

A brief history of secure care in Scotland

Charlotte Wilson

Abstract

In undertaking a doctoral research project looking at the impact of Scottish secure care experience on the identity constructions of autistic young people, I began by carrying out an extensive literature review. This was to inform the research, by understanding what was already known about this topic, and where the gaps were. The literature review covered a number of areas, one of these being the history of secure care. To align with the theme of this special issue considering historical perspectives, the findings of this section of the literature review will be presented here. The paper begins by defining secure care, and the numbers of children this is relevant for. It provides a very brief summary of the history of residential childcare, before moving on to consider in some detail the main policy drivers which have influenced the direction of travel in secure care over the years. The paper concludes by suggesting future considerations for research.

Keywords

Secure care, history, literature review, policy, Scotland

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Introduction

'Looked after children' are defined in the Children (Scotland) Act 1995 as those in the care of their local authority. Children's Social Work Statistics 2019-2020 (Scottish Government, 2021) show that 14,458 children were looked after on 31 July 2020, which is a 1% increase on the previous year (Scottish Government, 2020a). Around 10% (1436) of these young people were looked after in residential care, with an average of 82 young people in secure care accommodation. Secure care is defined as a service which provides accommodation for the purpose of restricting the liberty of children in residential premises where care services are provided. It is approved by Scottish Ministers for that purpose (Public Services Reform [Scotland] Act, 2010). Secure care is a branch of residential childcare that provides a safe, containing, highly controlled environment through restricting the freedom of children and young people. This is due to the high risk of significant harm they present to themselves or others (Children and Young People's Centre for Justice [CYCJ], 2018; Scottish Government, 2018). Emond et al. (2016) define a containing environment as being made up of not only of the physical environment, but also relationships, expectations, rhythms, routines, and responses. This is a concept I explore throughout my thesis.

There are currently five secure care units in Scotland (Care Inspectorate, 2022) with a total of 84 places between them (plus four emergency beds). Due to the restrictions on liberty, young people can only be placed in secure care in very specific circumstances, as defined in The Secure Accommodation (Scotland) Regulations 2013. It must be established both that the placement is in the young person's best interests, and that the secure unit is able to meet their needs as determined by their aims and objectives. Additionally, one or more of the following conditions must be met:

- (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 Secure Accommodation [Scotland] Regulations 2013, regulation 8[1][3]).

These conditions are reiterated by Sections 83(6), 87(4) and 88(3) of the Children's Hearings (Scotland) Act 2011 with respect to a Children's Hearing authorising the use of secure accommodation. The conditions offer clarity in understanding that secure care does not exist as a prison for young people who have been involved in criminality, which may be how it has been constructed by society (Gough & Lightowler, 2018). This is largely understandable when considered in the context of secure units having a discourse of control, as by their very nature they restrict young people's liberty. This could be construed as young people lacking in self-control and needing adults to provide that control for them, which reinforces perceptions of youth as dangerous and out of control and informs the justice agenda (Smith, 2009).

Residential childcare context

Throughout history, referrals to residential childcare have been influenced by the four major state service delivery systems. The lenses of education, health care, welfare and justice have been used to inform young people's pathways. With autistic people being viewed through a medical lens, support has been provided primarily through the health care system. This led to confinement in a variety of institutions such as asylums, locked hospital wards, and forensic units (Gormley, 2021). However, within the latter half of the 20th century there has been increasing recognition of disability as a social issue, with corresponding responses to this reflected in policy decisions (Shah & Priestley, 2011). Neurodiversity has many parallels with the trajectory of residential childcare, with a steadily increasing focus on human rights and deinstitutionalisation. This resulted in a 93% decrease in residential provision between 1976 and 2002 (Emerson, 2004).

The Curtis report (Care of Children Committee, 1946) and Scottish equivalent the Clyde report (Committee on Homeless Children, etc., 1946) criticised large institutions and recommended that care be provided in smaller establishments. Goffman's (1961) findings on institutionalisation in 1000-bed secure psychiatric

settings also played a part in the shifting narrative, although his work has often been used out of context (Crimmens & Milligan, 2005). The developing historical abuse discourse of residential childcare following public scandals such as the 'Pindown Inquiry' (Levy & Kahan, 1990), and subsequently the Utting (1991) and Skinner (1992) reports, resulted in a decline in the use of residential care more widely than just for children with disabilities (Skinner, 1992; Milligan & Stevens, 2006; Smith, 2009). This was further impacted by concerns about cost (Crimmens & Milligan, 2005; Milligan & Stevens, 2006). As Rose (2002, p.18) describes:

There have been a number of serious consequences arising from the persistent and critical attacks on residential care over recent years. In general terms the significantly reduced number of residential homes for young people, and in recent years the decrease in the number of secure children's homes, has meant that there is now a limited choice of placements available for young people who, for whatever reason, cannot live at home with their natural family.

An increasing focus on the quality of outcomes for young people has resulted in critics alleging that residential childcare is failing young people, citing examples of poorly resourced large institutions (Francis et al., 2007). As this narrative has played out, residential childcare has become viewed as the last resort for looked after children (McPheat et al., 2007). Foster care became the placement of choice due to interpretations of Bowlby's (1969) attachment theory and associated notions of permanence. The Independent Care Review (2020) was a three year 'root and branch' review of Scotland's care system which consulted with over 5500 people. It further reinforced this view by repeatedly referring to the importance of family placements. However, it does go some way towards mitigating this by accounting for young people's voices, advising that residential care can be the right placement for some young people. Somewhat ironically, inappropriately placing children in foster care can lead to multiple placement breakdowns, decreasing a sense of permanence (Smith, 2009). This can mean children 'fail their way' into residential childcare (Whittaker et al., 2015) with additional significant disruptions to their development and attachment.

Secure care context

Secure care however is always considered a last resort due to the restrictions on young people's liberty. The conditions set out in The Secure Accommodation (Scotland) Regulations 2013 must be met for the placement to be approved. Whilst necessary, it could be argued that the language of 'last resort' has an unhelpful impact on young people's lived experience. They may believe they have reached 'the end of the road,' with this rhetoric subsequently becoming a self-fulfilling prophecy. Smith (2009) advises that the steady increase in the use of secure placements since the 1970s is in inverse proportion to the decrease in 'open beds.' This is reflected in the Children's Social Work Statistics 2018-2019 (Scottish Government, 2020a) which show a 5% reduction in looked after children from the previous year, and the seventh consecutive year of decrease. The number of young people looked after in secure care accommodation (79), whilst one less than the previous year, was still an 18% increase for Scottish young people than the previous year. Additionally, the average number of young people placed in secure care accommodation during 2017-18 was 81, which was an increase from 76 during the previous year. In 2019-20 this increased further to an average of 82 young people (Scottish Government, 2021).

Smith (2009) argues that rather than being in response to a rise in demand, the growth in the use of secure accommodation has actually generated the demand. This means limited resources are focused on the 'wrong end' of the childcare spectrum. In the paper by Francis et al., (2007) comparing the provision of residential childcare in Scotland and Finland, it is noted that Finland does not provide any secure accommodation services (although in two of their residential units they have a provision for locked rooms). This is despite Finland having significantly higher numbers of residential childcare placements (2.5 times more children placed at any one time than Scotland) and offering placements to more children under the age of 12 (35% to Scotland's 7%). Although direct comparison between different countries and cultures is difficult, it could be surmised that the increased residential childcare provision may have a consequential impact on the decreased need for secure accommodation placements.

Unfortunately, the discourse of last resort around residential childcare has had wide reaching implications, with subsequent impact on policy development and morale in the sector (Smith, 2009). Smith (2009) advises that this makes it all the more difficult for these services to achieve positive outcomes for young people and to effectively manage young people's behaviours in the context of the current justice agenda. Barclay and Hunter (2008) suggest that rather than locating problems with children's behaviour within young people's identities, these should be seen through deficiencies in the welfare system. As explained by Smith (2009, p.57) 'children's homes that are badly managed, poorly resourced or inadequately supported are likely to fuel demand to lock up young people.'

The 2019 Scottish Secure Care Census (CYCJ, 2019) raw data shows that for 65% of young people living in secure accommodation their previous placement was a residential childcare one. This could be construed as the care system failing young people (Independent Care Review, 2020) or as a reflection of the level of adverse life experiences young people making their way into secure care have encountered. It could also be related to the closer level of monitoring assigned to young people living in care than those living at home (e.g. in relation to drug taking or going missing), as described by Haydon (2018). This is supported by the Independent Care Review (2020) which asserts that care experienced young people are overrepresented in the criminal justice system. However, it advises that 'there is no evidence that care experienced children engage in more offending behaviour than their peers, but the consequences of their behaviour whilst in care are much more likely to result in criminalisation' (Independent Care Review, 2020, p.91). Similar assertions have been made by Gormley (2021) regarding people with learning disabilities, due to the enhanced monitoring of their lives often framed as safeguarding.

Secure care history

There is a limited choice of placements available in the residential childcare sector more widely (Rose, 2002), and austerity has further impacted on this since he published this view. However, it appears that the availability of secure placements in Scotland at least is strongly based on evidence and regular review. To understand the secure estate today, it is necessary for us to explore

the history which has influenced developments in the sector over time. The five secure units in existence today appear largely to have started out life as reformatories or orphan asylums which reflects their purpose at the time (for example, Kibble Reformatory for Boys, Rossie Reformatory for Boys, and St Mary’s Roman Catholic Orphanage and Industrial School for Boys). Over time these services became more justice-oriented; becoming Industrial Schools, Approved Schools in 1937 (Gough & Lightowler, 2018), and finally List D Schools following the 1968 Social Work Act (Children’s Homes, 2019). Seven secure facilities opened between 1962 – 2007, five of which are still current provision (see table 1 which I have created below).

| Date opened | Name of service | Location | Current number of beds | Date closed |
|--------------------|--|-----------------|-------------------------------|--------------------|
| 1962 | Rossie Secure Accommodation Services | Montrose | 18 | N/A |
| 1976 | St Mary’s Kenmure | Bishopbriggs | 24 | N/A |
| 1983 | Kerelaw Residential School (secure unit) | N/A | N/A | 2006 |
| 1984 | Edinburgh Secure Services | Howdenhall | 6 | N/A |
| 2005 | St Philip’s Secure Unit | N/A | N/A | 2011 |
| 2006 | Good Shepherd Centre Secure Unit | Bishopton | 18 | N/A |
| 2007 | Kibble Safe Centre | Paisley | 18 | N/A |

Table 1: Scottish secure accommodation service details

I have designed the timeline below (figure 1) to give an overview of the main policy developments in the secure estate since the 1960s, which will be followed by analysis.

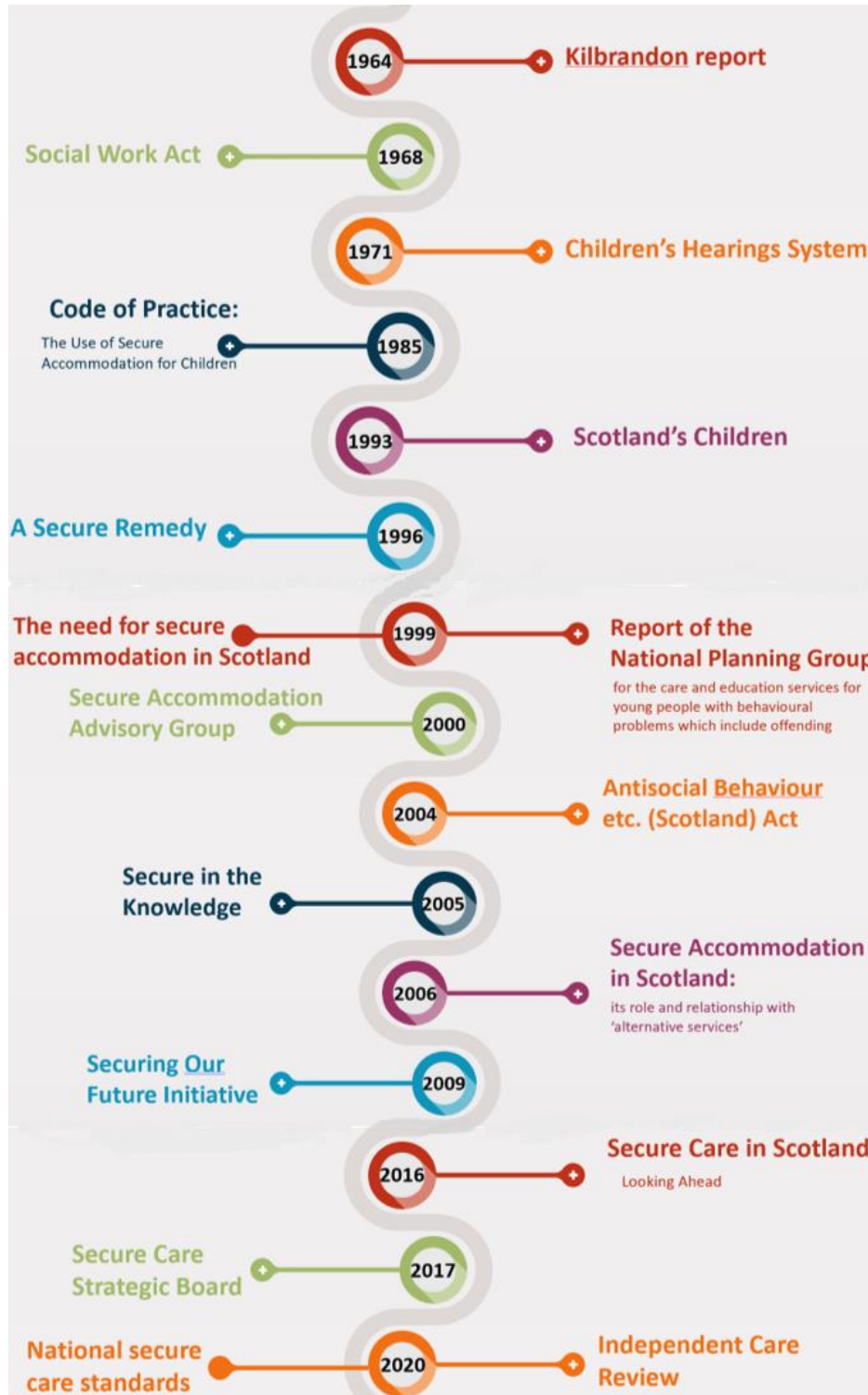


Figure 1: Timeline of developments in secure policy

The 1968 Social Work Act was developed following the 1964 report of the Committee chaired by Lord Kilbrandon. The resulting 'Kilbrandon principles' instigated revolutionary changes to Scotland's welfare and justice systems. This informed the routes of referral to List D and List G Schools, and later led to the Children's Hearings System being established in 1971 (Gough & Lightowler, 2018). An advancing awareness of children's rights in the 1980s resulted in the release of 'The Code of Practice: The Use of Secure Accommodation for Children' in 1985 (Social Work Services Group, as cited by the Scottish Institute for Residential Child Care [SIRCC], 2009). Following this, secure care in Scotland has been reviewed several times over the years in response to changing perceptions and policy directions. In the White Paper 'Scotland's Children' (The Scottish Office, 1993) it was noted that over the past ten years significant changes had occurred in the secure estate which resulted in the Government calling for a review of secure accommodation. This review was published in the report 'A Secure Remedy' (Social Work Services Inspectorate for Scotland, 1996) which noted that at that point in time there were seven units in Scotland registered to provide 89 secure care places, but that since 1994 there had been evidence that there had not been enough places available. Due to the justice focus at that point this report centred around the criminality of young people.

The 1999 report of the National Planning Group for the care and education services for young people with behavioural problems which include offending (Skinner, as cited by Scottish Government, 2001) also focused on the criminality of young people. The Secure Accommodation Advisory Group was set up following this to develop a more strategic approach to the use of secure care (Scottish Government, 2001). 'The need for secure accommodation in Scotland,' an addendum to the interim report, was published at the same time. This led to significant investment in the sector, increasing the number of secure beds by 30% and improving geographical spread and specialist provision, based on perceived need at that time (SIRCC, 2009).

In 2006, 'Secure Accommodation in Scotland: its role and relationship with "alternative" services' (Walker et al., 2006) was published as the result of research carried out into the use and effectiveness of secure care. It details characteristics of the young people, but there is no mention of disability. This is

interesting when considered alongside the publication of the practice guidance 'Secure in the Knowledge,' from SIRCC in the previous year, in which Stevens (2005) wrote about the issues surrounding young people with learning disabilities and autism who were accommodated in secure settings. It can be surmised that as a minority group, the experiences of autistic young people and those with learning disabilities were overlooked in the review and development of the secure estate, for example with the absence from 'specialist provision' noted above.

The 'Securing Our Future Initiative' (SOFI) (SIRCC, 2009) was commissioned as part of the National Residential Childcare Initiative (NRCCI, 2009) to comprehensively review the secure estate. At this point there were still seven secure units, now with a total of 124 places between them. SOFI noted that the average number of young people resident in secure care had been largely around 102 since 1999, and that this had not changed with the increased provision described above. Therefore, there was to be a planned reduction to 106 beds. More recently, Together (2019) advised that since 2015 the number of secure beds used by Scottish children has gradually reduced year on year. It has been argued that this decrease has been driven by the increase of children from out with Scotland using Scottish secure placements (Gough, 2016). This argument is further supported by the Children's Social Work Statistics 2018-2019 (Scottish Government, 2020a) which show that when the number of non-Scottish children using Scottish secure placements decreased by 26%, the number of Scottish children rose by 18%.

'Secure Care in Scotland: Looking Ahead' (Gough, 2016) presented the key findings of a further review of secure care in Scotland. It notes that 'some young people may have unrecognised problems which have been missed, particularly those who have experienced multiple home settings' (Gough, 2016, p.20) which could be reflective of a range of neurodiversity. It found that the recording and reporting of information was varied across the key agencies, and noted 'longstanding issues in relation to definitions, terminology, language and meaning' (Gough, 2016, p.22). This is illustrative of the diagnostic and terminological difficulties present across the autistic community. Moodie and Gough (2017) also completed research with Chief Social Work Officers regarding

perceptions of, and approaches to, the use of secure care in Scotland. This highlighted several issues relating to a lack of specialist resources for young people with very complex needs, including autistic children.

Gough's (2016) report resulted in the creation of a Secure Care Strategic Board in 2017. Its aims were to review trends and patterns of usage to inform future decisions around commissioning; create a vision for the future purpose of secure care; and develop national standards for secure care. The board reported to ministers (Scottish Government, 2019) with three key recommendations. These being the creation of a governance group; delivery of national secure care standards; and the examination of different commissioning models with clear guidance on the contract specification. The Secure Care Pathway and Standards Scotland (Scottish Government, 2020b) have since been published, with the intention of transforming secure care (Sullivan & Logan, 2021). They are designed to sit alongside the Health and Social Care Standards (Scottish Government, 2017) which were intended to be relevant for all health and social care services. It could be argued however that as the Health and Social Care Standards are so generic, they do not provide the level of detail required for such a specialist service.

The Independent Care Review (2020) reported a variety of recommendations specifically in relation to secure care. It comments on the inappropriateness of the way the current secure estate is structured, which has resulted in a wide variety of cultures, values, and ultimately provision. It recommends the future purpose and delivery of secure care be given further consideration. It recognises the overrepresentation of young people with disabilities in secure care placements and concludes that this is due to the inability of other services to meet these young people's needs. It advises that young people should be given comprehensive assessments; that the support they are provided with reflects their range of needs; and that any planning for the future of secure care must ensure that it reflects the needs of young people. For autistic young people this should include the provision of accessible environments, and I am giving consideration to this in my thesis.

Regulations 4 and 5 of the Children's Hearings (Scotland) Act 2011 (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013 provide that Chief Social Work Officers have a statutory duty to consult with young people, and notify them of decision making, regarding their placements in secure services. However, the Children and Young People's Commissioner Scotland's (2021) investigation found that there was little evidence of consultation with young people at the start of their placements across all 32 Scottish local authorities, and that children's views were often not recorded. Whilst it makes no mention of neurodivergent young people, or those with communication differences, it can only be assumed that these factors would amplify the lack of consultation on such matters. Berg (2021) reports on the rising numbers of young people being placed on Deprivation of Liberty Orders and referred to secure units, citing examples of autistic young people and other neurodiversity within this.

Conclusion

Allely (2018) and Robertson and McGillivray (2015) note the lack of research around the experiences of autistic people in the prison system and it appears that the same is true for the secure sector. The 2018 Scottish Secure Care Census (CYCJ, 2020) makes no mention of either autism or 'barriers to learning' which reflects the hidden nature of how these young people are often overlooked. It could be argued that people who are accommodated in existing secure settings require access to specialist services (Myers, 2004), as they may not fit the 'remit' and fall between gaps in service provision (Mental Welfare Commission for Scotland, 2016, 2019).

...people with learning disabilities in general and ASD [autism spectrum disorder] in particular do not fit easily into what is perceived to be the core business of the different secure environments. There is a pervading sense that somehow people with learning disabilities and/or ASD would have their needs better addressed 'somewhere' else (Myers, 2004, p.83).

The 'core business' of secure care, as described above, is to provide a safe, containing setting by restricting the liberty of children and young people. Despite

all the changes in the secure sector described above since Myers asserted this in 2004 the primary purpose of secure accommodation services has not changed. Therefore, my research is exploring whether this assertion remains true, or whether sufficient adaptations have been made to ensure the particular needs of autistic young people are met in a way which supports the positive development of their identity.

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About the author

Charlotte Wilson has over twenty years' experience working in a variety of residential child care settings. She is currently undertaking her doctoral research at the University of Strathclyde, looking at the impact of secure care experience on the identity constructions of autistic young people.