantages over secure settings because work was completed with families, and young people remained connected to their community. However, a disadvantage is that these young people often lacked educational provision that they would have received in secure care (Walker et al 2006).

**Multi-systemic therapy**

Multi-systemic therapy (MST) is an intensive and home-based intervention for young people with serious anti-social behaviour. It uses a social-ecological approach (Bronfenbrenner 1979) and aims to improve a young person’s behaviour and to prevent reoffending by affecting the multiple systems that surround the young person. The MST therapist works primarily with the caregiver to improve parenting skills, enhance family relationships, increase support from social networks, encourage school attendance and achievement for a young person, and reduce the young person’s association with delinquent peers. It is guided by nine treatment principles. The content of the intervention is tailored to address the specific needs of each family, using techniques drawn from cognitive-behavioural therapy, behavioural, and strategic and structural family therapies. Due to the intensive nature of MST, therapists carry a small caseload. They usually meet the family three times a week for 3 to 5 months, and are available 24 hours a day, 7 days a week.

In recent years, there has been considerable investment in the implementation of Multi-systemic therapy (MST) in the UK with 10 pilots being introduced in England. This has been accompanied by the first independent trial, and a supplementary qualitative study, of the effectiveness of MST compared with current services in reducing offending by young people in an urban British setting (The Brandon Centre
Trial and Department of Health, 2010). Although it is not currently offered as a direct alternative to admission to secure care in Scotland it is considered here as it may have the potential to act as a community alternative. The UK randomised control trial tracked 108 families (56 of which received MST; 52 of which acted as a control group). The sample was randomised according to gender, ethnicity and severity of offending: 83% were male, the average age was 15.3 years old, young people had mild to moderate ‘criminal histories’) and presented ‘high levels of delinquent and aggressive behaviour, antisocial attitudes and antisocial peers’ (The Brandon Centre and Department of Health, 2010). The study found there was greater reduction in the risk of re-offending in the MST group, but that it seemed to be particularly helpful to boys as they tend to re-offend less as the follow-up period increases while girls improve quicker with MST but over time show little re-offending with either service response. The supplementary qualitative study (Tighe et al 2010) explored the processes of change from the perspective of parents and young people. They concluded that their findings ‘point to the complexity of the process of change in MST and, in particular, to some factors previously not identified in the literature - young people developing pro-social aspirations for the future, and the ability to reflect on the harmful consequences of their behaviour on their parents and on their own lives’ (p.196).

Close support

In 2010 there were 1,480 looked after children in residential care in Scotland, about 9% of the overall looked after population, which was 15,892 in 2010 (Scottish Government, 2011). The problem with identifying close support means that there are not currently accurate national statistics on the numbers of close support beds in Scotland. It is therefore unknown what percentage of residential care placements in Scotland can be defined as close support. However, recent Scottish Government (2011) statistics now include data on the number of close support beds attached to the secure estate. In 2011 four of the seven secure units in Scotland were offering close support provision with a total of 29 close support beds available at any one time. There was an average of 21 residents in close support accommodation throughout 2010-11, an increase of 11% on the previous year. Young people in close support accommodation throughout the year ranged in number from 19 to 25. There were 42 admissions and 42 discharges from close support between 1 August 2010 and 31 July 2011.

Walker et al’s (2006) study showed that only 2 young people in their sample of 53 young people admitted to secure accommodation came from a close support unit. However, 11 young people were placed in a close support unit on discharge from secure accommodation. This suggests that at the time of this study close support was not routinely being used as an alternative to secure and further research has not been completed in this area. On average close support was found to be £1,000 a week cheaper than a secure placement but was still almost twice the cost of an ordinary residential child care placement in an open local authority run unit.

The Walker et al (2006) study did find that the young people who fared best after a placement in secure accommodation were offered a ‘step-down approach’. Walker et al (2006) explain that the ‘term ‘step-down approach’ was used by a number of social workers to refer to the practice of gradually returning young people to a more open and less supportive setting’ (pg. 80). Those who had a residential school or close support placement as part of their ‘step-down approach’ were judged to have had better outcomes than the sample as a whole.
The sample of 23 young people placed in alternatives to secure care were not followed up to the same extent as the secure sample so it is impossible to compare long term outcomes. However, workers perceived close support or residential school provision to have the best short-term outcomes for this sample. As a result Walker et al (2006) suggest that strengthening residential provision is a key way of decreasing the need for secure accommodation and improving outcomes for young people leaving secure who often return to these units.

**Specialist fostering**

Increasing attention has being paid to the fostering of adolescents than previously (Farmer et al, 2004). This includes evaluative research of a number of specialist foster schemes, directly relevant to the focus of this project, undertaken in the UK. This includes an earlier study of the Community Alternative Placement Scheme (CAPS) (Walker et al 2002); the exploratory work on the operation of remand fostering in England (Lipscombe 2003; Lipscombe 2007); and the recent studies of the development and implementation of Multi-Dimensional Treatment Foster Care (MTFC) in England (Youth Justice Board 2010; Biehal et al 2011; Biehal et al 2012a; Biehal et al 2012b). Older research is of relevance, but given considerable changes in the placement patterns of young people it is not considered here (Hazel, 1981).

Evidence from the evaluation of the Community Alternative Placement Scheme (CAPS) operating in Scotland (Walker et al 2002; Walker et al 2006) suggests that specialist foster carers can provide an effective service for young people who might otherwise be in secure care. CAPS was established as a direct alternative to secure care, and was intended to cater for young people who were a risk to others as well as those who were a risk to themselves. The evaluation study recruited a sample of 20 young people placed in foster care by CAPS and a comparison sample of 20 young people placed in secure care. Girls formed half of the CAPS sample, and a third of the secure care sample. Although the report provides a detailed account of the baseline characteristics, prior placements and pathways, and needs of the young people within the sample, it is not possible to always differentiate these for girls and boys. This is also true for the outcomes measure as part of the study. The information available for the 10 girls in the CAPS sample is summarised below.

The girls ranged in age between 13 and 17, whereas the boys were aged 9 to 16. The researchers categorised pathways or routes into CAPS, and noted prior placements. Among the 10 girls, two, aged 13 and 14, were ‘placed from secure care’. Four, aged 13-17, fell within the category ‘secure authorisation sought/alternative to prison’, all of whom were considered ‘highly vulnerable’ and for whom concerns included drug use, involvement in prostitution, self-harm and offending. Two had been resident in children’s homes, and two had been in residential schools. Two, aged 14, had ‘behaviour [that] potentially warrants secure care’. Both had been living in children’s homes. Two, aged 15, were ‘not close to secure’ and it was not possible to discern where they were living, but it is either at home, a children’s home or in a residential school. None of the young people who took place in the research were remanded or sentenced by the court.

It is not possible to discern what issues or circumstances may be related more to girls or boys from the information recorded. Composite information provided in the report records:

---

13 With the exception of one early placement, they were the first 20 young people to be placed by the CAPS. They came from 9 local authorities.
14 They were recruited from local authorities.
• 18 young people as physically aggressive at times
• 12 young people experiencing problems with alcohol
• 11 young people experiencing problems with drugs
• 11 young people involved in absconding
• 8 young people subject to sexual exploitation
• 7 young people involved in theft or shop-lifting offences
• 2 young people involved in car offences
• 6 young people involved in committing assault
• 7 young people involved in other offences
• 6 young people with self-harming behaviours
• 3 young people whose sexual behaviour presents a risk to others

Half of the total CAPS sample was recorded as being involved in seven or more of the above behaviours.

Additionally, the report notes that no child in the sample attended school on a regular basis without the need for additional support. Seven young people were nominally attending mainstream school, although only attended regularly and with considerable support, twelve young people attended in a residential setting and one young person attended non-residential specialist provision. Eleven were identified as refusing school, and 15 presented behavioural issues while at school. Four were identified as having no identified problems with attending school or behaviour when there. It is unclear if there are any differences for girls and boys in the sample. Lack of confidence and low self-esteem was considered to be an issue for all young people in the sample.

Both the views of young people and adults suggested that key to meeting young people’s needs were
• ‘positive experiences of family life’ – including, enhancing emotional development, changing specific behaviours, opportunities to learn, being cared for safely in a non-institutional setting.
• ‘support for life outwith the family’ – including, birth family relationships, school, college and work, health, leisure activities, preparing for the future.

Overall, their needs were summarised as …“multi-dimensional, related to past and current experiences and to anticipated future requirements. In addition, they encompassed emotional needs for positive close relationships alongside more immediate needs to address risky or unhelpful behaviours or to learn specific skills. Identified needs focused on the inner person, managing close interpersonal relationships and coping in the outside world” (p111).

Discussion of the needs and expectations to be addressed by CAPS did not differentiate between those of girls and boys participating in the study, or in relation to them. The only exception was in reference to health needs, where the report highlighted that nine of the girls had a ‘gynaecological matter or recurring infection to be investigated, and it was considered that all of them would benefit from advice on safe sex and contraception’ (p110). Five of the girls were thought to need help from a psychologist or counsellor, although only three were receiving a service (child guidance clinic; counselling service; psychiatric hospital).

In relation to outcomes, the study highlights that these were multi-dimensional and could be assessed from a range of perspectives. It argues that it is important to distinguish between the immediate impact of the placement and what happened thereafter. It was acknowledged for such ‘vulnerable and damaged’ young people to manage to live in a family, it was important that outcomes took account of the quality
of their experience as well as their post-placement circumstances. A summary measure of overall outcomes was adopted that took account of four criteria:

- **Experience:**
  - Social worker’s assessment of benefit from placement
  - Whether the placement ending had been planned or unplanned

- **End circumstances:**
  - Whether in stable and secure accommodation
  - Whether in school or work.

Young people who scored positively in three or four of these criteria were considered to have a good outcome (eight young people), while those who scored two were rated as moderately successful (five young people), and the outcomes for those who scored one or zero were assessed as poor (seven young people). The study concluded that outcomes were similar for young people in the CAPS and comparison secure care sample, although in general the CAPS provided a more positive experience.

Remand foster care provides an alternative to custodial or residential remands for children and young people who cannot return home under bail conditions. Historically schemes were developed in the late 1970s and 1980s, but these were increasingly absorbed into mainstream fostering and limited access and availability of remand foster placements has been a recurrent problem (Liscombe 2003; NACRO 2004). However, heightened awareness of the overuse and unsuitability of secure care and custody for young people on remand has prompted renewed interest in and commitment to the development of remand foster care (Home Office, 2002; Home Office, 2003). While some studies have explored the use of remand foster care in England, as yet little is known about whether these placements are any more effective, or better at meeting the needs of young people on remand than custodial placements (Fry 1994; Lipscombe 2003; Lipscombe 2007).

Children and young people who cannot return home under bail conditions include those who ‘literally have no home; those whose offences or alleged offences are deemed too serious to allow a return home; those who live near to, or with, the victim or alleged victim; and those whose parents refuse to accept them back into the home’ (Lipscombe 2003, p38). Remand foster care placements are expected to provide a safe environment for young people while on remand, to ensure their appearance at court hearings, to prevent them from absconding, and to reduce the incidence of offending whilst on remand, thereby protecting the public and maintaining community safety. Lipscombe (2003) highlights “the flexibility of an individual placement means that, with the provision of appropriate support and services, remand foster care can be utilised for young people with very diverse needs” (p41); and identifies this strength as particularly helpful for girls who would otherwise be marginalised within residential child care or prison service custody (Fry 1994; O’Neill 2001).

Lipscombe’s (2003; 2007) study involved the analysis of the case files of 46 young people placed by a specific remand foster care scheme. She also interviewed 18 of the young people placed, the foster carers employed by the scheme and a number of youth court magistrates. Of the 46 young people placed, only 6 were girls. The girls’ characteristics, needs, pathways and outcomes are not discernible in the published outputs from the study. Young people’s ages ranged from 11 to almost 18 years, with the average age of the girls being younger than the boys at age 15 and 16 years, respectively.

At the time of referral, 14 young people were living with a birth parent, 5 young people were looked after, 15 were in custody, and 12 were homeless. The young
people had frequently encountered adversity during childhood, as indicated by the following experiences:

- 42 had poor family relationships
- 36 had experienced problems with drugs or alcohol
- 26 had experience of the care system
- 19 had self-harming/suicidal behaviours
- 16 had mental health difficulties
- 16 had learning difficulties
- 9 had experience of physical abuse
- 7 had experience of emotional abuse
- 4 had experience of neglect
- 3 had experience of sexual abuse

The offences they were alleged to have been involved in are outlined in Table 3.

<table>
<thead>
<tr>
<th>Type of adversity</th>
<th>Number of charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent offences</td>
<td></td>
</tr>
<tr>
<td>Violence against the person</td>
<td>35</td>
</tr>
<tr>
<td>Arson</td>
<td>10</td>
</tr>
<tr>
<td>Robbery</td>
<td>3</td>
</tr>
<tr>
<td>Sexual offences</td>
<td>3</td>
</tr>
<tr>
<td>Drug offences</td>
<td>1</td>
</tr>
<tr>
<td>Non-violent offences</td>
<td></td>
</tr>
<tr>
<td>Theft and handling</td>
<td>37</td>
</tr>
<tr>
<td>Vehicle offences</td>
<td>30</td>
</tr>
<tr>
<td>Burglary</td>
<td>26</td>
</tr>
<tr>
<td>Breach of community sentences</td>
<td>15</td>
</tr>
<tr>
<td>Criminal damage</td>
<td>14</td>
</tr>
<tr>
<td>Public order offences</td>
<td>9</td>
</tr>
<tr>
<td>Fraud</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of offences</strong></td>
<td><strong>184</strong></td>
</tr>
</tbody>
</table>

Half of the placements broke down before the young people were sentenced due to the young person’s behaviour within the placement (8 young people), absconding (7 young people) or offending (5 young people). Offending did not necessarily precipitate the end of the placement, which ultimately depended on the magistrate’s decision when the young person returned to the court. Irrespective of whether the placement broke down or not, the majority of young people valued the experience of

15 Reproduced from Lipscombe (2003, p4)
remand foster care for the individual attention it offered, and the opportunity to ‘sort
themselves out’ away from negative pressures. The study found that the remand
foster care scheme was relatively effective in preventing offending during the remand
period (24% were known to have offended while in placement, only one of whom was
considered to have committed an offence more serious than the original charge). All
of the young people who remained in their placement until they were sentenced
attended all court appearances required of them.

Lipscombe (2003) argues that ‘remand foster placements must be recognised as a
more humane and beneficial way of providing for young people on remand when
compared with custodial placements’ (p47). Given the high level of breakdowns in
her study sample, she draws attention to the difficulties inherent in the provision of
remand foster placements which by their very nature are made with little notice, with
limited access to information about the child, and with a relative scarcity of carers.
This creates challenges for remand foster care schemes in ‘matching’ the child’s
needs with the skills and abilities of a carer. Placements made in an emergency are
significantly more likely to disrupt than those in which there had been more time for
matching and preparation (Farmer et al 2004). She also highlights a need for caution,
as there is the potential for ‘up-tariffing’ (either during the remand if the foster care
placement breaks down; or when sentence is passed if the placement has not been
successful); ‘net-widening’ (where young people who would previously have been
given bail would be remanded to foster care instead), and for remand placements to
be ‘swallowed up’ by children requiring mainstream foster care.

**Multi-dimensional treatment foster care**

The Oregon Social Learning Centre developed Multi-dimensional Treatment Foster
Care (MTFC) as a community-based intervention grounded in social learning theory
in 1980s. Originally designed to work with boys with serious criminal behaviour, it
was later extended to include work with girls\(^\text{16}\), and later other groups of children and
young people. The Westminster government introduced it in England in 2002 as a
national pilot programme, as a result of concerns about placement instability and the
poor outcomes experienced by many looked after children. The initial pilot focused
on looked after children who were adolescents (known as MTFC-A programme) and
began in 2004, and the evaluation in 2005. The Youth Justice board subsequently
introduced another MTFC pilot programme (known as Intensive Fostering) with the
aim of reducing re-offending by persistent young offenders. The programmes were
evaluated separately, but by members of the same research team.

MTFC offers treatment in addition to substitute care, and includes the provision of a
constant reinforcing environment in which young people are mentored and
encouraged. It includes:

- a clear structure, with clearly defined boundaries and consequences for
  behaviour;
- close supervision of young people’s activities and whereabouts at all times;
- diversion from associations with anti-social peers
- help to develop positive social skills
- and promotes the formation of relationships with more positive peers
  (Chamberlain 2003).

\(^{16}\)Biehal et al 2011 cite Leve et al’s (2005) US trial with 81 young female offenders, which reported
positive effects for MTFC. At 12 months post baseline, girls in MTFC had spent significantly fewer
days in locked settings than those placed in community-based residential care, but although they also
had fewer criminal referrals, this difference was not statistically significant.
This daily programme of positive reinforcement is delivered by specially trained foster carers, who are provided with intensive support. Behaviour is closely monitored and positive behaviours are reinforced using a points system. After six to nine months, it is intended that young people will accumulate sufficient points to move to the highest level on the programme and then return to their families or move to alternative carers.

MTFC teams are led by programme supervisors, who act as case managers and coordinate the intervention. Individual therapists work with young people to develop problem solving skills and help them change identified behaviours. Skills workers help them to improve and practise their social skills and to try to involve them in positive recreational activities. Birth family therapists undertake work with parents or alternative follow-on carers during the foster placement and a three-month aftercare period, to ensure that desired behaviours continue to be reinforced in a positive manner after they complete the programme. The IF teams also aim to find appropriate education or training for the young people, help them settle into school or college and to encourage regular attendance.

Biehal et al’s (2011) evaluation of MTFC-A programme incorporated a Randomised Control Trial (RCT), with eligible young people being randomly allocated to either MTFC-A or ‘usual care’ (i.e. one of the usual range of care placements). Anticipating potential difficulties in using randomisation in all centres, the RCT was supplemented by a comparative study of outcomes for an observational sample of young people placed either in MTFC or in other placements by local authorities without randomisation. The total sample comprised 219 young people, of whom 34 were in the RCT sample and 185 in the observational sample.

Young people were included in the sample if they met the MTFC-A eligibility criteria, which included: being aged 11-16 years old; having ‘complex or severe emotional difficulties and/or challenging behaviours’ and; were in a care placement which was unstable, at risk of breakdown or not meeting their needs, or were at risk of custody or secure care, or becoming looked after. Both the study and the comparison sample were almost evenly split between females (46% overall) and males.

The report provides an analysis of the characteristics and circumstances of the sample, including age, gender, ethnic origin, health problems and disabilities, placement at baseline and education prior to baseline. It also reported young people’s histories, including the reasons for their entry to care, their experiences of maltreatment and other aspects of parenting prior to their entry to care. Table 4 provides an overview of the baseline characteristics of the overall sample. With the exception of the age profile of the sample, no gender differences are reported for any of the characteristics: Overall, the girls in the total sample were older than the boys (a mean age of 13.5 years compared to 12.7 years).

The vast majority of the sample had experienced maltreatment. Emotional abuse was the most common form, followed by neglect. Physical abuse had been experienced by over half of the sample while 4 in 10 had been victims of sexual abuse. There was generally no statistically significant difference in the type of maltreatment experienced by girls and boys in the sample with the exception of sexual abuse. Sexual abuse was more prevalent amongst girls (57% of girls compared with 26% of boys). An additional gender difference noted in the sample was that girls were more likely to have experienced a high number of placement moves, with 58% of girls having had a total of 5 or more placements, compared to 42% of boys. Many of the children displayed emotional and behavioural difficulties, as reported in Table 4. Boys were more likely than girls to have committed recorded offences in the ‘past six
months’ (41% compared to 32% of girls) and ‘ever’ (64% compared with 44%). Girls were more likely than boys to have abnormally high scores for emotional disorders (46% compared with 29%), and boys were more likely than girls to score highly for hyperactivity than girls (61% of boys compared to 40% of girls). Almost half the samples were reported to have symptoms associated with clinical levels of Post Traumatic Stress Disorder (PTSD); within the sub-scales there were some significant differences gender differences. Females had higher somatic problem scores, lower attention problems scores and lower rule-breaking scores than males.

Table 4 Baseline characteristics and circumstances of the overall sample

<table>
<thead>
<tr>
<th>Child characteristics</th>
<th>National MTFC-A pilot (193)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (years)</td>
<td>12.6</td>
</tr>
<tr>
<td>Male</td>
<td>56%</td>
</tr>
<tr>
<td>White British</td>
<td>86%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>17%</td>
</tr>
</tbody>
</table>

Baseline placement

| Foster care          | 37%                         |
| Residential care     | 45%                         |
| Secure unit          | 7%                          |
| Birth family         | 13%                         |

Education

| Mainstream school    | 48%                         |
| Special schooling    | 26%                         |
| No education provision | 10%                       |
| Frequent non-attendance | 22%                        |
| SEN statement        | 48%                         |

Past maltreatment

| Any maltreatment   | 93%                         |
| Three plus types of maltreatment | 33%                      |

17 Adapted from Biehal et al (2011b, p. 87)
Emotional and behavioural difficulties

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically aggressive</td>
<td>82%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>34%</td>
</tr>
<tr>
<td>Risky sexual behaviour</td>
<td>51%</td>
</tr>
<tr>
<td>Running away</td>
<td>63%</td>
</tr>
<tr>
<td>Substance misuse (alcohol/drugs)</td>
<td>72%</td>
</tr>
<tr>
<td>Recent convictions</td>
<td>50%</td>
</tr>
</tbody>
</table>

Scores above clinical threshold for emotional and behavioural difficulties

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total difficulties (SDQ)</td>
<td>82%</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>84%</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>45%</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>62%</td>
</tr>
</tbody>
</table>

The study found that the general use of MTFC in the UK care system as an alternative to normally available care placements shows no significant benefit in relation to overall outcome, engagement in education or offending rates. While in placement, MTFC-A does improve behaviour of young people with the highest levels of anti-social behaviour better than alternative placements. However, it was not possible to identify if this might be a longer-term benefit for this group as half were still in their foster placements at follow-up. The researchers explored various hypotheses to see if the overall finding of no differences masked a more complex reality of differences for some groups.

Recognising that there are divergent findings in relation to the use of MTFC with young women\(^{18}\), this included an exploration of effects for girls compared with boys:

- Males did better than females while they were in MTFC. This difference is not apparent for those who left MTFC where males and females did much the same.
- Males in MTFC did better than males who had left, but this was not the case in alternative placements where the handful of males who had left were actually doing better than those still in their index placement.

The researchers offer a speculative interpretation for these findings that male behaviour is more likely to be ‘reward driven’. As a result they may be more responsive the reward system of MTFC, but, on leaving it, be more responsive to peer influences. In contrast, some female behaviour may have deeper roots and be less responsive to immediate reward and punishment.

\(^{18}\)Biehal et al 2011b cite Chamberlain and Reid’s 1994 study as suggesting that MTFC may have particular difficulties with young women in contrast to more recent studies that have found young women have benefited from MTFC in a reduction of delinquency, the prevention of pregnancy and improvements in homework and school attendance (Leve et al 2005; Chamberlain et al 2006; Chamberlain et al 2006; Chamberlain et al 2007; Leve and Chamberlain 2007).
The evaluation of the Intensive Fostering pilot involved a prospective, quasi-experimental design to compare outcomes for 47 young people who were ‘serious and persistent offenders facing a custodial sentence’. 23 of the young people entered IF placements and 24 were either sentenced to custody or to an Intensive Supervision and Surveillance Programme (ISSP). The primary outcome measures were reconviction and the use of custody, and secondary outcomes included living situation, participation in education, training or employment, and peer relationships. The sample included only 4 girls in both the IF study sample and the control sample. Perhaps unsurprisingly, given the numbers involved, the published outputs (reported in Biehal et al 2011) reporting on the quantitative findings make no differentiation on the characteristics, circumstances or the outcomes for the girls. As a whole, the young people who entered IF did so as a result of sentencing, were judged to be at imminent risk of a custodial sentence and met eligibility criteria (i.e. severity scores of three or more on ‘family and personal relationships’ and ‘lifestyle’ sub-scales of the Asset assessment tool). The characteristics of the samples as a whole are reported in Table 5.

Table 5  The samples at baseline (n=48) (Biehal et al, 2011)

<table>
<thead>
<tr>
<th></th>
<th>IF group</th>
<th>Comparison group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Mean age (years)</td>
<td>14.9</td>
<td>15.5</td>
</tr>
<tr>
<td>Experience of maltreatment</td>
<td>52%</td>
<td>63%</td>
</tr>
<tr>
<td>Mean age at first conviction (years)</td>
<td>12.7 years</td>
<td>13.1 years</td>
</tr>
<tr>
<td>Mean number of previous recorded offences</td>
<td>15.26</td>
<td>17.38</td>
</tr>
<tr>
<td>Mean number of recorded offences in past 12 months</td>
<td>7.54</td>
<td>7.7</td>
</tr>
<tr>
<td>Previous custodial sentence</td>
<td>26%</td>
<td>33%</td>
</tr>
<tr>
<td>Mean gravity score for most serious index offence</td>
<td>5.22</td>
<td>5.21</td>
</tr>
<tr>
<td>Index offence of ‘violence against the person’</td>
<td>4.7</td>
<td>5</td>
</tr>
<tr>
<td>Index offence of ‘violence against the person’</td>
<td>21%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Many of the young people were highly vulnerable, according to professional reports. One in six had a learning disability and one in ten had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). One-fifth had previously self-harmed or attempted suicide, and six were diagnosed with mental health problems. Nearly half (46%) had experienced disrupted family relationships, 40% had experienced family conflict, and one quarter had parents with criminal convictions of their own. According to professional and self-reports, over three-quarters of those in both groups were associating with ‘pro-criminal peer groups’ at baseline. Over half had experienced maltreatment during the course of their lives, with emotional abuse the most common
form, followed by physical abuse and neglect. Around 40% of those in each group had spent some time in out-of-home care during the course of their lives, and 15% were in care when convicted for the index offence. In both groups, only half were living with a parent at the time of conviction. One-third of the young people had difficulties with basic literacy or numeracy. Over half of those at compulsory school age had truanted from school during the three months prior to conviction and only 23% of them were known to have spent any time at all in mainstream schooling during this period. Among those older than the minimum school leaving age, half were not in education, employment or training at baseline.

Although the findings reported in Biehal et al (2011) do not include any further detail or differences for girls the qualitative findings include information about the experiences and trajectories of three of the girls included in the IF sample. Information about them and their perspectives is reconstructed here. The qualitative analysis distinguishes between ‘improvers’ (meaning they were either not reconvicted at all, or were reconvicted for few, relatively minor, offences) and non-improvers.

**Debbie** was identified as an ‘improver’. In contrast to others, who did not like the system and who considered it to be unfair, Debbie considered it: “very, very strict… but it did do me good think it [the system] is fair”. She also liked her individual therapist. Debbie was identified as having positive outcomes at follow-up. She had returned home to live her mother, which subsequently broke down, and then to a supported lodgings placement. On returning home, she initially renewed contact with her ‘anti-social peers’ but then distanced herself from them as she became involved in college. At follow-up, she was attending a college course. She had wanted to during her IF placement but a placement could not be found: instead, she completed two work placements in hairdressing salons and she subsequently secured a college place to study hairdressing. Her work placements had not only inspired her to take up a career in hairdressing and gave her a sense of achievement: “They got me to do, like, the work experience and that, like with the hairdressers. I, I didn’t really like it, even though I wanted to do hairdressing, but then now – looking back at it – I think I’m glad that I did do it… [And now] I got college, doing hairdressing… yeah, I love it”. The researchers highlight a number of factors as contributing to her ability to stay on track and success, including: access to specialist help for drug and alcohol problems prior to entering her IF placement; her enthusiasm for a career in hairdressing that the IF team helped her discover, and her access to a college placement and supported lodgings. They see these opportunities as reinforcing Debbie’s hope and motivation.

**Lisa** was an ‘improver’. She was identified as having a good educational placement at follow-up. Her mother suggested that the help offered to her through Lisa’ placement was so helpful: “It was basically “have you got any problems?” “No”. That was it, you know, we had to meet every week and I weren’t benefiting from it… if I did have a question [the birth family therapist] couldn’t answer it”. She also questioned the adequacy of after care support “You feel like you’ve been abandoned when your, when your child comes out, ‘cause they’ve had that kid for nine months and then all of a sudden they’re home and you think ‘well where’s me support now?’’. Because you’re getting support for nine months and then nothing.

**Donna** reported having difficulty settling in with her foster carers. She breached the IF programme shortly after being interviewed, and observed: “wrong place, wrong people, wrong time.”
Biehal et al (2011) concluded that IF may be effective in containing persistent young offenders in a community setting, reducing the use of custody, delaying reconviction and reducing the number of offences. At Stage 1 the IF group were less likely to be reconvicted, had committed fewer and less serious recorded offences, on average, and took longer to commit their first recorded offence. At this point the IF group were more likely to be living with their families and less likely to be in custody than the comparison group. However by Stage 2 no significant differences in patterns of reconviction remained. In conclusion, the authors argue that although the case for IF as a direct alternative to custody in the UK is not yet fully evident, there is sufficient evidence to warrant further exploration of it as an option and to develop a fuller understanding of what works and for whom.

Glasgow NHS introduced MTFC in 2009 (see http://www.nhsggc.org.uk/content/default.asp?page=s1494_8) however there are no published evaluations of this service to-date.

**Intensive support services**

Alternative models of support include the provision of an intensive support service, either with or without statutory requirements. This might include the work of specialist services for adolescents (Biehal 2005; Biehal et al 2005), and those designated as alternatives to secure care or custody. The studies of the former include services operating as earlier intervention models but such models may also be included as a component part of a ‘direct alternative’ to secure care or custody. This section explores those designated as alternatives in Scotland.

Intensive Support and Monitoring Services (ISMS) was introduced by the Antisocial Behaviour etc. (Scotland) Act 2004 and the Intensive Support and Monitoring (Scotland) Regulations 2005, which came into force in April 2005. In its first phase of development ISMS was piloted in seven local authorities. This new type of provision made it possible for Children’s Hearings to place Movement Restriction Orders (MRO) on young people who met the secure criteria under s 70(10) of the Children (Scotland) Act 1995, which is monitored by electronic tag. Prior to an MRO being placed on a young person, there is a requirement for a period of assessment and at every stage of the process Intensive Support (IS) must be provided.

In 2007 the Scottish Executive published the evaluation they had commissioned to be completed by Boyle et al. The aims of this evaluation were to:

- To evaluate the effectiveness of ISMS in reducing the offending behaviour of persistent young offenders, in responding to the needs of young people who are at risk of absconding, and/or who are likely to injure themselves or others, and improving the longer-term outcomes for young people.
- To assess the cost effectiveness of ISMS in delivering successful outcomes for young people, compared with alternative measures. (Boyle et al 2007: p1)

The authors of the report are careful to point out that any evaluation of the outcomes of the ISMS service was limited by the fact that it was new provision at the time and there was a limited existing knowledge base from which to draw comparisons. Based on case studies developed from speaking to a range of professionals across the seven local authorities they conclude that:

ISMS and ISS programmes have been effective for a significant number of young people in terms of reduced offending, improved attendance rates on programmes, reduced absconding and reduced substance misuse (Boyle et al 2007, p. 5)
The analysis of outcomes was hampered by a lack of systematic data collection on the part of local authorities. The information they could select from some of the authorities suggested that ISMS significantly decreased offending, and moderately decreased risk factors for offending. In their survey, stakeholders including social workers, teachers, addiction workers and the police said that they felt ISMS was more effective than a range of other measures including home supervision, secure accommodation, and residential care. The survey of Panel members felt it to be ‘no more’ or ‘more or less’ effective than a range of other provision, but two thirds felt it was ‘at least as effective as secure accommodation’ (Boyle et al 2007, p. 7).

Boyle et al (2007) found that like young people placed in secure accommodation, young people placed on ISMS have usually had longstanding difficulties including family disruption and contact with social work services. The report also identified differences across the ISMS population according to gender. Concerns for young woman ‘centre around placing themselves at risk through absconding, substance misuse and fears about personal safety (which usually translate into fears about sexual exploitation while out in the community)’, while for young men ‘offending behaviours appeared predominantly to have influenced the use of the disposal’ (Boyle et al 2007, p. 7)

In their concluding section Boyle et al (2007) summarise that the data from the phase 1 areas suggests that ISMS is predominantly targeted at males over 15 years old, and those who are a risk to others. That is, those who offend rather than those who are a risk to themselves or at risk from others, although ISMS is used for a number of these cases. Programme coordinators in a number of areas reported that they felt the use of a movement restriction condition may cause some of those young people unnecessary and additional distress. Equally, ‘if the MRC is seen as the punitive part of ISMS (and it is seen this way by some professional staff, young people and their carers), then punishing young people for being at risk when they are committing no offence seems very harsh to many professionals’ (Boyle et al 2007, p. 193). However, it was clear that it had been used in some cases with young women who had been ‘absconding’. Creegan et al (2005) noted that none of the respondents in their study advocated ‘tagging’ as an effective means of responding to the needs of young people involved in sexual exploitation given that young people were considered to be a risk rather than a risk to others.

**Key points**

- Young people in contact with secure care, custody and community alternative services have multiple and recurrent experiences of adversity. Experiences of loss, trauma, and a lack of adequate informal or formal support (despite often long standing histories of contact with the child welfare system) to help them in their recovery are common.
- Their family backgrounds are characterised by family breakdown, and their childhoods affected by parental issues such as domestic abuse, alcohol and drug problems, and mental ill health - issues which can be particularly detrimental to parenting, child development and child well-being if unaddressed and unsupported.
- Experiences of abuse and neglect are common. Consistently high proportions of the samples studied have experienced physical abuse (cited as between a quarter and all), sexual abuse (cited as between a tenth and nine tenths), and
neglect (cited as two fifths). For girls in particular, sexual abuse is a significant issue with much higher numbers proportionally reporting past experiences.

- Most young people have experienced difficulties at school, including truanting and repeat exclusions. Young people have missed out on educational opportunities due to a lack of appropriate school placements, permanent exclusion, and frequent moves. Young people are identified as having problems with basic numeracy and literacy.

- Excessive and problematic alcohol and drug use is an issue for many.

- Risky sexual behaviour is highlighted as a concern, and its association with vulnerability to sexual abuse and exploitation. This issue is more frequently highlighted in relation to girls than boys.

- Experiences of mental ill health are high for the population as a whole, but highlighted as particularly high for girls. Attention is drawn to the high proportion of the population in secure care or custody who are experiencing anxiety disorders and post traumatic stress disorder. Levels of self-harm and suicide ideation are high (e.g. one study found half of the sample had attempted suicide in the past).

- Involvement in offending is highlighted as an issue for boys more often than girls.

- Studies highlight the inter-related nature of these issues and behaviours, and how they interact to create risks for young people such as heightening their exposure to the potential for further violence and exploitation, or an escalation in problematic behaviours, such as offending.

- Understanding these behaviours in light of young people’s previous experiences and trauma is important to the development of practice than can help young people to overcome these adversities. Understanding and addressing three issues in particular stand out as necessary to effective work with girls and young women – the impact of experiences of sexual abuse; the use of alcohol and drugs to deal with past experiences and trauma; and recognition and treatment of mental health problems.

- Collectively the studies of the interventions suggest that ‘quick fixes’ are unlikely. To deal with their past and current experiences, and to address their behaviours, young people require continuity and stability in supportive relationships over the longer term. This is essential to reparative work whether it takes place at an early or late stage.

- There is very limited evidence on the impact of secure care on outcomes for young people in the medium and longer term, young people’s direct experiences of secure care, and any patterns that may exist in relation to gender. Consequently, we do not know how effective it is in addressing the needs of young people. Existing studies indicate that the provision of secure care should only be made as part of a longer term response to the needs of young people. Without appropriate after care and ongoing support any progress achieved in secure care is unlikely to be sustained.
• What evidence exists of young people’s experiences of penal custody suggests that it should be avoided when offences are minor and young people do not pose a risk to the public. This is particularly important for girls and young women where in Scotland the provision is inadequate and potentially harmful.

• Increased attention should be paid to evaluating the impact of community alternatives on outcomes for young people in the immediate, medium and longer term. Understanding young people’s experiences of such alternatives and any patterns in relation to gender are critical to understanding the overall effectiveness of such interventions in meeting the needs of young people and assisting them to address their behaviours which are distressing and destructive to themselves and at times to others.
5 Taking stock of perspectives on service provision in Scotland

The following section provides an account of existing service delivery in Scotland. As the title indicates, this is derived from key informants’ perspectives on local service delivery, which is supplemented by additional information gathered from recent research and online searches to identify further details about services.

**Mapping services**

**Secure care**

In Scotland, there are currently 94 secure beds. 78 beds are within independent secure establishments, which include the following centres: Good Shepherd Centre Secure Unit, Bishopston; Kibble Education and Care Centre, Paisley; Rossie Secure Accommodation Services, Montrose; St Mary’s Kenmure, Bishopbriggs. The remaining places are 12 located within Edinburgh City Council Secure Services and 4 in Dundee City Council’s ELMS\(^\text{19}\).

**Prisons**

There are currently 15 penal establishments in Scotland (Castle Huntly and Noranside merged in 2007 to form the Open Estate). In addition, there are nine legalised police cells which can be used to detain prisoners. These tend to be located in more rural areas and are primarily used to detain prisoners temporarily for court attendance. Of the 15 establishments in Scotland, 14 cater mainly for adult prisoners. There is one dedicated Young Offender Institution (YOI) in HMP Polmont and one YOI incorporated in the main prison at HMP Cornton Vale. Cornton Vale continues to be the only all female establishment in the Scottish Prison Service estate. When a young male aged between 16 and 21 is sentenced to a period of imprisonment or is remanded by the court, he will generally be detained in the YOI in Polmont. When a young female receives a custodial sentence, or is remanded by the court, she will be usually be held within a separate facility for young women within Cornton Vale. A small number of persons aged 21 or over may be received into YOI and small number of young people who offend and are under 21 may be held in adult prisons if warranted by special circumstances, such as proximity to courts.

**Community alternatives**

It is more challenging to identify what direct alternatives to secure care or prison custody exist, as there is no definitive directory or map of such services. Indeed recent SCRA (2010) research into secure authorisations also highlighted the challenges of identifying the use of alternatives for a sample of 100 young people via an analysis of individual paper records (p17).

Multi-Systemic Therapy (MST) is easily identifiable as operational because it requires a license, and all licenses are publicly listed\(^\text{20}\). In Scotland, two local areas deliver Multi-Systemic Therapy to young people. Fife Council fund two teams and Glasgow

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\(^{19}\) [http://www.sanscotland.org/](http://www.sanscotland.org/)

City Council and NHS Greater Glasgow and Clyde fund one team. In addition funding has recently been approved for a further team in the West of Scotland. Respondents to the survey identified other areas as delivering MST, however, these were not substantiated. It would appear from the descriptions provided by some respondents that many were referring to the use of multi-systemic practice as part of the approach of a team or a service.

A number of Intensive Fostering schemes were identified. In principle, it appears possible that all local authorities could access intensive fostering placements on a spot purchase basis from specialist providers, such as the Community Alternatives Placement Scheme (CAPS) run by Action for Children21 or, for example, the ‘higher needs’ placements available from SWIIS foster care22. However, a number of respondents working for local authorities noted that while it might be possible to purchase specialist foster placements on an individual basis these were rarely used because they are expensive or because they are out of authority. Others identified in-house schemes which include ‘professional foster carers’ (e.g. Intensive Support Service Carers in Dumfries and Galloway; Dundee City Council’s Alternative Community Experience Foster Carers23) or the establishment of dedicated locally based resources (e.g. Connex Multi-Dimensional Foster Care24). Some respondents noted that these were not services specific to girls but as they did provide individualised packages of care and matching of carers to young people’s needs, they could be adapted to the needs of girls and young women.

Divergent responses were received in answer to questions about the existence and availability of ‘close support’. Some identified the existence of Close Support Units, where placements could be purchased, while others conceptualised ‘close support’ as the provision of intensive community support services. In relation to the former, respondents noted the existence of units most often linked to existing secure care provision such as, for example, those provided by the Good Shepherd Centre25, Rossie Young People’s Trust26, and the Dundee Elms Unit. In relation to the latter, respondents identified services that were also identified in response to questions about Intensive Community Support Services.

Intensive Community Support Services (ICSS) appeared to be in operation in many local areas. Respondents described these as being delivered by multi-agency partnerships at a local level. Some descriptions included teams formed and funded by statutory social work services, with input from health and education services. In some cases, it appeared that these teams included designated posts of, for example, mental health nurses within teams. In other cases, it appeared that the teams could draw on support from a linked post, for example, a health liaison officer, located within another team. Most often the support offered by other teams appeared to complement existing service provision by social work services which held ‘case responsibility’ for young people. Additional support and time was also commissioned from other agencies - such as Includem, SACRO, Time for Change – to provide a more intensive level of support to young people. Where further descriptions were provided, respondents noted that support was delivered on a one-to-one basis, and as group work, and that the level of contact was variable dependent on young

23http://www.changetheirlives.com/fees.htm
25http://www.goodshepherdcentre.org.uk/
26http://www.rossie.org.uk/
people’s needs. Most services described were generic – i.e. they were available to girls and boys – and respondents most often suggested that the individualised nature of assessment and the resultant care plan meant that it was possible to adapt support to girls’ needs. Some also noted adaptations made to group work, such as restricting it to girls only at times or using specific programmes such as ‘Nae Danger’27 and ‘Time to Grow’28, in order to better cater for girl’s needs. Others mentioned a focus on working to build confidence and on sexual health awareness. Two girls’ specific projects, both in the West of Scotland, – the Glasgow Young Women’s Project and Time for Change – were identified.

Often the same services identified as providing Intensive Community Support Services were identified as being able to provide an Intensive Support and Monitoring Service (ISMS). However, in most cases respondents noted that the monitoring (i.e. electronic tagging aspect) of ISMS was rarely used, and, in particular, even less rarely with girls or young women. Some services had originally been set up as an ISMS but had developed into providing intensive services more broadly to young people involved in offending and anti-social behaviour. A number of respondents also noted that they thought either ICSS or ISMS might be more effective if provided as an earlier intervention to young people. Responses were mixed about the suitability of such services for girls and young women’s needs. Some noted that it they could work well as there was scope to develop an individualised package, while others noted that evidence is suggestive that ISMS is more effective with boys and young men. Others noted that there were gaps in aspects of a package of support that could be provided to girls and young women, for example, in one area alternative educational provision was made for boys but not girls.

Few respondents noted Diversion from Prosecution schemes - “Diversion is the referral of an accused to the supervision of a social worker, psychiatrist, psychologist or mediator for the purposes of support, treatment or other action as an alternative to prosecution. The use of diversion by a Procurator Fiscal will, of course, be dependant on the availability locally of a suitable diversion scheme” (Crown Office, 2001: p10). Of those that did, they almost entirely referred to their use with older young people aged 16 and 17. However, in other responses, respondents noted the integration of Diversion from Prosecution schemes alongside Early and Effective Intervention screening groups to prevent referral to Children’s Hearing system. For example, in Dundee, the Early and Effective Intervention group was identified by one respondent as having “expanded its remit to consider 12 to 16 year olds (diversion from Scottish Children’s Reporter Administration) and also 16-17 year olds (diversion from Procurator Fiscal)”. Others noted its existence for adults involved with the criminal justice system but that it was less developed for young people under 18. Some highlighted that this was a focus of developments as part of a ‘Whole System Approach’.

Alternatives to remand were seldom identified. The ISMS ATR scheme operating in Glasgow was one of the only dedicated resources identified. Others included the use

27Nae Danger, produced by Barnardos, was made by young people who have been affected by sexual exploitation. Designed for use with 11 to 16 year olds to explore issues around risk and keeping safe (including sexual exploitation, internet safety and a variety of related issues), it includes an animated film (DVD), a selection of games and activity sheets, all stored in a handy record bag. The pack comes with comprehensive guidance on how to use it.

of remand foster placements, with intensive support, and wrap around packages of
support as part of bail conditions.

A number of residential schools were identified, as providing out-of authority
placements for young people and one all girls school was reported\(^2\).

Child and Adolescent Mental Health (CAMHS) teams were the mental health
services most frequently identified as providing services for young people at risk of
secure care, or as part of an alternative to secure. However, access was a concern
raised by a number of respondents. Long waiting times and lists were noted. Where
diagnoses exist, it was thought that CAMHS were more responsive but less so if no
diagnosis was present nor in response to affects of trauma. Additionally, where
young people had alcohol or drug issues respondents reported difficulty in accessing
appropriate support or treatment. Respondents also valued the support to individual
young people offered by CAMHS when it was accessed, and also the advice and
information offered to professionals. Different models of service were identified,
including CAMHS workers or mental health nurses embedded within intensive
support services and designated health liaison workers. A few residential units were
identified in different health board areas (e.g. Dudhope House, NHS Tayside); but
again respondents raised questions about access to such services.

In relation to other services, some respondents provided detail on the range of
services that are delivered as part of an intensive support package. This included
reference to the use of mentoring services for under 16s and young people aged 16
and 17 years. Others highlighted particular educational or training provision, such as
access to employment placements as part of an overall package of support.

**The nature of service provision**

Information was collected from a range of services, including family-home based
intervention; community based intensive support services, including specialist girls
services; intensive support and monitoring services (ISMS); intensive fostering; and
residential based close support. Although the structure and organisation of the
services differ quite markedly, there is considerable commonality in their remits,
goals, approaches and the issues that they raised for the development of services
able to meet the needs of girls and young women.

**Organisational remit, funding and goals**

Most of the community based intensive support services had a restricted
detaphorical remit, in line with local authority boundaries. The only exception was an
independent specialist girls’ service that operated across a number of local authority
areas. Services that included the provision of placements were accessible to local
authorities from across Scotland, but both reported that in practice some local
authorities purchased placements more than others. In general, services were
available to those aged older than 12 and up to 16, 18 or 21 years of age. All of the
services had clearly defined remit in relation to age, although some reported that they
were flexible about this – either for those who were younger and had particular needs
or for older young people who retained contact with or later returned to the service.

The services were located within the public and independent sectors, although the
latter were in the main funded either directly or indirectly by local authorities. A

\(^2\) [http://www.snowdonschool.co.uk/]
number of services were funded within mainstream social work budgets, and had clearly defined criteria for their client groups. These were described as operating as tier 3 or 4 services, and referral routes into the service were restricted to social work referrals. Decisions to allocate funding in this way were driven by a desire to reduce use of secure care and/or out of authority placements.

There was some commonality in the goals of the services from which information was gathered. Key themes included a desire to ensure young people were able to continue living at home, and in their communities, and to prevent entry to care. Aligned to this was a drive to prevent the use of residential or secure care specifically, and, in particular, the use of out-of-authority placements: Out-of-authority placements were identified as costly and presented issues because of young people becoming detached from their communities and encountering problems in making transitions back into their local areas at a later date. For services provided at a local level and placement based services, supporting young people to manage decision making more effectively was another core goal for services. Equipping young people to understand their behaviour and empowering them to change it, was offered as an overarching goal of a few of the services. Allied to this was the prevention of offending and anti-social behaviour. All services noted that prevention of offending was part of the goal of their services, but located this within a holistic approach to reducing risks for young people and increasing resilience factors. Facilitating access to and settlement in education and training opportunities was a goal for most of the services. For those providing access to or actual foster placements, a positive experience of living in a family was cited as a goal. Similarly, providing opportunities to experience relationships as positive was identified as a goal by most of the services. Improving integration into local communities was also identified as a goal.

**Referral routes and pathways into the services**

As noted above some services were restricted to accepting only referrals from their local social work services. In most cases, however, it was noted that other services could draw attention to the needs of young people either directly with social work or with the specific services who would then liaise with social work to identify if the young person might need additional support. This appeared to result from the development of good multi-agency working relationships between practitioners who had become familiar with the support provided to young people in contact with their services in the past. Other services reported referral routes from secure care, court, and prison. In some cases, services operated with additional criteria of eligibility for service. This included the level or type of risk that they were exposed to and/or particular behavioural concerns. Only one service, ISMS, noted that eligibility was restricted to young people who met the criteria for secure care. Some services specified criteria in relation to the willingness of principal carers to engage, for example, in the case of MST, or of young people to engage, for example, the Glasgow Young Women’s Project.

**Characteristics, histories and immediate vulnerabilities/risks of young people**

Young people referred to services were living in a range of settings. For many services, most young people were living at home when they were referred. For MST almost all young people were living at home, and those who were not were about to return, as this is a stipulation of the eligibility criteria. With the exception of MST, all of the other services reported that young people might be accommodated in residential, foster or secure care at the point they are referred to the service. For some services, young people might be referred while in prison. Some services also described cases where young people were living in supported accommodation or were ‘sofa surfing’
without a stable and safe place to stay. In general most young people had a history, often long, of contact with social work services although almost every service noted that on occasion a young person would come to attention of the service ‘out of nowhere’ or ‘out of the blue’. Young people were reported as having experiences of abuse and neglect, disengagement from school and early onset of offending behaviour. A distinction was made for young people referred by the court where it was noted that there was less existing knowledge of young people by services. The generic community based intensive support services reported that it was mainly boys or young men that were referred to their service. They reported ratios of male to female of 9:1, 4:1 and 2:1. Referrals to the MST service, and caseloads, were evenly split for girls and boys. The intensive fostering service also received more equal numbers of referrals for girls and boys.

There was commonality in the immediate vulnerabilities of and risks for young people identified by services, although they differed in the emphasis attributed to them. This included concerns about behaviour at home, school and in the community. Specifically, practitioners noted concerns about:

- Conflict in and poor family relationships.
- Who young people were spending their time with, including other young people and adults.
- Mental health and well-being, with low mood, depression, attachment disorders, suicidal behaviour and self-harm identified as key issues.
- Alcohol use, and the implications for physical health and emotional well-being. It was also identified as a background factor for other risks that young people were exposed to, such as being out late alone and in areas that were unsafe.
- Drug use.
- Sexual behaviour and sexual health.
- Involvement in offending and anti-social behaviour.
- Being at risk while running away or absconding.
- Being at risk of sexual exploitation.

Some respondents highlighted that for girls and young women concerns often centred on sexual behaviour, sexual health and sexual exploitation in addition to concerns about girls mental health and well being. Alcohol use, self-harm and sexual exploitation were emphasised as of particular concern by some services.

**Approaches, intensity and duration of services**

Services respond to referrals quickly. Some noted that the level at which they would respond would vary dependent upon where young people were living and what involvement they already had with services. For example, some services noted that if young people were living at home in the community they would place a priority on responding to young people and/or their families as quickly as possible (e.g. within 48 hours, within 72 hours). If young people were living in care placements, services would place a priority on holding a multi-agency planning meeting as quickly as possible (e.g. within 4 days, or 7 days). Urgency might also be driven by issues relating to family conflict and breakdown, or placement breakdown, with referrals being made at point of crisis rather than as part of care plan. In such cases, some services would make contact on the same day.

Another common theme across services was the importance of taking time to get to know a young person at the point they were referred. This influenced the initial approaches taken by services. Using activity-based contacts during initial stages was noted as particularly helpful by a number of services. Identifying what young people
were interested in and working to engage them in activities that they enjoyed facilitated the building of relationships between young people and staff. This helped to lay a strong foundation on which to begin to gather information for assessment and planning to meet young people’s needs, as well as for periods of more intensive treatment. In some services this was undertaken over a period of 10 to 12 weeks, in others it was over a shorter period of 4 to 6 weeks.

Practitioners reported using different assessment tools. Some located their assessment within the Getting It Right for Every Child (GIRFEC) assessment and planning framework in operation in their areas. Others, such as MST and close support, followed their specified approaches to assessment and intervention, although they also considered how these were aligned to GIRFEC. MST followed the manualised approach that forms part of the MST license while close support used a trauma-focused approach to assessment and treatment. Others referred to the use of the Youth Level Service/Case Management Inventory (YLS/CMI) tool, Barnardos Sexual Exploitation Risk Assessment Framework (SERAf) and the Structured Assessment of Violence in Risk in Youth (SAVRY). Some services emphasised partnership approaches in working with young people to identify their needs and their own perspectives on what needed to be addressed. In drawing up plans for support, almost all services worked to identify what they could offer in addition to existing and ongoing service provision. For some of the ICSS this involved clear planning on what, for example, the mainstream social work team would offer and how the intensive support service could complement this.

The core focus of work was often to address underlying issues in order to empower or support young people to change behaviour. The MST service followed the principles and process as established for the programme. Services reported that they used a mix of one-to-one and group work with young people in addition to outreach or family based work with parents and carers. Both one-to-one and group work was structured using specific programmes, namely:

- The Good Lives Model
- Ross2 (Reasoning and Rehabilitation)
- Offending is not the only choice
- Violence Is Not The Only Choice
- Nae Danger
- The ‘Leap – confronting conflict programme’
- Sharp Solutions
- A Better Life

Additionally, practitioners talked of focusing on building self-confidence and self-esteem. They also described awareness raising activities focused on drug use,
alcohol use, offending and sexual health. Dedicated health professionals were valued as helpful in working with young people in issues relating to their psychological and physical health. Some services used peer educational models, and involved other young people who had experience of custody in presenting accounts of their beliefs, experiences and circumstances to young people at risk of or involved in offending.

Some reported establishing or adapting groups to focus on particular issues where these arose for a number of young people in contact with the service at one time (e.g. the establishment of a parenting group for new fathers when a number of boys and young men were expectant fathers at the same time, and another group focused on being at risk of sexual exploitation). Practitioners reported using different techniques to facilitate work with young people, including motivational interviewing, cognitive behavioural therapy (CBT), movie therapy, graphic facilitation in group work, art therapy, and music therapy. They also described using social and outdoor activities to create diversions for young people at times when they might get involved in alcohol and drug use or anti-social and offending behaviours (e.g. Friday night youth clubs, Saturday outings to leisure and cultural facilities in the local area). Some reported ways in which they connected young people into other mentoring and youth projects that provided sports and leisure activities. Creating or connecting young people into educational provision or training opportunities was a key strand to the work of the services, but also one that was often reported as a challenge for practitioners due to limited access to opportunities in local areas.

Work with parents and carers included targeted parenting work. In one case, this involved connecting parents into existing parenting programmes, such as Triple P, available in their local area. In another, it involved working with parents on their parenting skills but focused this on issues in ‘handling teenagers’ as it was suggested that how the work is presented to parents can affect levels of engagement. In a third project, the focus of work was to provide emotional and practical support to female relatives as there was recognition that mothers, aunts and grandmothers may be dealing with similar issues to girls and young women being supported by the service. In both the placement based services, the teams offered outreach to families in preparation for a young person’s return home. In the case of MST, the key focus of the work was on the family in the family home, and its environment.

Irrespective of the approach taken, the formation and use of relationships was identified as the key to success. The intensity of contact varied according to the type of service, the level of need of a young person, and the stage of engagement. Each service appeared to be flexible and to have the capacity to increase levels of contact, and did so in times of crisis and to meet changing needs. During the initial stages, contact appeared to be more intensive and on a one-to-one basis. Contact was made in different ways, some noted using text and telephone conversations to maintain regular contact in addition to face to face contact on an individual or group basis. Contact took place at home, in project bases, and in the community. There also appeared to be flexibility in the timing of contact and an emphasis on evening and weekend working patterns. Some services operated an on call provision.

Services were involved in supporting young people from months to years. Six months was the minimum reported with services estimating that many cases were with them between 18 months to 2 years. They described a process of getting to know young people, followed by periods of focused work, and then a period of making the transition out of service. Positive decisions to end services were made at the point when there appeared to be marked change in young people’s decision making, behaviour and circumstances, and as a result the potential for sustained change and improved well-being. Services would also end if there was a deterioration in the
young people’s decision making, behaviour or circumstances that meant that it was not possible for the service to keep young people safe and/or when young people entered secure care or custody. In the latter circumstances, some services continued to maintain contact with young people and work with them again at the point they left secure care or custody.

Outcomes and impacts for young people

All of the services reported that they perceived their work to have a positive impact on young people’s lives in that they created opportunities for young people to experience positive relationships and to access other opportunities (social, educational, training, alternatives to secure care and custody). Some drew attention to the key role that the services’ practitioners have when young people are not engaging, and when levels of risk are high. For example, it can be a matter of life and death for some young people where self-harm is a major concern or other extreme risk factors are present. Some services reported on proxy indicators of impact, for example, the reduction of reported offending, admissions to A&E, and admissions to care. Others highlighted the importance of taking account of the impact on young people’s decision making and behaviour, and positive changes in their self-belief, self-esteem, self-confidence and life expectations both present and future. Some reflected on the question of what success was, and emphasised the importance of acknowledging that what might appear to be very small changes can represent significant progress for young people given their experiences of maltreatment, dysfunctional relationships and marginalisation.

Information was gathered from young people, their carers and other professionals on their perspectives of service provision at case reviews and case closure, as part of exit interviews. Some services also gathered information as part of their own frameworks for evaluating their service, and reported on the data that they gathered as part of internal service reviews and annual reports. A few referred to participation in external research or evaluations, and shared access to reports where they did exist.

Improving practice with girls and young women

Respondents were asked to identify key challenges and strengths in working with girls and young women. In the questionnaire, they were also asked to suggest ways to meet the needs of girls and young women.

Challenges

Judgements about risk for girls, and the lower thresholds applied for their admission to secure care were highlighted in the questionnaires and interviews. A number of respondents suggested that different and lower thresholds operate for admission to secure care for girls.

Thresholds for young men and young women are very different. Young women are placed in secure care far quicker than males. There requires to be a significant cultural change to address this issue

Thresholds for young women to enter secure are less than for males. In my experience they enter as a result of concern for their moral well being rather than due to levels of offending…

The lower thresholds for girls being secured is an ongoing concern
Currently there is too great subjectivity and low tolerance of risk involved in decisions

Aligned to this, as well as the use of alternatives to secure care and custody, was a need to improve the risk assessment of girls and young women and a need to establish an assessment framework for girls. "Risk averse managers, risk adverse panel members", and “training of children’s panel members to ensure better decision making in relation to secure care” was also reported.

The use of secure care and transitions from it was highlighted as problematic. Some noted the loss of protective factors when young people were placed away from home, “Important relationships in the community are severed". A "lack of appropriate resources to move girls on when ready to leave secure care” was reported, and one respondent suggested there were challenges in “assisting them to reintegrate back to life in the community and returning to mainstream education”.

Achieving earlier intervention and alternatives to secure care was identified as a challenge. A number of respondents noted that the proportionally small numbers of girls or young women in comparison to boys, created challenges for service development and sustainability. As one respondent said “very few girls are placed so it is difficult to plan and commit resources to this particular group". Another suggested that “perhaps a more inventive approach to working with young women is needed” in view of the small numbers involved. Others noted that the challenges that exist for girls and young women are common to all young people. Achieving quality, consistency and flexibility in service provision was highlighted as a challenge, as was the suitability of the resources that existed to move young people on to. Meeting individualised needs within a system that is not structured to be responsive and offer continuity was identified as a challenge, “The complexities of their needs, and to try and address these in an environment that limits specific time, staffing or developing individual plans”. The setting of upper age limits was also identified as a challenge, with some services unable to continue working with young people beyond the age of 16 or 18 years.

Some raised the same issues, but highlighted the specificity of girls and young women’s needs. Concerns were raised about the impact of group care for young people who are vulnerable or of the “contamination factor and peer vulnerability when placed in a group setting”. Mixing boys and girls was highlighted as an issue, “not best place to work with vulnerable young women, placed there for different reasons than boys” and, “girls are now placed in an environment which is male oriented. We have learned in the past that is unhelpful”. Keeping girls and young women safe in the community was also highlighted as a challenge. Another asked if ‘intensive’ services are intensive enough. Attention was drawn to the limitations in resources – particularly access to education and training opportunities that are appropriate, and appropriate, safe and sustainable accommodation options for girls and young women, both for respite and in the longer term.

Some respondents underlined the importance of mental health provision. Practitioners highlighted challenges in working to support girls and young women with their mental health needs. In part, it appears that this is a challenge due to “lack of specialised mental health provision”, difficulties in “supporting them to access relevant services before crisis point” and “the need for mental health services to take greater responsibility”. Services were found to be poor in “dealing with past trauma. Mental health services cannot deal with this issue well”. Managing the affects of emotional harm was seen as challenging, with practitioners working to keep girls and
young women safe in the face of high levels of self-harm and suicide ideation. Mental health issues sat alongside issues around young women's self-esteem, alcohol and drug problems, and sexual health as challenges in practice. The levels of risks around sexual exploitation were reported as frustrating and worrying for practitioners as girls and young women can be very vulnerable and frequently taken advantage of.

Another noted a need to better understand how to meet the needs of girls and young women in order to be able to tailor resources to meet that need. One respondent noted it was a challenge “to ensure implementation of the Whole System Approach that increasingly allows us to retain and work with vulnerable girls and young women in the Children’s Hearing or through Early and Effective Intervention as an alternative to referral to the Procurator Fiscal or Diversion from Prosecution”. Another emphasised the need for “recognition that the use of secure care and alternatives can’t work in the same way for girls and boys, we need different approaches”.

Strengths

Respondents highlighted strengths in practice with girls in relation to the direct practice, service provision and the functioning of service systems.

Being well-informed about the needs of girls and what approaches are likely to be effective was identified as important. In relation to direct practice, the skills and approaches to building relationships with girls and young women were identified as a strength. Respondents suggested that building positive relationships was at the core of practice with girls and young women, who were found to respond very well as a result. Respondents spoke of their teams’ being truly person-centred in their approaches to engagement, assessment and interventions with girls and young women. Being intuitive was suggested as a strength. Giving girls and young women choices was identified as important. Developing a formal structured assessment which highlights needs, and from which a care plan can be developed, implemented and reviewed was noted as a strength. Paying attention to practice that can support the development of ‘building blocks’, such as being empowered to feel that they have choices, can make decisions, and facilitating improvements in their self-esteem and self-confidence, was identified as a critical strength for work with girls and young women. The use of trauma-based and therapeutic approaches was identified as a strength. Being adaptive in the use of programmes with girls and young women was highlighted. Being able to challenge behaviours in a safe environment was important. The nature of the professionals involved was highlighted as important, including their levels of skills, experience and ability to ‘contain’ girls and young women. Aligned to this some respondents spoke about the importance of recruitment strategies to ensure appropriate skills, experience and knowledge and stated that this was about appraising ability and capacity rather than simply qualifications.

Developing and sustaining successful community alternatives to secure care was highlighted as a strength of practice. Taking a holistic approach that moved beyond a focus on offending is also important. Being able to address immediate needs in respect of safety was highlighted as a strength, for example, reducing risks associated with chaotic substance misuse, ‘prostitution’ and high risk offending. The package of support offered by intensive community support services was highlighted as important, and its ability to work alongside young people living in any setting (i.e. at home, in foster care, in residential care or supported accommodation). The creation of opportunities for experiencing safe and positive relationships, as part of either, intensive community support services, foster care, or residential care, was seen as a strength of existing service provision. Mixed gender of staff was suggested as a strength in that it offered the opportunity to present positive male and female
role models, and to model positive relationships between genders. However, allocating female case workers was also identified as necessary in many circumstances. Access to skilled and intensive foster care was identified as responsive to the needs of girls and young women: “carers who are trained in trauma and recovery, offending, substance misuse, and sexual health”. Dedicated and specialist services were identified as a strength of existing service provision. The knowledge and expertise acquired by projects working only with girls was identified as a strength in that other services could draw upon them either for advice or to support girls directly. Operating as a gender specific service, or creating gender specific spaces and times in services, was highlighted as an important.

Early and Effective Intervention processes, and Whole System Approaches, were identified as offering potential to better meet girls and young women’s needs. Some suggested that these multi-agency and systemic systems supported individualised approaches to meeting needs. Multi-agency arrangements and working partnerships were identified as strengths, for example, the work undertaken by Forensic-CAMHS and social work services on risk assessment, formulation and management of risk was provided as an example of a strength in partnership working. Inter-disciplinary working offered access to complementary knowledge and approaches to meet needs (e.g. mental health needs). Robust procedures and processes for case review were highlighted as useful.

Gaps identified in service responses and provision

Improvements in knowledge about girls and young women are needed. One respondent described how such improvements could connect with strategic development and commitment to the meeting the needs of girls and young women: “starting with an improved understanding of the gender specific agenda, for example, pathways to secure, offending profiles, develop a properly resourced strategy to address need and risk with commitment from managers and practitioners”. Increasing awareness about girls and young women’s needs among practitioners was also identified as gap to be addressed, as was the development of practice, programmes and tools that were more attuned to girls and young women.

As one respondent noted, “Be more female focussed, much of the provision tends to focus on young men”. More specifically, one respondent called for, “Assessment models that take into account the gender specific vulnerabilities in terms of criminogenic needs”. Another suggested a need for, “Intensive support services that can provide specialist assessments and knowledge that directly relate to girls. Comprehensive formulation is key to understanding girls (and young women). Moreover all agencies need to strive to ensure the girls and their families are fully involved in the process”. Another suggested the development of: “Community based, holistic support services who have dedicated and allocated time and reduced case loads to work with females only… to design services for this specific group… holistic, intensive, designed around girls needs, relationship based, limited numbers of workers etc”. Others picked up on specific needs or issues to be addressed: “exploration of social pressures, support to explore femininity, including understanding of hormonal pressures. Provision of a variety of role models”. Some drew attention to wider issues, “An educational drive around sexual harmful behaviour and issues around respect in communities are needed. The issue around young girls being expected to be sexual objects in communities needs to be addressed, but this is perhaps more a national objective as well as a local one”.

Respondents highlighted issues relating to the quality of provision available to girls and young women, as well as to all young people, as part of a continuum of care.
Issues were raised in relation to the need to develop better intervention strategies at early intervention points as well as in throughcare and aftercare, and for young people moving through different stages so that they had access to continuous and planned support. There were similarities in the nature of provision that respondents identified as needed at these different stages on a continuum. Increasing the availability and responsiveness of intensive support at an early stage, before girls and young women meet the criteria for secure care, was identified as a need. Ensuring that community based intensive support services are available as direct alternatives to secure care, and for those making the transition from secure care back into the community was also highlighted as a key need for service development. Intensive services that operated to support young people who were ‘a risk to themselves’ was suggested by one respondent. Another saw a need for, ‘Community based services that can work with trauma and are not linked to any particular accommodation so can follow young people through their journey from age thirteen to age 21’.

Establishing ‘complete’ or ‘comprehensive’ intensive support packages was highlighted as a need. Respondents wanted to see gaps in existing service provision addressed. As noted above, appropriate and responsive trauma and recovery services, mental health support and treatment, opportunities for education and training, and a range of safe and appropriate accommodation options were noted. In relation to the latter, suggestions were made of the need for specialist foster care placements at earlier intervention stages or as a direct alternative to secure care, and for those moving on from intensive support services, access to stable accommodation. Access to respite accommodation for girls and young women in crisis was also identified as needed. Services and support for parents and carers was also highlighted.

**Key points**

- Mapping secure care provision and penal custody places is more straightforward than mapping the availability of community alternatives providing direct alternatives to secure care or custody. The central coordination of secure care provision, via the Secure Accommodation Network Scotland, and the prison service allows for clearer information on capacity. Lack of clarity around definitions of ‘alternatives’, the diversity in provision and providers, and the lack of data about available services to young people at a local level make it a challenge to map the availability of community alternatives, including those for girls specifically, across Scotland.

- Of the community alternatives identified there appeared to be some commonality in approaches to working with young people. Respondents reported that they provided structured, intensive interventions that were adaptive to the particular needs of young people and delivered over period of six months plus. The focus of work is on reducing risk factors and increasing resilience factors. Helping young people to understand their behaviour, its potential consequences, and to better manage decision-making was a recurrent theme. All acknowledged that addressing involvement in offending was a goal of their work, but all located this within a more holistic approach to supporting young people to empower them to make changes in their behaviour and lives and to access opportunities (cultural and leisure, education and training, and stable living arrangements) that can help them sustain positive change.
In relation to girls specifically a number of themes emerged. Practitioners highlighted the importance of focusing on helping girls to develop a positive sense of self. Accessing specialist mental health services was highlighted as critical to helping girls and young women, as the severity and levels of self-harm and suicidal behaviour were high. Addressing mental health issues was seen as integral to addressing alcohol and drug problems, and to supporting the development of positive sexual health and behaviour that reduces the levels of risk that girls and young women are exposed to. Understanding the impact of experiences of sexual abuse was also identified as important.

At the core of the work undertaken with young people was the formation and use of relationship and activity-based approaches to facilitate engagement, learning and access to opportunities that could help build resilience.

Key challenges for practice with girls were identified. Risk assessment and judgements about risk were emphasised as problematic; there were perceptions of lower thresholds for the admission to secure care operating for girls. The use of secure care was highlighted as problematic due to the disruption of positive links for girls and young women in their local communities. Attention was drawn to the mixed nature of secure provision as problematic, because it brought together young people with different vulnerabilities, and because it placed girls and boys together. A lack of appropriate accommodation and support following secure care was an issue.

Specialist mental health services were identified as a critical gap in current provision.

Respondents drew attention to strengths in practice, and ways to improve practice with girls. Strong awareness of girls’ needs and gender informed approaches to working with girls and young women exist in some services. The use of person-centred approach and trauma-informed approaches were highlighted as positive and effective. Being adaptive, flexible and available over time is important. Access to resources such as educational and training opportunities, temporary and permanent suitable accommodation, and specialist expertise on particular issues (trauma, mental health, drug and alcohol use, sexual health) facilitated holistic approaches to empowering change.

Service needs for girls were identified as increased use of gender-focused practice across services and the need for community services able to operate as alternatives to secure care and custody. In constructing and sustaining the latter, particular components are required, access to appropriate educational and training placements, a range of safe and appropriate respite and permanent accommodation options, responsive trauma and recovery services, and specialist mental health support and treatment.

In terms of improving knowledge, important questions remain. What works in earlier intervention with girls? What works in building relationships with girls? How can the learning from specialist projects inform the work of ‘mainstream’ services?
6 Informing practice with girls and young women

Implications for statistics, research and evaluation

Understanding gender must be at the heart of practice with young people who are at risk of placement in secure care or custody, as it must be at the heart of the development of services that can provide appropriate alternatives in the community. However, this study has shown that there are a number of opportunities that remain to be realised, which can provide a more in-depth understanding about what is happening for young people of both genders and what may be effective in meeting their needs.

National statistics produced for Scotland could be strengthened by:

- Including explicit reporting of gender patterns in relation to all statistics currently reported as part of the Children’s Social Work bulletin, the Criminal Proceedings in Scotland bulletin, and the Scottish Children’s Reporter Administration annual bulletin.
- Increasing the utility of their findings by ensuring that all annual statistics report for the same 12 month period, currently there appears to be a differential between the periods reported by the Scottish Government and the Scottish Children’s Reporter Administration.
- Providing clearer data regarding authorisations, implementation, and admissions to secure care on an annual basis. A combined analysis or synthesis of the data returned by local authorities, secure care providers and that collated by the Scottish Children’s Reporter Administration would provide a clearer picture of the use of secure care in an annual period. This could be further strengthened by an additional monitoring requirement on local authorities regarding their use of ‘direct alternatives’ to secure care when children and young people meet the criteria under s70 of the Children (Scotland) Act 1995.

Existing research into secure care, custody and community alternatives seldom includes an explicit exploration of gender patterns or consideration of the specific characteristics, needs and approaches to working with girls and young women. It is possible that there is the potential for secondary analysis of more recent studies reporting on the operation and effectiveness of community alternatives, which represents an opportunity for lower cost, and collaborative projects that may offer further learning on what does and does not work for girls and young women.

The review of the literature has shown that there are key gaps in relation to our knowledge of girls and young women at risk of placement in secure care or custody, or who may be in receipt of services from community alternatives. Practice knowledge would be strengthened by:

- A systematic appraisal of the mental health needs of this population, with a comparative focus on girls and boys, would provide much needed evidence on the nature and levels of need, and evidence to support the development of services to meet these needs;
- Research with young people, either focusing on girls alone or as a comparative study with boys, on their experiences of secure care, custody or intensive support services in the community;
- Gender-focused evaluations of community alternatives to understand what works for whom and in what contexts.
• Exploration of the use of ‘relationship-based’ approaches to working with girls and young women, and their effectiveness in supporting change.

**Implications for service development and practice**

The level of vulnerability and distress experienced by the population of young people who are at risk of being placed in secure care is high. The studies’ findings are stark in relation to the proportion of the samples reported to be experiencing severe emotional, social and behavioural problems, and in the proportion who have experienced abuse and neglect, domestic abuse, and separation from and loss of family. As practitioners suggested in this study, a basic understanding of trauma and its affects is likely to be critical to assisting young people in their recovery.

Using trauma-informed approaches requires recognition of how traumatic events make people feel unsafe and powerless and attention given to principles of safety, trustworthiness, choice, collaboration, empowerment, and a strengths-based approach. Such principles and approaches appear to have characterised the responses of the specialist young women’s services identified and operating in the West of Scotland.

While there is some commonality in the histories and experiences of girls and boys who are at risk of placement in secure care or custody, there are also important differences too. The levels of mental health problems, self-harm and suicidal behaviour appear to be higher for girls than boys. Past experiences of sexual abuse, and risks of current sexual exploitation, also appear to be higher for girls and young women. Involvement in offending is less serious and frequent for girls and young women compared with boys and young men. Studies of secure care, custody and community alternatives indicate that different responses may be needed.

Strengthening practice responses to the emotional and mental health needs of girls and young women is essential. The literature clearly indicates the extent and nature of the needs of this population. This aligns closely with the perspectives of practitioners who reported concerns around mental health needs, self-harm and suicidal behaviour and who perceive these needs to often be unmet. This suggests a need to build the confidence and skills of practitioners in contact with girls and young women in addition to increasing access to specialist gender sensitive expertise and treatment.

Practitioners working for services offering community based alternatives (operating as early intervention models, direct alternatives, and aftercare for young people exiting secure care) raise a number of concerns about current provision for girls and young women, including:

- The availability and responsiveness of early intervention approaches;
- The lack of access to services focused on treatment and recovery for children and young people who have experienced sexual abuse, an issue that appears particularly pertinent to girls and young women at risk of secure care and custody;
- Approaches to risk assessment and decision making on admissions to secure care which appears to result in different and lower thresholds for girls and young women being admitted to secure care;
- The implications of the current nature of secure care provision, with young people placed together but for different reasons, with different needs and in mixed gender institutions, arrangements that practitioners have reported as unhelpful;
The quality and continuity of aftercare for those moved on from secure care, without which the investment in and any progress achieved by young people is likely to be wasted;

The lack of accessible and responsive mental health support, either at an early or a later stage which affects girls and young women most often as they present higher rates of post-traumatic stress disorder and poor mental health;

A lack of attention to alcohol and drug issues, and access to effective treatment and support for young people;

The paucity of accessible and suitable educational and training opportunities available to girls and young women while in secure care, custody or supported by community alternatives;

The lack of a range of accommodation options, either for respite or longer term settlement, which can provide a safe and stable base for girls and young women.

Looking across the practitioner responses and the available research evidence we would suggest that practice and service development can be strengthened by:

• Building the capacity of services to respond at an early intervention point, and to be able to respond with appropriate throughcare and aftercare for those young people who have been placed in secure care or custody, in addition to providing direct alternatives to secure care and custody.

• Increasing awareness of and developing gender focused practice for both girls and boys;

• Increasing awareness of trauma and developing trauma-informed practice. This offers an effective approach to assisting young people overcome their past experiences and to develop positive coping strategies to replace behaviours that are causing concern;

• Increasing awareness of the effects of experiences of sexual abuse, and understanding girls and young women’s behaviour in light of such experiences. Helping practitioners to feel more confident and skilled in supporting young people with experiences of sexual abuse would help to meet the needs of girls and young women at an early stage as well as those who are at risk of placement in secure care;

• Increasing awareness of and capacity for recognition of mental health problems, can help practitioners to appropriately support young people and to identify when specialist services are needed;

• Increasing awareness of the nature of alcohol and drug dependency and related issues, and what is effective in treatment and recovery, can help practitioners to support young people and to access appropriate specialist services;

• Understanding that girls and young women require responses that offer continuity over time, irrespective of where they live, and a holistic, person-centred approach to empowering them.
References


The Centre provides an effective network for information exchange, dialogue and dissemination of good practice in Scotland. Please see the website for further details.

Contact CJSW

We want to hear from you! Tell us what you think of the paper and our website. If you have an original idea and/or would like to write a Briefing Paper or to share any good ideas about your practice, let us know. You can contact us at:

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